



**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 page 21 of the instructions)

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	42,087	35,773	2,525
26	Other salaries and wages . . . . .	26	45,069	38,309	2,704
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28	9,115	7,747	548
29	Payroll taxes . . . . .	29			820
30	Professional fundraising fees . . . . .	30			
31	<del>Accounting fees</del> PROFESSIONAL FEES . . . . .	31	1,600	1,360	96
32	Legal fees . . . . .	32			144
33	Supplies . . . . .	33	1,824	1,551	109
34	Telephone . . . . .	34	3,147	2,674	190
35	Postage and shipping . . . . .	35	2,323	1,974	140
36	Occupancy . . . . .	36	14,280	12,138	857
37	Equipment rental and maintenance . . . . .	37	1,334	1,134	80
38	Printing and publications . . . . .	38	1,261	1,071	77
39	Travel . . . . .	39			
40	Conferences, conventions, and meetings . . . . .	40	2,541	2,159	153
41	Interest . . . . .	41			
42	Depreciation, depletion, etc. (attach schedule) . . . . .	42	658		658
43	Other expenses not covered above (itemize): a PROGRAM	43a	21,856	21,856	
	b INSURANCE	43b	3,092	2,628	186
	c TELECONFERENCE/PUBLIC ED	43c	203	203	
	d DUES	43d	395		395
	e MISCELLANEOUS	43e	889	755	54
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13-15. . . . .	44	151,674	131,332	8,772

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See page 24 of the instructions.)

What is the organization's primary exempt purpose? ASSIST PERSONS/FAMILIES WITH CP		Program Service Expenses
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.)		(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
a	COMPUTERS-GO-ROUND & ASSISTIVE TECHNOLOGY-100 QUALITY COMPUTERS RECYCLED TO PERSONS WITH DISABILITIES TO INCREASE THEIR LEVEL OF INDEPENDENCE, 338 PEOPLE RECEIVED SPECIALIZED TRAINING IN ASSISTIVE TECHNOLOGY (Grants and allocations \$ )	61,742
b	INFORMATION AND REFERRAL/PUBLIC EDUCATION-6000 INDIVIDUALS BENEFITED FROM INFORMATION THROUGH NEWSLETTER, CONFERENCES, BROCHURES, PARENT PACKETS, SPEAKERS' BUREAU, TELEPHONE CALLS, WEBSITE INFORMATION (Grants and allocations \$ )	45,198
c	FINANCIAL ASSISTANCE/SCHOLARSHIPS-PROVIDED 19 INDIVIDUALS WITH GRANTS TO PURCHASE SPECIALIZED EQUIPMENT, AWARDED 1 POST-SECONDARY \$500 SCHOLARSHIP TO AN INDIVIDUAL WITH CEREBRAL PALSY (Grants and allocations \$ )	24,392
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) . . . . .	131,332

**Part IV Balance Sheets** (See page 24 of the instructions.)

**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>Assets</b>	<b>45</b> Cash — non-interest-bearing .....	2,608	<b>45</b>	16,741	
	<b>46</b> Savings and temporary cash investments .....	18,736	<b>46</b>	1,099	
	<b>47a</b> Accounts receivable .....	9,126			
	<b>b</b> Less: allowance for doubtful accounts .....	0			
			16,586	<b>47c</b>	9,126
	<b>48a</b> Pledges receivable .....				
	<b>b</b> Less: allowance for doubtful accounts .....			<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>b</b> Less: allowance for doubtful accounts .....			<b>51c</b>	
	<b>52</b> Inventories for sale or use .....			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges <b>INSURANCE</b> .....	771	<b>53</b>	1,139	
	<b>54</b> Investments — securities (attach schedule) ... <input type="checkbox"/> Cost <input type="checkbox"/> FMV .....		<b>54</b>		
	<b>Liabilities</b>	<b>55a</b> Investments — land, buildings, and equipment: basis .....			
<b>b</b> Less: accumulated depreciation (attach schedule) .....				<b>55c</b>	
<b>56</b> Investments — other (attach schedule) .....				<b>56</b>	
<b>57a</b> Land, buildings, and equipment: basis .....		23,352			
<b>b</b> Less: accumulated depreciation (attach schedule) .....		22,354			
			1,656	<b>57c</b>	998
<b>58</b> Other assets (describe ► .....				<b>58</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....		40,357	<b>59</b>	29,103	
<b>60</b> Accounts payable and accrued expenses .....		22,391	<b>60</b>	12,684	
<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 Total liabilities</b> (add lines 60 through 65) .....	22,391	<b>66</b>	12,684		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
	<b>67</b> Unrestricted .....	17,166	<b>67</b>	15,624	
	<b>68</b> Temporarily restricted .....	800	<b>68</b>	795	
	<b>69</b> Permanently restricted .....		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>				
	<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 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	17,966	<b>73</b>	16,419		
<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	40,357	<b>74</b>	29,103		

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 page 27 of the instructions.)		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	N/A
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 direct or indirect political expenditures. See line 81 instructions . . . . .	81a	0
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	N/A
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 in Part III.) . . . .	82b	N/A
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	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b	N/A
	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	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
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? . . . . .	85h	N/A
86	501(c)(7) orgs. 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) orgs. 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
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 . . . . .		N/A
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, 2002 (See instructions.)	90b	3
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 + 4 <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 . . . . .	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions.)

**Note:** 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	
<b>93</b> Program service revenue:					
<b>a</b> COMPUTERS GO ROUND					13,706
<b>b</b> COMPUTER DROP OFF					24,870
<b>c</b> TECHNOLOGY CENTER					3,400
<b>d</b> CLIENT ASSISTANCE					2,494
<b>e</b> NEWSLETTER					1,800
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					42,794
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> MISCELLANEOUS					752
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))					89,816
<b>105</b> Total (add line 104, columns (B), (D), and (E))					89,816

**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 32 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).
93(a) -	PROVIDE FINANCIAL ASSISTANCE AND COMPUTERS TO PERSONS WITH CP AND THEIR FAMILIES
93(d)	
93(e)	
101, 103	INFORM PUBLIC ABOUT CP, PROMOTE GOODWILL AND INCREASED AWARENESS OF PERSONS WITH CP/DISABILITIES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 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 33 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).

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.

Please Sign: [Signature] Date: 12/11/04

Date: 12/11/04 Check if self- Preparer's SSN or PTIN (See Gen. Inst. W)



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

	Yes	No
<b>1</b> 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>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . . 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.		X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? EXEC DIR	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) . . . . .	X	
<b>4</b> Do you have a section 403(b) annuity plan for your employees? . . . . .		X

**Note:** 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.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 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.)
- 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . .	82,062	80,839	94,102	60,544	317,547
<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 related to the organization's charitable, etc., purpose . . . . .	107,048	80,477	50,127	46,142	283,794
<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 . . . . .	580	2,017	2,115	1,345	6,057
<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 . . . . .	824	644	479	554	2,501
<b>23</b> Total of lines 15 through 22. . . . .	190,514	163,977	146,823	108,585	609,899
<b>24</b> Line 23 minus line 17. . . . .	83,466	83,500	96,696	62,443	326,105
<b>25</b> Enter 1% of line 23. . . . .	1,905	1,640	1,468	1,086	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24. . . . . ▶					<b>26a</b> 6,522
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total 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> 326,105
d Add: Amounts from column (e) for lines: 18 <u>6,057</u> 19 _____ 22 <u>2,501</u> 26b <u>0</u> . . . . . ▶					<b>26d</b> 8,558
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 317,547
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> 97.38 %
<b>27 Organizations described on line 12:</b> 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: (2001) <u>N/A</u> (2000) <u>N/A</u> (1999) <u>N/A</u> (1998) <u>N/A</u>					
b For any amount included in line 17 that was received from each person (other than "disqualified person"), 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: (2001) <u>N/A</u> (2000) <u>N/A</u> (1999) <u>N/A</u> (1998) <u>N/A</u>					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b>
d Add: Line 27a total . <u>0</u> and line 27b total . . <u>0</u> . . . . . ▶					<b>27d</b> 0
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> 0
f Total support for section 509(a)(2) test: Enter amount from 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 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.					

**Part V Private School Questionnaire** (See page 7 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.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
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.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
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.		
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 . .		

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

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

N/A

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
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b> <b>The lobbying nontaxable amount is —</b>		
	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 .....	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

**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				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)).					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 11 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
	X	
	X	
	X	0
	X	0
	X	0
	X	0
	X	0
	X	0
		0

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



UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

#41-0807591

9/30/03PART ILINE 9: SPECIAL FUND RAISING ACTIVITIES:

	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Net Income</u>
Gourmet Dinner	\$ 22,123	\$ 8,535	\$ 13,588
Casual Day	11,288	3,440	7,848
Golf Tournament	23,288	10,617	12,671
Stuck in Motion	11,251	2,604	8,647
Halloween	<u>1,257</u>	<u>1,217</u>	<u>40</u>
TOTALS	<u>\$ 69,207</u>	<u>\$ 26,413</u>	<u>\$ 42,794</u>

LINE 16: PAYMENTS TO AFFILIATES:National United Cerebral Palsy \$ 7,500SCHEDULE A (FORM 990)PART III

LINE 3: 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.





Form 990

**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 1900 Centra Care Circle St. Cloud, MN 56303	President, Part-Time	-0-	-0-	-0-
Braegelmann, Ryan 343 Country Club Road Melrose, MN 56352	Board Member, Part-Time	-0-	-0-	-0-
Bruce Campbell US Bank Mortgage 27 33rd Ave. N. St. Cloud, MN 56303	Board Member, Part-Time	-0-	-0-	-0-
Jeffrey J. Evans 502 Riverside Dr. NE St. Cloud, MN 56304	Secretary, Part-Time	-0-	-0-	-0-
Feddema, Steve 1407 8th Ave. S.E. St. Cloud, MN 56304	Board Member, Part-Time	-0-	-0-	-0-
Gaetz, Shelley PO Box 1496 St. Cloud, MN 56302	Treasurer, 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-
Rupp, Carol 1135 Mill Creek Circle St. Cloud, MN 56303	Board Member, Part-Time	-0-	-0-	-0-
Seifert, Kathleen 8766 338th St. St. Joseph, MN 56374	Board Member, Part-Time	-0-	-0-	-0-
Sipe, Mike Accredited Investor Services, In.c 3701 12th St. N. Suite 103 St. Cloud, MN 56303	Board Member, Part-Time	-0-	-0-	-0-
Wolinski, Rachel 111 22nd Ave. N. St. Cloud, MN 56303	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
Baune, Linda 834 Aspen Circle Waite Park, MN 56387-2467	Advisory Board Member, Part-Time	-0-	-0-	-0-
Commers, Barbara Apollo High School 1000 44th Ave. N. 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-
Koetter, Rick 1111 26th Ave. 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-