

**CHILDREN'S CLINICS FOR
REHABILITATIVE SERVICES**

86-0667510

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Page 2

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|--|-----------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) | | | | |
| | (cash \$ _____ noncash \$ _____) | 22 | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 | Compensation of officers, directors, etc. | 25 | 389,860. | 97,011. | 292,849. |
| 26 | Other salaries and wages | 26 | 3,285,797. | 2,361,078. | 924,719. |
| 27 | Pension plan contributions | 27 | | | |
| 28 | Other employee benefits | 28 | 498,800. | 334,196. | 164,604. |
| 29 | Payroll taxes | 29 | | | |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | 25,110. | 19,837. | 5,273. |
| 32 | Legal fees | 32 | | | |
| 33 | Supplies | 33 | 1,450,812. | 1,393,234. | 57,578. |
| 34 | Telephone | 34 | | | |
| 35 | Postage and shipping | 35 | 30,682. | 24,239. | 6,443. |
| 36 | Occupancy | 36 | | | |
| 37 | Equipment rental and maintenance | 37 | 90,638. | 71,604. | 19,034. |
| 38 | Printing and publications | 38 | | | |
| 39 | Travel | 39 | 13,028. | 10,292. | 2,736. |
| 40 | Conferences, conventions, and meetings | 40 | | | |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | 176,106. | 139,124. | 36,982. |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | | 43a | | | |
| b | | 43b | | | |
| c | | 43c | | | |
| d | | 43d | | | |
| e | SEE STATEMENT 3 | 43e | 7,199,626. | 6,814,118. | 385,508. |
| 44 | Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 44 | 13,160,459. | 11,264,733. | 1,895,726. |

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ►

HEALTH CARE & MEDICAL SERVICES

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

| | | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others) |
|---|--|--|
| a | TO PROVIDE A COMPREHENSIVE RANGE OF PEDIATRIC AND MEDICAL AND SUPPORT SERVICES TO CHILDREN WITH SPECIAL HEALTHCARE NEEDS IN SOUTHERN ARIZONA - SEE STATEMENT A | |
| | (Grants and allocations \$ _____) | 11,264,733. |
| b | | |
| | (Grants and allocations \$ _____) | |
| c | | |
| | (Grants and allocations \$ _____) | |
| d | | |
| | (Grants and allocations \$ _____) | |
| e | Other program services (attach schedule) | (Grants and allocations \$ _____) |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services) | 11,264,733. |

423011
01-13-05

Form 990 (2004)

**CHILDREN'S CLINICS FOR
REHABILITATIVE SERVICES**
Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | (B) End of year |
|---|--|--------------------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | | 45 |
| | 46 Savings and temporary cash investments | 2,420,953. | 46 3,827,917. |
| | 47 a Accounts receivable | 47a 133,818. | |
| | b Less: allowance for doubtful accounts | 47b | 47c 133,818. |
| | 48 a Pledges receivable | 48a | |
| | b Less: allowance for doubtful accounts | 48b | 48c |
| | 49 Grants receivable | | 49 |
| | 50 Receivables from officers, directors, trustees, and key employees | | 50 |
| | 51 a Other notes and loans receivable | 51a | |
| | b Less: allowance for doubtful accounts | 51b | 51c |
| | 52 Inventories for sale or use | | 52 |
| | 53 Prepaid expenses and deferred charges | 98,161. | 53 60,759. |
| | 54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 |
| | 55 a Investments - land, buildings, and equipment: basis | 55a | |
| | b Less: accumulated depreciation | 55b | 55c |
| 56 Investments - other | | 56 | |
| 57 a Land, buildings, and equipment: basis | 57a 2,850,765. | | |
| b Less: accumulated depreciation STMT 4 | 57b 2,224,268. | 57c 626,497. | |
| 58 Other assets (describe <input type="checkbox"/>) | | 58 | |
| 59 Total assets (add lines 45 through 58) (must equal line 74) | 3,675,675. | 59 4,648,991. | |
| Liabilities | 60 Accounts payable and accrued expenses | 1,940,069. | 60 1,747,856. |
| | 61 Grants payable | | 61 |
| | 62 Deferred revenue | | 62 |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 |
| | 64 a Tax-exempt bond liabilities | | 64a |
| | b Mortgages and other notes payable | | 64b |
| | 65 Other liabilities (describe <input type="checkbox"/>) | | 65 |
| | 66 Total liabilities (add lines 60 through 65) | 1,940,069. | 66 1,747,856. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | |
| | 67 Unrestricted | 1,735,606. | 67 2,901,135. |
| | 68 Temporarily restricted | | 68 |
| | 69 Permanently restricted | | 69 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | |
| | 70 Capital stock, trust principal, or current funds | | 70 |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) | 1,735,606. | 73 2,901,135. |
| | 74 Total liabilities and net assets / fund balances (add lines 66 and 73) | 3,675,675. | 74 4,648,991. |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| | |
|------------------|---|
| Part IV-B | Reconciliation of Expenses per Audited Financial Statements with Expenses per Return |
|------------------|---|

| | | | |
|------------|--|----------|-------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 14,815,988. |
| b | Amounts included on line a but not on line 12, Form 990: | | |
| (1) | Net unrealized gains on investments \$ _____ | | |
| (2) | Donated services and use of facilities \$ <u>490,000.</u> | | |
| (3) | Recoveries of prior year grants \$ _____ | | |
| (4) | Other (specify): \$ _____ | | |
| | Add amounts on lines (1) through (4) | b | 490,000. |
| c | Line a minus line b | c | 14,325,988. |
| d | Amounts included on line 12, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| (2) | Other (specify): \$ _____ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 14,325,988. |

| | | | |
|----------|--|----------|--------------------|
| a | Total expenses and losses per audited financial statements | a | <u>13,650,459.</u> |
| b | Amounts included on line a but not on line 17, Form 990: | | |
| (1) | Donated services and use of facilities \$ <u>490,000.</u> | | |
| (2) | Prior year adjustments reported on line 20, Form 990 \$ _____ | | |
| (3) | Losses reported on line 20, Form 990 \$ _____ | | |
| (4) | Other (specify): \$ _____ | | |
| | Add amounts on lines (1) through (4) | b | <u>490,000.</u> |
| c | Line a minus line b | c | <u>13,160,459.</u> |
| d | Amounts included on line 17, Form 990 but not on line a : | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| (2) | Other (specify): \$ _____ | | |
| | Add amounts on lines (1) and (2) | d | <u>0.</u> |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | <u>13,160,459.</u> |

| | |
|---------------|--|
| Part V | List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.) |
|---------------|--|

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

**CHILDREN'S CLINICS FOR
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Part VI Other Information

| | Yes | No |
|---|-----|----|
| 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | X |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | X |
| 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 78b | |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X |
| 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X |
| b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. | | |
| 81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0. | | |
| b Did the organization file Form 1120-POL for this year? | 81b | X |
| 82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b | | |
| 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X |
| 84 a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A | 84b | |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A | 85a | |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A | 85b | |
| If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c Dues, assessments, and similar amounts from members 85c N/A | | |
| d Section 162(e) lobbying and political expenditures 85d N/A | | |
| e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A | | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A | | |
| g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A | 85g | |
| h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A | 85h | |
| 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A | | |
| b Gross receipts, included on line 12, for public use of club facilities 86b N/A | | |
| 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A | | |
| b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A | | |
| 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | X |
| 89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0. | | |
| b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0. | | |
| 90 a List the states with which a copy of this return is filed ARIZONA | | |
| b Number of employees employed in the pay period that includes March 12, 2004 90b 112 | | |
| 91 The books are in care of CHERYL LIPPERT Telephone no. 520-324-3217 | | |

Located at **2600 N. WYATT DR., TUCSON, AZ**ZIP + 4 **85712**
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **PATIENT SERVICES**

b _____

c _____

d _____

e _____

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a _____

b _____

c _____

d _____

e _____

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A **TO PROVIDE A RANGE OF SERVICES FOR CHRONICALLY ILL OR DISABLED CHILDREN AND THEIR FAMILIES - SEE STATEMENT A**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: *1/06/06* Type or print name and title: *WM J. LONG, TREASURER*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *12/30/05* Check if self-employed: ☐ Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **BEACH, FLEISCHMAN & CO., P.C.
P.O. BOX 64130
TUCSON, ARIZONA 85728-4130**

EIN: _____ Phone no.: **(520) 321-4600**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2004

Name of the organization **CHILDREN'S CLINICS FOR
REHABILITATIVE SERVICES** Employer identification number
86 0667510

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| <u>BRUCE NORTON</u> | <u>PH. THERAPIST</u> | | | |
| <u>2600 N. WYATT, TUCSON, AZ 85712</u> | <u>40</u> | <u>75,200.</u> | <u>5,221.</u> | |
| <u>TERESA WYATT</u> | <u>REHAB DIR.</u> | | | |
| <u>2600 N. WYATT, TUCSON, AZ 85712</u> | <u>40</u> | <u>66,063.</u> | <u>2,533.</u> | |
| <u>JULIE PETERSON</u> | <u>AUDIOLOGIST</u> | | | |
| <u>2600 N. WYATT, TUCSON, AZ 85712</u> | <u>40</u> | <u>62,130.</u> | <u>2,331.</u> | |
| <u>BRIAN GRACY</u> | <u>PH. THERAPIST</u> | | | |
| <u>2600 N. WYATT, TUCSON, AZ 85712</u> | <u>40</u> | <u>60,102.</u> | <u>2,287.</u> | |
| <u>VERONICA LOPEZ-MOORE</u> | <u>PHARMACIST</u> | | | |
| <u>2600 N. WYATT, TUCSON, AZ 85712</u> | <u>32</u> | <u>58,063.</u> | <u>832.</u> | |
| Total number of other employees paid over \$50,000 ▶ | <u>6</u> | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---|------------------|
| <u>UNIVERSITY MEDICAL CENTER</u> | | |
| <u>1501 N. CAMPBELL AVE, TUCSON, AZ 85724</u> | <u>HOSPITAL AND ANCILLARY SERVICE</u> | <u>1756477.</u> |
| <u>TUCSON MEDICAL CENTER</u> | | |
| <u>5301 E. GRANT RD., TUCSON, AZ 85712</u> | <u>HOSPITAL AND ANCILLARY SERVICE</u> | <u>1057787.</u> |
| <u>UNIVERSITY PHYSICIANS, INC.</u> | | |
| <u>575 E. RIVER RD., TUCSON, AZ 85704</u> | <u>PATIENT SERVICES</u> | <u>1342066.</u> |
| <u>PEDIATRIC NEUROLOGY ASSOCIATES</u> | | |
| <u>5155 E. FARNES DRIVE, STE. 111C, TUCSON, AZ 85718</u> | <u>PATIENT SERVICES</u> | <u>153,262.</u> |
| <u>CHILDREN'S ORTHO SPECIALISTS</u> | | |
| <u>1605 E. RIVER ROAD, STE. 101, TUCSON, AZ 85718</u> | <u>PATIENT SERVICES</u> | <u>138,511.</u> |
| Total number of others receiving over \$50,000 for professional services ▶ | <u>7</u> | |

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** _____ **\$** _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) **SEE STATEMENT 6**

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

CHILDREN'S CLINICS FOR

Schedule A (Form 990 or 990-EZ) 2004 **REHABILITATIVE SERVICES**

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. **N/A**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | | | | | |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | | | | | |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 0. | 0. | 0. | 0. | 0. |
| 24 Line 23 minus line 17 | | | | | |
| 25 Enter 1% of line 23 | | | | | |

| | | |
|--|------------|--------------|
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | 26a | N/A |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | 26b | N/A |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | 26c | N/A |
| d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ | 26d | N/A |
| e Public support (line 26c minus line 26d total) | 26e | N/A |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | 26f | N/A % |

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2003)

(2002)

(2001)

(2000)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2003)

(2002)

(2001)

(2000)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____
17 _____ 20 _____ 21 _____

27c

N/A

d Add: Line 27a total _____ and line 27b total _____

27d

N/A

e Public support (line 27c total minus line 27d total)

27e

N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)

27f

N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**

27g

N/A

%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**

27h

N/A

%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

CHILDREN'S CLINICS FOR

Schedule A (Form 990 or 990-EZ) 2004 **REHABILITATIVE SERVICES**

86-0667510 Page 4

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | Yes | No |
|---|------------|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | 31 | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| 32 Does the organization maintain the following: | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | 32d | |
| <hr/> | | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | 33h | |
| <hr/> | | |
| <hr/> | | |
| 34 a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Schedule A (Form 990 or 990-EZ) 2004

CHILDREN'S CLINICS FOR

Schedule A (Form 990 or 990-EZ) 2004 **REHABILITATIVE SERVICES**

86-0667510 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group.

Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

| | (a) Affiliated group totals | (b) To be completed for ALL electing organizations | | | | | | | | | | | | |
|---|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|----|--|
| | N/A | | | | | | | | | | | | | |
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | | | | | | | | | | | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | | | | | | | | | | | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | | | | | | | | | | | | |
| 39 Other exempt purpose expenditures | 39 | | | | | | | | | | | | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | | | | | | | | | | | | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table> | If the amount on line 40 is - | The lobbying nontaxable amount is - | Not over \$500,000 | 20% of the amount on line 40 | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | 41 | |
| If the amount on line 40 is - | The lobbying nontaxable amount is - | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 40 | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | | | | | | | | | | | | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | | | | | | | | | | | | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | | | | | | | | | | | | | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 0. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII. Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES

86-0667510

FYE 6/30/05

Part III Statement of Program Service Accomplishments & Part VIII: Relationship of Activities to the Accomplishment of Exempt Purposes

The Children's Clinics for Rehabilitative Services, in keeping with its tax-exempt purposes, has continued to provide a range of specialty medical, dental, and therapy services for medically complex, chronically ill or physically disabled children and their families from southern Arizona. The majority of our patients are medically underserved and financially underprivileged. Unique to our program is a pediatric primary care program designed for children with special health care needs, one of the few programs nationally that centers specifically on children with complex needs.

The volume of visits to our Medical/Dental Specialty Clinics, Rehab Services and Ancillary Services during Fiscal Year 03/04 are also shown on Appendix A (attached).

In addition to these services, we provided Social Services, Special Education, Psychology, Child Life and Advocacy Services to our patients. The social work visits are also shown on Appendix A. We continue to provide a variety of special programs and outreach services to our patient population and collaborate with other community organizations and agencies that serve children with special health care needs. For example, we have continued to develop transition services for our older patients as they move into adulthood.

Children's Clinics has continued to implement staff education programs for our employees. We have hosted in-service and continuing education meetings in our facility and have made the facility available to other community and advocacy groups. We have continued to maintain educational affiliations in a number of clinical areas enabling medical and allied health students to rotate through our facility for portions of their clinical education experience. We maintain a Parent Resource Library on site, in collaboration with Pilot Parents, for the use of parents and others who want to know more about their children's medical conditions and available resources.

Statement A

CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES

86-0667510

FYE 6/30/05

Appendix A

GEOGRAPHIC SERVICE AREA

Primary Service Area includes zip codes for all of Pima, Santa Cruz, Cochise, Graham, and Greenlee Counties, as well as Southern and Central Pima County and the southern tip of Gila County (Winkleman/Hayden Area). Some referral patients come from outside this primary service area for selected specialty services.

CLINICAL STATISTICAL PROFILE FOR FYE 6/30/05

| | |
|------------------------------|--------|
| Medical/Dental Clinic Visits | 11,777 |
| Rehab Service Visits | 7,364 |
| Lab Tests | 7,752 |
| X-Ray Procedures | 1,420 |
| Pharmacy Prescriptions | 12,392 |
| Social Work | 7,956 |

CCRS
86-0667510
FY 2004-2005

Statement B

In keeping with its tax-exempt purpose, Children's Clinics contracts with a variety of physician practices in order to provide professional medical services to the chronically ill or disabled children whom it serves. The following noncompensated members of the board of directors engaged in arm's length transactions with Children's Clinics in the normal course of business and at the prevailing rates for providing these services. These physicians are associated with the following physician groups:

Fayez Ghishan, M.D.
Richard Donnerstein, M.D.
Lawrence Housman, M.D.

University Physicians
University Physicians
Tucson Orthopaedic Institute

FOOTNOTES

STATEMENT 1

TAXPAYER HEREBY ELECTS NOT TO CLAIM THE ADDITIONAL 50%
DEPRECIATION ALLOWANCE PURSUANT TO INTERNAL REVENUE CODE
SECTION 168(K)(2)(C)(III) FOR THE TAX YEAR ENDING
JUNE 30, 2005.

RECONCILIATION BETWEEN OFFICER COMPENSATION REPORTED ON
PART II LINE 25 AND PART V (C):

| | |
|--|-----------------|
| OFFICERS SALARIES REPORTED ON PART II LINE 25 | 389,860. |
| EXECUTIVE DIRECTOR'S DEFERRED COMPENSATION RELATED TO SEVERANCE PACKAGE INCLUDED IN AMOUNT REPORTED ON PART V (C) | 130,268. |
| OFFICERS SALARIES REPORTED ON PART V (C) | <u>520,128.</u> |

| | | | |
|----------|---------------|-----------|---|
| FORM 990 | RENTAL INCOME | STATEMENT | 2 |
|----------|---------------|-----------|---|

| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME |
|--|--------------------|------------------------|
| RENTAL INCOME - NON DEBT FINANCED PROPERTY | 2 | 6,113. |
| TOTAL TO FORM 990, PART I, LINE 6A | | 6,113. |

| | | | |
|----------|----------------|-----------|---|
| FORM 990 | OTHER EXPENSES | STATEMENT | 3 |
|----------|----------------|-----------|---|

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|--------------------------------------|--------------|----------------------------|----------------------------------|--------------------|
| OUTSIDE SERVICES | 380,568. | 95,893. | 284,675. | |
| INSURANCE | 98,437. | 77,765. | 20,672. | |
| ENVIRONMENTAL SERVICES | 57,108. | 45,115. | 11,993. | |
| PERSONNEL SERVICES | 3,180. | 2,512. | 668. | |
| SECURITY SERVICES | 2,775. | 2,192. | 583. | |
| PLANT ENGINEERING | 3,086. | 2,438. | 648. | |
| COMMUNITY EDUCATION, MARKETING | 2,640. | 2,086. | 554. | |
| LICENSES AND ASSESSMENTS | 50,073. | 39,558. | 10,515. | |
| RECRUITMENT | 42,708. | 33,739. | 8,969. | |
| DUES | 2,084. | 1,646. | 438. | |
| INFORMATION SERVICES | 7,041. | 5,563. | 1,478. | |
| SPECIAL FUNCTIONS | 4,922. | 3,888. | 1,034. | |
| MISCELLANEOUS | -3,117. | -2,462. | -655. | |
| PROFESSIONAL SERVICES TO PATIENTS | 6,069,211. | 6,069,211. | | |
| LABORATORY FEES | 104,476. | 104,476. | | |
| MEDICAL DIRECTION | 43,903. | 43,903. | | |
| BOOKS & PERIODICALS | 4,908. | 3,878. | 1,030. | |
| RENOVATION - WRITE OFF | 183,993. | 170,829. | 13,164. | |
| EDUCATION | 13,633. | 10,770. | 2,863. | |
| UTILITIES | 127,997. | 101,118. | 26,879. | |
| TOTAL TO FM 990, LN 43 | 7,199,626. | 6,814,118. | 385,508. | |

| | | | |
|----------|--|-----------|---|
| FORM 990 | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | STATEMENT | 4 |
|----------|--|-----------|---|

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|------------------------|-----------------------------|------------|
| EQUIPMENT | 2,598,984. | 2,109,534. | 489,450. |
| LEASEHOLD IMPROVEMENTS | 251,781. | 114,734. | 137,047. |
| TOTAL TO FORM 990, PART IV, LN 57 | 2,850,765. | 2,224,268. | 626,497. |

| | | | |
|----------|---|-----------|---|
| FORM 990 | PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES | STATEMENT | 5 |
|----------|---|-----------|---|

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|------------------------------|--------------------|
| KEVIN BURNS P.O. BOX 245128 TUCSON, AZ 85724-5128 | VOTING MEMBER 2 | 0. | 0. | 0. |
| RICHARD DONNERSTEIN, M.D. P.O. BOX 245073 TUCSON, AZ 85724-5073 | VOTING MEMBER 2 | 0. | 0. | 0. |
| JUDY DYE P.O. BOX 245128 TUCSON, AZ 85724-5128 | PRESIDENT 2 | 0. | 0. | 0. |
| PALMER EVANS, M.D. 5301 E. GRANT ROAD TUCSON, AZ 85712 | VOTING MEMBER 2 | 0. | 0. | 0. |
| FAYEZ GHISHAN, M.D. P.O. BOX 245073 TUCSON, AZ 85724-5073 | VOTING MEMBER 2 | 0. | 0. | 0. |
| CLINTON E. HAMILTON 5512 E. BELLEVUE TUCSON, AZ 85712 | VICE PRESIDENT 2 | 0. | 0. | 0. |
| HARMON HARRISON, M.D. 7301 N. SAN PASQUALE AVENUE TUCSON, AZ 85704 | VOTING MEMBER 2 | 0. | 0. | 0. |

CHILDREN'S CLINICS FOR REHABILITATIVE SE

86-0667510

| | | | | |
|--|-------------------------------|----------|---------|----|
| LAWRENCE HOUSMAN, M.D. 2424 N. WYATT DR., SUITE 260 TUCSON, AZ 85712 | VOTING MEMBER 2 | 0. | 0. | 0. |
| TRACY NUCKOLLS 5301 E. GRANT ROAD TUCSON, AZ 85712 | LEGAL COUNSEL 2 | 0. | 0. | 0. |
| PAT EDMONSON 2600 N. WYATT DRIVE TUCSON, AZ 85712 | NON-VOTING MEMBER 40 | 0. | 0. | 0. |
| EDIE JORDAN, R.N. 2600 N. WYATT DRIVE TUCSON, AZ 85712 | CHIEF OPERATING OFFICER 40 | 97,011. | 2,828. | 0. |
| CHERYL LIPPERT 2600 N. WYATT DRIVE TUCSON, AZ 85712 | CHIEF FINANCIAL OFFICER 40 | 90,467. | 5,354. | 0. |
| WILLIAM LONG 8921 E. SIERRA ST. TUCSON, AZ 85710 | TREASURER 2 | 0. | 0. | 0. |
| SYDNEY RICE, M.D. 2600 N. WYATT DRIVE TUCSON, AZ 85712 | CO-MEDICAL DIRECTOR 40 | 0. | 0. | 0. |
| WALTER STEVENS 2600 N. WYATT DRIVE TUCSON, AZ 85712 | NON-VOTING MEMBER 2 | 0. | 0. | 0. |
| TAMMY STOLTZ 2600 N. WYATT DRIVE TUCSON, AZ 85712 | CEO/SECRETARY 40 | 88,028. | 1,413. | 0. |
| BONNIE TYPLIN 2600 N. WYATT DRIVE TUCSON, AZ 85712 | CHIEF MEDICAL OFFICER 40 | 114,354. | 4,357. | 0. |
| RODRIGO VILLAR, M.D. 2600 N. WYATT DRIVE TUCSON, AZ 85712 | CO-MEDICAL DIRECTOR 2 | 0. | 0. | 0. |
| JUDITH C. KEAGY, MHA 2600 N. WYATT DRIVE TUCSON, AZ 85712 | FORMER CEO 0 | 130,268. | 4,677. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V | | 520,128. | 18,629. | 0. |

| | | |
|------------|---|-------------|
| SCHEDULE A | STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2 | STATEMENT 6 |
|------------|---|-------------|

SEE STATEMENT B.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

| | | |
|--|---|---|
| Type or print File by the due date for filing your return. See instructions | Name of Exempt Organization CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES | Employer identification number 86-0667510 |
| | Number, street, and room or suite no. If a P O box, see instructions 2600 NORTH WYATT DRIVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON, AZ 85712 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **CHERYL LIPPERT**

Telephone No. ► **520-324-3217**

FAX No ►

- If the organization does **not** have an office or place of business in the United States, check this box ☐

- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for ☐ calendar year ☐ or ☒ tax year beginning **JUL 1, 2004**, and ending **JUN 30, 2005**.

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)