

Return of Organization Exempt From Income Tax

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

2003

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning OCTOBER 1, 2003, and ending SEPTEMBER 30, 2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED CEREBRAL PALSY OF CENTRAL MN		D Employer identification number 41-0807591
		Number and street (or P O box if mail is not delivered to street address) Room/suite 510 25TH AVE N		E Telephone number 320-253-0765
		City or town, state or country, and ZIP + 4 ST CLOUD MN 56303-3222		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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 instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ www.ucpcentralmn.org

J Organization type (check only one) ▶ 501(c) (3) ▶ (insert no.) 4947(a)(1) or 527

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.**

I Group Exemption Number ▶ N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 170,639

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenues	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	16,645		
	b Indirect public support	1b	54,431		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		71,076	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		21,465	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		39	
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶ _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
		8c			
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1a) <u>SCHED 1</u>	9a	76,618		
	b Less: direct expenses other than fundraising expenses	9b	26,371		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		50,247	
10a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		1,441		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		144,268		
Expenses	13 Program services (from line 44, column (B))	13	117,973		
	14 Management and general (from line 44, column (C))	14	12,189		
	15 Fundraising (from line 44, column (D))	15	6,840		
	16 Payments to affiliates (attach schedule) <u>SCHED 1</u>	16	7,500		
	17 Total expenses (add lines 13 and 14, column (A))	17	144,502		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	(234)		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	16,419		
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	16,185		

For Paperwork Reduction Act Notice, see the separate instructions.

17

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 22 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	45,455	39,091	3,637
26	Other salaries and wages	26	28,130	24,192	2,250
27	Pension plan contributions	27	2,037	1,752	163
28	Other employee benefits	28			
29	Payroll taxes	29	5,740	4,936	460
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees PROFESSIONAL FEES	32	500		500
33	Supplies	33	2,840	2,442	228
34	Telephone	34	2,307	1,984	185
35	Postage and shipping	35	2,832	2,435	227
36	Occupancy	36	14,315	12,311	1,145
37	Equipment rental and maintenance	37	1,651	1,420	132
38	Printing and publications	38	954	822	75
39	Travel	39			
40	Conferences, conventions, and meetings	40	4,513	3,881	361
41	Interest SCHED 2	41			
42	Depreciation, depletion, etc. (attach schedule)	42	604		604
43	Other expenses not covered above (itemize): a INSURANCE	43a	2,118	1,823	168
b	DUES	43b	883		883
c	PROGRAMS	43c	20,986	19,908	1,078
d	MISCELLANEOUS	43d	1,137	976	93
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	137,002	117,973	12,189

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 25 of the instructions.)

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 INFORMATION AND REFERRAL/PUBLIC EDUCATION-SERVED OVER 9,000 PEOPLE THROUGH WORKSHOPS, PARENT INFORMATION, WEBSITE, SPEAKER'S BUREAU, PHONE CALLS, BROCHURES AND NEWSLETTERS (Grants and allocations \$ _____)	55,977
b ACCESS TO TECHNOLOGY-PROVIDED INFORMATION ON ASSISTIVE TECHNOLOGY, WORKSHOPS AND RECYCLED COMPUTERS, SERVING 506 PEOPLE (Grants and allocations \$ _____)	38,517
c FINANCIAL ASSISTANCE/SCHOLARSHIPS-SERVED 65 PEOPLE, WITH FINANCIAL ASSISTANCE TO 12 INDIVIDUALS, 3 STUDENT SCHOLARSHIPS FOR POST-SECONDARY EDUCATION FOR STUDENTS WITH CP, ANADAPTIVE BIKE & RECREATION FAIR ATTENDED BY OVER 45 PEOPLE, AND RECYCLY USED EQUIPMENT FOR FIVE FAMILIES (Grants and allocations \$ _____)	23,479
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) ▶	117,973

Part IV Balance Sheets (See page 25 of the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only						
Assets	45 Cash — non-interest-bearing			16,741	45	1,869
	46 Savings and temporary cash investments			1,099	46	18,138
	47a Accounts receivable	47a	2,057			
	b Less: allowance for doubtful accounts	47b	0	9,126	47c	2,057
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges		INSURANCE	1,139	53	1,204
	54 Investments — securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments — land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments — other (attach schedule)				56		
57a Land, buildings, and equipment: basis	57a	23,822				
b Less: accumulated depreciation (attach schedule)	57b	22,958	998	57c	864	
58 Other assets (describe ►				58		
59 Total assets (add lines 45 through 58) (must equal line 74)			29,103	59	24,132	
Liabilities	60 Accounts payable and accrued expenses		12,684	60	7,947	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)			64a		
	b Mortgages and other notes payable (attach schedule)			64b		
	65 Other liabilities (describe ►				65	
66 Total liabilities (add lines 60 through 65)			12,684	66	7,947	
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		15,624	67	15,881	
	68 Temporarily restricted		795	68	304	
	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)			16,419	73	16,185	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			29,103	74	24,132	

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 28 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 ▶ N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and 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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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 ▶ MINNESOTA		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	3
91	The books are in care of ▶ GENERAL OFFICE Telephone no. ▶ 320-253-0765 Located at ▶ 510 25TH AVE N ST CLOUD MN ZIP + 4 ▶ 56303-3222		
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 33 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	
93 Program service revenue:					
a COMPUTERS GO ROUND					2,340
b COMPUTER PICK UP					6,997
c HALLOWEEN					3,224
d 50TH ANNIVERSARY					6,875
e MISCELANEOUS					2,029
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	39	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property inventory					
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					50,247
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISCELLANEOUS					1,441
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				39	73,153
105 Total (add line 104, columns (B), (D), and (E))					73,192

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

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)

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 [Signature] Date 2/15/05

SUREV

Date _____ Check if _____ Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

▶ **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 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶ 0		

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 ▶ \$ <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
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.)		
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)? <u>EXEC DIR</u>	2d	X
e Transfer of any part of its income or assets?	2e	X
3a 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 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	N/A

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 6 of the instructions)

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
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 —		
	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				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 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

9/30/04PART ILINE 9: SPECIAL EVENTS AND ACTIVITIES:

	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Net Income</u>
Gourmet Dinner	\$ 24,110	\$ 7,916	\$ 16,194
Casual Day	10,481	2,492	7,989
Golf Tournament	26,512	12,471	14,041
Stuck in Motion	<u>15,515</u>	<u>3,492</u>	<u>12,023</u>
TOTALS	<u>\$ 76,618</u>	<u>\$ 26,371</u>	<u>\$ 50,247</u>

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

LINE 3a: 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.

Asset Description	Acq. Date	Cost	Asset Class	Life (Yrs)	Accum. Dep.	Dep. Yr. 19	Accum. Dep.	Dep. Yr. 19	Deprecia Yr. 19
Calculator	12/7/85	29	SL5	5	5	-	-	-	-
Office Chair	5/3/96	79	SL7	5	11	9	-	-	-
Office Equip	6/4/96	139	SL5	9	18	-	-	-	-
Office Furniture	7/2/96	279	SL7	10	40	30	-	-	-
Office Furniture	8/2/96	99	SL7	2	14	14	-	-	-
Copier	8/97	2,349.00	SL5	-	470	391	-	-	-
(3) Computers	9/97	6,295.00	1	-	1,259	1,047	-	-	-
Printer	8/97	1,999.00	1	-	400	332	-	-	-
Scanner	8/97	359.00	1	-	72	59	-	-	-
Fax Machine	2/98	299	99 SL5	-	60	60	5	-	-
Desk	4/98	544	90 SL7	-	78	78	78	-	-
Computer Sound Cards	3/99	167	59 SL5	-	34	34	34	-	-
Telephone Sys.	2/00	499	95 SL5	-	100	100	100	-	-
Computer	3/00	1,627	00 SL5	-	325	325	325	-	-
Refrigerator	4/00	200	00 SL5	-	40	40	40	-	-
AB Software	1/02	1,149	5 SL5	-	17	23	-	-	-
(2) Chairs	5/04	469	90 SL7	-	34	-	-	-	-
TOTALS					2,962	00	604	-	-

8.548 10% BONUS

A. SALVAGE P. 20%

100%

Description of Article	Acquired	Purchase Price	Rate	A.B.	Depreciable Cost	Accumulated Depreciation	Depreciation Yr. 19	Accumulated Depreciation	Depreciation Yr. 19	Accumulated Depreciation	Depreciation Yr. 19
Office Furn & Equip	1975-76	375	SL 10			375					
"	1980-81	385	SL 5			385					
"	1981	104	SL 10			98					
Calculator	3/83	60	SL 5			60					
4 Chair	11/82	100	SL 5			100					
Answer Machine	10/83	151	SL 5			151					
Typewriter	10/84	1263	SL 5			1,263					
Furn & Fix.	1988	299	SL 5			150					
Calculator	3/89	46	SL 5			14					
Camera	4/89	160	SL 5			48					
TV & VCR	8/89	450	SL 5			135					
Copier	12/89	6524	SL 5			152					
Phone System	5/90	250	SL 5			25					
Phone System	10/91	356	SL 5								
Telephone	10/92	80	SL 5								
Table	2/93	32	SL 7								
4-Chair	3/93	49	SL 7								
Blinds	3/93	225	SL 7								
Desk	6/93	99	SL 7								
Computer	12/93	720	SL 5								
Fax Machine	2/94	330	SL 5								
Office Chair	4/94	170	SL 7								
Printer	4/94	450	SL 5								
Printer Stand	12/94	20	SL 7								
Answering Machine	3/95	80	SL 5								
Office Chair	4/95	100	SL 7								
Hard Drive	7/95	190	SL 5								
TOTALS						2,956					

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-
Liebl, Sherrn 402 12th St N Cold Spring, MN 56320	Board Member, Part-Time	-0-	-0-	-0-
Melloy, Tom 1010 W St. German St. St. Cloud, MN 56301	Vice President, Part-Time	-0-	-0-	-0-
Pence, Glenn 413 12th Ave. S.E. St. Joseph, MN 56374	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-
Seifert, Kathleen 8766 338th St. St. Joseph, MN 56374	Board Member, Part-Time	-0-	-0-	-0-
Sipe, Mike Accredited Investor Services 3701 12th St N Suite 103 St. Cloud, MN 56303	Board Member, Part-Time	-0-	-0-	-0-
Yurczyk, Luke PO Box 865 St. Cloud, MN 56302	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-