

# Return of Organization Exempt From Income Tax

**2000**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the **2000** calendar year, or tax year period beginning **OCT 1**, 2000, and ending **SEPT 30**, 2001

- B** Check if applicable:
- Change of address
  - Change of name
  - Initial return
  - Final return
  - Amended return

Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>UNITED CEREBRAL PALSY OF CENTRAL MN</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>510 25TH AVE N</b> City or town state or country and ZIP code <b>ST CLOUD MN 55303-3222</b>	<b>D</b> Employer identification number <b>41-0807591</b> <b>E</b> Telephone number <b>320-253-0765</b> <b>F</b> Check <input type="checkbox"/> if application pending
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**G** Organization type (check only one) ▶  501(c)(3) ◀ (insert no)  527 or  4947(a)(1)  
 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

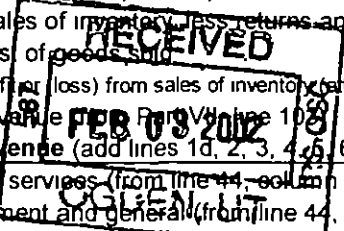
**J** Accounting method  Cash  Accrual  Other (specify) ▶

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**Note** H and I are not applicable to section 527 orgs.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ N/A  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See inst.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no. (GEN) ▶ N/A  
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received			
	<b>a</b> Direct public support	<b>1a</b>	23,178	
	<b>b</b> Indirect public support	<b>1b</b>	57,661	
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 80,839 noncash \$ 0)	<b>1d</b>		80,839
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		636
	<b>5</b> Dividends and interest from securities	<b>5</b>		1,381
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe ▶ )	<b>7</b>			
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities (B) Other		
		<b>8a</b>		
		<b>8b</b>		
		<b>8c</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>			
Revenue	<b>9</b> Special events and activities (attach schedule) <i>Sched 3</i>	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1a)	<b>9a</b>	80,477
		<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	23,047
		<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
		<b>10b</b>		
		<b>10c</b>		
Revenue	<b>11</b> Other revenue (from line 44, column (B))	<b>11</b>		644
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		140,930
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		131,633
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		17,838
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		
	<b>16</b> Payments to affiliates (attach schedule) <i>Sched 3</i>	<b>16</b>		5,000
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		154,471
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-13,541
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		60,950
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		47,409



FEB 26 '02

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**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. (See Specific Instructions on page 20)

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	2,638	2,638	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	40,840	35,531	5,309
26	Other salaries and wages	26	52,308	48,608	3,700
27	Pension plan contributions	27	2,169	1,959	210
28	Other employee benefits	28			
29	Payroll taxes	29	6,728	6,088	640
30	Professional fundraising fees	30			
31	Accounting fees <i>Professional Fees</i>	31	250		250
32	Legal fees	32			
33	Supplies	33	2,727	2,373	354
34	Telephone	34	3,109	2,705	404
35	Postage and shipping	35	1,612	1,403	209
36	Occupancy	36	13,800	12,006	1,794
37	Equipment rental and maintenance	37	919	800	119
38	Printing and publications	38	2,593	2,255	338
39	Travel	39			
40	Conferences, conventions, and meetings	40	3,827	3,330	497
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule) <i>Sched 2</i>	42	2,962		2,962
43	Other expenses (itemize) a <i>INSURANCE</i>	43a	2,173	1,890	283
b	<i>TELECONFERENCE/PUBLIC ED</i>	43b	252	252	
c	<i>DUES</i>	43c	460		460
d	<i>PARENT GROUP</i>	43d	1,066	1,066	
e	<i>SCHEDULE 3</i>	43e	9,038	8,729	309
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	44	149,471	131,633	17,838

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ 0  
 (iii) the amount allocated to Management and general \$ 0, and (iv) the amount allocated to Fundraising \$ 0

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
a <u>CLIENT ASSISTANCE-PROVIDE FINANCIAL ASSISTANCE TO PURCHASE SPECIAL EQUIPMENT, AWARD ANNUAL SCHOLARSHIPS (\$1000) TO INDIVIDUALS WITH CP WHO ARE PURSUING A POST-SECONDARY EDUCATION</u> (Grants and allocations \$ )	47,300
b <u>PUBLIC EDUCATION-INFORM THE PUBLIC ABOUT CP BY PROVIDING BROCHURES, PAMPHLETS AND A FREE NEWSLETTER</u> (Grants and allocations \$ )	11,150
c <u>INFORMATION AND REFERRAL-PROVIDE INFORMATION AND REFERRAL SERVICES TO PARENTS AND PROFESSIONALS ABOUT CP AND RELATED SERVICES</u> (Grants and allocations \$ )	16,349
d <u>COMPUTERS GO ROUND-REFURBISH COMPUTERS FOR USE BY PERSONS WITH CP AND THEIR FAMILIES</u> (Grants and allocations \$ )	56,834
e Other program services (attach schedule) (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶ 131,633

**Part IV Balance Sheets** (See Specific Instructions on page 23 )

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
<b>45</b>	Cash — non-interest-bearing	3,848	<b>45</b>	5,990
<b>46</b>	Savings and temporary cash investments	52,639	<b>46</b>	36,156
<b>47a</b>	Accounts receivable	<b>47a</b> 14,237		
<b>b</b>	Less allowance for doubtful accounts	<b>47b</b>	190	<b>47c</b> 14,237
<b>48a</b>	Pledges receivable	<b>48a</b>		
<b>b</b>	Less allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
<b>49</b>	Grants receivable		<b>49</b>	
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
<b>51a</b>	Other notes and loans receivable (attach schedule)	<b>51a</b>		
<b>b</b>	Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
<b>52</b>	Inventories for sale or use		<b>52</b>	
<b>53</b>	Prepaid expenses and deferred charges	1,069	<b>53</b>	951
<b>54</b>	Investments — securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
<b>55a</b>	Investments — land, buildings, and equipment basis	<b>55a</b>		
<b>b</b>	Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
<b>56</b>	Investments — other (attach schedule)		<b>56</b>	
<b>57a</b>	Land, buildings, and equipment basis	<b>57a</b> 23,107		
<b>b</b>	Less accumulated depreciation (attach schedule) <i>Schedule 2</i>	<b>57b</b> 19,148	6,921	<b>57c</b> 3,959
<b>58</b>	Other assets (describe ► )		<b>58</b>	
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	64,667	<b>59</b>	61,293
<b>60</b>	Accounts payable and accrued expenses	3,717	<b>60</b>	13,884
<b>61</b>	Grants payable		<b>61</b>	
<b>62</b>	Deferred revenue		<b>62</b>	
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
<b>b</b>	Mortgages and other notes payable (attach schedule)		<b>64b</b>	
<b>65</b>	Other liabilities (describe ► )		<b>65</b>	
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)	3,717	<b>66</b>	13,884
<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
<b>67</b>	Unrestricted	52,809	<b>67</b>	47,409
<b>68</b>	Temporarily restricted	8,141	<b>68</b>	0
<b>69</b>	Permanently restricted		<b>69</b>	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74				
<b>70</b>	Capital stock, trust principal, or current funds		<b>70</b>	
<b>71</b>	Paid-in or capital surplus, or land building, and equipment fund		<b>71</b>	
<b>72</b>	Retained earnings, endowment, accumulated income or other funds		<b>72</b>	
<b>73</b>	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	60,950	<b>73</b>	47,409
<b>74</b>	<b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)	64,667	<b>74</b>	61,293

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 VI Other Information (See Specific Instructions on page 26)		N/A	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
78a	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?	78b		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	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 <u>N/A</u> _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	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 for reporting in Part III)	82b		
83a	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	
84a	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?	84b		X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b		X
c	Dues, assessments, and similar amounts from members	85c		0
d	Section 162(e) lobbying and political expenditures	85d		0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		0
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		X
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		0
b	Gross receipts, included on line 12, for public use of club facilities	86b		0
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		0
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		0
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
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>			
b	501(c)(3) and 501(c)(4) orgs 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
90a	List the states with which a copy of this return is filed <u>MINNESOTA</u>			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b		4
91	The books are in care of <u>GENERAL OFFICE</u> Telephone no <u>320-253-0765</u> Located at <u>510 25TH AVE N ST CLOUD MN</u> ZIP code <u>56303-3222</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>0</u>	92		0

**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			14	636	
95 Interest on savings and temporary cash investments			14	1,381	
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			1	57,430	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS			1	644	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				60,091	
105 Total (add line 104, columns (B), (D), and (E))					60,091

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 Specific Instructions on page 31)

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)
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 31)

(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 Specific Instructions on page 31)

- (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)

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 (other than officer) is based on all information of which preparer has any knowledge (Important)

Date: 11/30/02  
 Preparer's name and title: J. TRASUNY  
 Preparer's SSN or PTIN: \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information — (See separate instructions )**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **UNITED CEREBRAL PALSY OF CENTRAL MN**  
Employer identification number: **41-0807591**

**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
NONE				

Total number of other employees paid over \$50,000 ▶ **0**

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 1 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
NONE		

Total number of others receiving over \$50,000 for professional services ▶ **0**

Part III Statements About Activities		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 ► \$ <u>0</u> 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	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
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)?	2d	X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes" attach a detailed statement explaining the transactions	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a	Do you have a section 403(b) annuity plan for your employees?	4a	X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) <i>Sched 3</i>		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 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, page 5.)
  - 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.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*  
**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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	94,102	60,544	68,457	69,300	292,403
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
<b>18</b> 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	2,115	1,345	1,399	956	5,815
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	96,217	61,889	69,856	70,256	298,218
<b>24</b> Line 23 minus line 17	96,217	61,889	69,856	70,256	298,218
<b>25</b> Enter 1% of line 23	962	619	699	703	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 5,964
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					<b>26b</b> 0
c Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 298,218
d Add Amounts from column (e) for lines	18 5,815	19 0			<b>26d</b> 5,815
	22 0	26b 0			<b>26e</b> 292,403
e Public support (line 26c minus line 26d total)					<b>26e</b> 292,403
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 98.05 %
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year.				
	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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.					
	(1999) _____	(1998) _____	(1997) _____	(1996) _____	
c Add Amounts from column (e) for lines	15 _____	16 _____			<b>27c</b> _____
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					<b>27d</b> _____
e Public support (line 27c total minus line 27d total)					<b>27e</b> _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					<b>27f</b> _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> _____ %
<b>28</b> Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire** (See page 5 of the instructions )  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV) *N/A*

	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?		
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?		
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 )		
<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/> <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/> <hr/>		
34a 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	
<hr/> <hr/>		
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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

- Check here  a if the organization belongs to an affiliated group  
 Check here  b if you checked "a" above 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
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 —		
	<b>If the amount on line 40 is —</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is —</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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 9 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions )

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
a		X	
b		X	
c		X	0
d		X	0
e		X	0
f		X	0
g		X	0
h		X	0
i			0

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



**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization **UNITED CEREBRAL PALSY OF CENTRAL MN** Employer identification number **41-0807591**

Organization type (check one) — Section  501(c)(3) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations —**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

**Note:** This form is generally not open to public inspection except for section 527 organizations

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file **Form 990**, Return of Organization Exempt From Income Tax, or **Form 990-EZ**, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

**Who Must File Schedule B (Form 990 or 990-EZ)**

**All organizations** must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

**Caution:** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the

schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

**Contributors Required To Be Listed on Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

**General rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 $\frac{1}{3}$ % support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A)) —

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) —

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000 aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received **any** charitable contributions and listed **any** charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list **any** charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

## Specific Instructions

**Note:** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization <b>UNITED CEREBRAL PALSY OF CENTRAL MN</b>	Employer identification number <b>41-0807591</b>
--	---

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	----- ----- -----	\$ <u>5,000</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
---	----- ----- -----	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
---	----- ----- -----	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
---	----- ----- -----	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
---	----- ----- -----	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
---	----- ----- -----	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
---	----- ----- -----	\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

## Part V

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Arduser, Tracy Physical Therapist, SCH 1406 6th Ave N St Cloud, MN 56303	Board Member, Part-Time	-0-	-0-	-0-
Commers, Barbara Assist. Tech Apollo HS 1000 44th Ave N St Cloud, MN 56303	Board Member Part-Time	-0-	-0-	-0-
Feddema, Steve 1407 8th Ave S E St Cloud, MN 56304	Secretary, Part-Time	-0-	-0-	-0-
Franklin, Dr Greg 1406 6th Ave N St Cloud, MN 56303	Board Member, Part-Time	-0-	-0-	-0-
Gaetz, Shelley PO Box 1496 St Cloud, MN 56302	Vice President/Treasurer, Part-Time	-0-	-0-	-0-
Gray, Ann M 6020 106th St Clear Lake MN 55319-9624	Board Member Part-Time	-0-	-0-	-0-
Gunderson, Troy 733 2-1/2 St N Sartell, MN 56377	Board Member, Part-Time	-0-	-0-	-0-
Koetter, Rick 1215 15th St N St Cloud, MN 56303	Board Member, Part-Time	-0-	-0-	-0-
Kirkwood Wendy 9462 70th Ave Clear Lake MN 55319	Board Member, Part-Time	-0-	-0-	-0-
Matter Peter 83 Woodhill Rd St Cloud, MN 56301	Board Member, Part-Time	-0-	-0-	-0-
Melloy, Tom 1010 W St Germain St St Cloud MN 56301	Board Member, Part-Time	-0-	-0-	-0-
Reed, Tom 530 16th St S #201 St. Cloud, MN 56301	Board Member, Part-Time	-0-	-0-	-0-

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Richards, David 110 2nd St S #119 White Park, MN 56387	Board Member, Part-Time	-0-	-0-	-0-
Schnettler, Nadine 26684 Theresa Terrace Richmond, MN 59368	President, Part-Time	-0-	-0-	-0-
Selfert, Kathleen 8766 338th St St Joseph, MN 56374	Board Member, Part-Time	-0-	-0-	-0-
Bauns, Linda 511 54th Ave N #11 St. Cloud, MN 56303	Advisory Board Member, Part-Time	-0-	-0-	-0-
Cotton, Elaine 2520 19th St N. St Cloud, MN 56303	Advisory Board Member, Part-Time	-0-	-0-	-0-
Salmonson, Bob 205 2nd Ave N Sauk Rapids, MN 56379	Advisory Board Member, Part-Time	-0-	-0-	-0-

DEPRECIATION SCHEDULE OF UCL of CM 9/30/80 9/30/81 PAGE 1

Acquisition of Assets	Acquired	Purchase Price	Rate	A.B.	Depreciable Cost	Accumulated Depreciation	Depreciation % 9/30/80	Depreciation % 9/30/81	Depreciation	Accumulated Depreciation	Depreciation % 9/30/81	Depreciation % 9/30/82	Depreciation	Accumulated Depreciation	Depreciation % 9/30/82	Depreciation % 9/30/83	Depreciation	Accumulated Depreciation	Depreciation % 9/30/83
Desk - Elyse	1/75	375	SL10			375			375	375				375					
" " "	7/76	385	SL5			385			385	385				385					
" " "	8/76	104	SL10			104			104	104				104					
Calculator	3/82	60	SL5			60			60	60				60					
" " "	11/82	100	SL5			100			100	100				100					
Business Machine	12/83	151	SL5			151			151	151				151					
Typewriter	10/84	1263	SL5			1263			1263	1263				1263					
Pen & Fix.	1988	299	SL5			299			299	299				299					
Calculator	3/89	46	SL5			46			46	46				46					
Printer	4/89	160	SL5			160			160	160				160					
TL & VCR	1/89	450	SL5			450			450	450				450					
C.C.R.C.	12/89	6524	SL5			6524			6524	6524				6524					
Car - 4 door	7/90	250	SL5			250			250	250				250					
Phone System	10/91	356	SL5			356			356	356				356					
Telephone	10/92	80	SL5			80			80	80				80					
Table	2/93	32	SL7			32			32	32				32					
4-Coach	3/93	49	SL7			49			49	49				49					
File	3/93	225	SL7			225			225	225				225					
Desk	4/93	99	SL7			99			99	99				99					
Computer	12/93	720	SL5			720			720	720				720					
Fax Machine	2/94	330	SL5			330			330	330				330					
Office Chair	4/94	170	SL7			170			170	170				170					
Printer	4/94	650	SL5			650			650	650				650					
Car - 2 door	12/94	200	SL7			200			200	200				200					
Business Machine	3/95	80	SL5			80			80	80				80					
Office Chair	4/95	100	SL7			100			100	100				100					
Hard Drive	7/95	190	SL5			190			190	190				190					
<b>TOTALS</b>						<b>6256</b>			<b>552</b>	<b>3504</b>				<b>4090</b>					

FORM TFC A. SALVAGE B. 30% BONUS  
Schedule 2



UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

#41-0807591

9/30/01

PART I

LINE 9 SPECIAL FUND RAISING ACTIVITIES

	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Net Income</u>
Gourmet Dinner	\$ 16,180	\$ 5,697	\$ 10,483
Casual Day	8,007	1,793	6,214
Golf Tournament	22,011	7,627	14,384
Stuck in Motion	8,396	1,593	6,803
Great Computer Drop Off	<u>25,883</u>	<u>6,337</u>	<u>19,546</u>
TOTALS	<u>\$ 80,477</u>	<u>\$ 23,047</u>	<u>\$ 57,430</u>

LINE 16 PAYMENTS TO AFFILIATES

National United Cerebral Palsy                    \$ 5,000

PART II

Line 43e OTHER EXPENSES

	<u>Total</u>	<u>Program Services</u>	<u>Management and General</u>
Computers Go Round	\$ 6,659	\$ 6,659	\$ -
Miscellaneous	<u>2,379</u>	<u>2,070</u>	<u>309</u>
TOTALS	<u>\$ 9,038</u>	<u>\$ 8,729</u>	<u>\$ 309</u>

SCHEDULE A (FORM 990)

PART III

LINE 4b The professional advisory committee of the United Cerebral Palsy of Central Minnesota, Inc , considers each request on an individual basis as follows

- a) Income
- b) Types of insurance
- c) Number of family members
- d) Number of outstanding medical bills
- e) Other sources to contact regarding financial assistance