

Return of Organization Exempt From Income Tax

2004

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning OCTOBER 1, 2004, and ending SEPTEMBER 30, 20 05

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - 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).

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 279,106

- 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
- I Group Exemption Number ▶ N/A
- 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.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:		
		a	Direct public support	1a 24,763
		b	Indirect public support	1b 80,633
		c	Government contributions (grants)	1c 5,000
		d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d 110,396
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 96,812
		3	Membership dues and assessments	3
		4	Interest on savings and temporary cash investments	4 491
		5	Dividends and interest from securities	5
		6a	Gross rents	6a
		6b	Less: rental expenses	6b
		6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c 0
	7	Other investment income (describe ▶ _____)	7	
	8a	Gross amount from sales of assets other than inventory	8a	
	8b	Less: cost or other basis and sales expenses	8b	
	8c	Gain or (loss) (attach schedule)	8c 0	
	8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d 0	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	9a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a 70,637	
	9b	Less: direct expenses other than fundraising expenses	9b 23,636	
	9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c 47,001	
	10a	Gross sales of inventory, less returns and allowances	10a	
	10b	Less: cost of goods sold	10b	
	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c 0	
	11	Other revenue (from Part VII, line 103)	11 770	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 255,470	
Expenses	13	Program services (from line 44, column (B))	13 201,011	
	14	Management and general (from line 44, column (C))	14 12,311	
	15	Fundraising (from line 44, column (D))	15 5,805	
	16	Payments to affiliates (attach schedule) <i>Sched 1</i>	16 7,500	
	17	Total expenses (add lines 13 and 14, column (A))	17 226,627	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 28,843	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 16,185	
	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 45,028	

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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 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	47,759	42,028	3,821
26	Other salaries and wages	26	49,294	43,379	3,943
27	Pension plan contributions	27	2,109	1,856	169
28	Other employee benefits	28			
29	Payroll taxes	29	8,487	7,469	678
30	Professional fundraising fees	30			340
31	Accounting fees	31			
32	Legal fees	32	500		500
33	Professional Fees	33	4,093	3,602	327
34	Supplies	34	2,540	2,235	203
35	Telephone	35	1,251	1,100	101
36	Postage and shipping	36	14,700	12,936	1,176
37	Occupancy	37	1,471	1,294	118
38	Equipment rental and maintenance	38	673	592	54
39	Printing and publications	39	7,555	6,649	604
40	Travel/Meetings/Conferences...	40			
41	Conferences, conventions, and meetings ...	41			
42	Interest	42	449	396	35
43	Depreciation, depletion, etc. (attach schedule)	43	2,116	1,862	169
43a	Other expenses not covered above (itemize): a Insurance	43a	2,116	1,862	169
b	Membership Dues	43b	205		205
c	Programs	43c	73,331	73,331	
d	Miscellaneous	43d	2,594	2,282	208
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	219,127	201,011	12,311

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? <input checked="" type="checkbox"/> ASSIST PERSONS/FAMILIES WITH CP	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others)
a ACCESS TO TECHNOLOGY-SCHEDULE 4 (Grants and allocations \$ _____)	98,036
b FINANCIAL ASSISTANCE/SCHOLARSHIPS-SCHEDULE 4 (Grants and allocations \$ _____)	51,559
c INFORMATION AND REFERRAL/PUBLIC EDUCATION-SCHEDULE 4 (Grants and allocations \$ _____)	51,416
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)	201,011

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

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	1,869	45	18,504
	46 Savings and temporary cash investments	18,138	46	37,629
	47a Accounts receivable	4,451		
	b Less: allowance for doubtful accounts	0	2,057	47c 4,451
	48a Pledges receivable			
	b Less: allowance for doubtful accounts			48c 0
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts			51c 0
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges <u>Insurance</u>	1,204	53	1,232
	54 Investments—securities (attach schedule)			54
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)			55c 0
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment: basis	25,571			
b Less: accumulated depreciation (attach schedule) <u>Sched 2</u>	23,407	864	57c 2,164	
58 Other assets (describe ▶ _____)			58	
59 Total assets (add lines 45 through 58) (must equal line 74)	24,132	59	63,980	
Liabilities	60 Accounts payable and accrued expenses	7,947	60	18,952
	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)	7,947	66	18,952	
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	15,881	67	36,358
	68 Temporarily restricted	304	68	8,670
	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)	16,185	73	45,028	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	24,132	74	63,980	

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 . . .		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
80b	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 and indirect political expenditures. See line 81 instructions 81a 0		
81b	Did the organization file Form 1120-POL for this year?		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?	X	
82b	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?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	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.		N/A
85c	c Dues, assessments, and similar amounts from members.		N/A
85d	d Section 162(e) lobbying and political expenditures		N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		0
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A
86b	b Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		N/A
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		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.		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		
89b	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.		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>		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		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 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 COMPUTER DROP OFF					88,264
b COMPUTERS GO ROUND					4,857
c HALLOWEEN					2,241
d 50TH ANNIVERSARY					1,050
e OTHER					400
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	491	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					47,001
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISCELLANEOUS					770
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		491	144,583
105 Total (add line 104, columns (B), (D), and (E))					145,074

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 Sign Here

Signature of officer: Shelley Gaetz Date: 1/11/06

Type or print name and title: Shelley Gaetz Treasurer

Paid Preparer's Use Only

Preparer's signature: B. Ketchum Date: 01/05/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SCHMITZ & KETCHUM PA EIN: 41-1771683

600 25TH AVE S #102 ST CLOUD MN Phone no: 320-251-7444

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2004

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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? EXEC. DIR	X	
e Transfer of any part of its income or assets?		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.) SCHED 1	X	
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		N/A
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

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

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

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

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

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	71,076	67,811	82,062	80,839	301,788
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . .	98,083	115,477	107,048	80,477	401,085
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	39		580	2,017	2,636
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	1,441	752	824	644	3,661
23 Total of lines 15 through 22	170,639	184,040	190,514	163,977	709,170
24 Line 23 minus line 17	72,556	68,563	83,466	83,500	308,085
25 Enter 1% of line 23	1,706	1,840	1,905	1,640	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 6,162
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 308,085
d Add: Amounts from column (e) for lines: 18 <u>2,636</u> 19 <u>0</u> 22 <u>3,661</u> 26b <u>0</u> ▶					26d 6,297
e Public support (line 26c minus line 26d total) ▶					26e 301,788
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 97.96 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) <u>N/A</u> (2002) <u>N/A</u> (2001) <u>N/A</u> (2000) <u>N/A</u>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2003) <u>N/A</u> (2002) <u>N/A</u> (2001) <u>N/A</u> (2000) <u>N/A</u>					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. <u>N/A</u>					

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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		
	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		
41		41	
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) 2004	(b) 2003	(c) 2002	(d) 2001	(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 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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	0
d Mailings to members, legislators, or the public		X	0
e Publications, or published or broadcast statements		X	0
f Grants to other organizations for lobbying purposes		X	0
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	0
i Total lobbying expenditures (Add lines c through h.)			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

9/30/05PART ILINE 9: SPECIAL EVENTS AND ACTIVITIES:

	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Net Income</u>
Stuck in Motion	\$ 22,106	\$ 4,281	\$ 17,825
Golf Tournament	21,460	8,382	13,078
Gourmet Dinner	18,109	6,965	11,144
Casual Day	8,813	2,797	6,016
Other	149	1,211	-1,062
TOTALS	<u>\$ 70,637</u>	<u>\$ 23,636</u>	<u>\$ 47,001</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.

DEPRECIATION SCHEDULE OF UCP of CM 9/30/90

Description of Article	Acquired	Purchase Price	Rate	A.B.	Depreciable Cost	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			99			
Calculator	3/83	60	SL 5			60			
Office Chair	11/82	100	SL 5			100			
Business 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			
Printer	12/89	6524	SL 5			152			
Phone System	7/90	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						
Electronic	3/93	225	SL 7						
Desk	4/93	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	250	SL 5						
Printer	12/94	50	SL 7						
Business Machine	3/95	20	SL 5						
Office Chair	4/95	100	SL 7						
Hard Drive	7/95	190	SL 5						
						TOTALS		2956	

Accumulated Depreciation 24 (107)

3 1

14 9

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	Board Member, Part-Time	-0-	-0-	-0-
Braegelmann, Ryan 343 Country Club Road Melrose, MN 56352	Board Member, Part-Time	-0-	-0-	-0-
Bruce Campbell PO Box 762 Sauk Rapids, MN 56379	Vice President, Part-Time	-0-	-0-	-0-
Jeffrey J. Evans 502 Riverside Dr. NE St. Cloud, MN 56304	President 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-
Held, John 215 8th Ave. N. Cold Spring, MN 56320	Board Member, Part-Time	-0-	-0-	-0-
Knopik, Jon 75 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-
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 33432 88th Ave. 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-

(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
Wells, Christy 1485 Waldorf Ct. NE Sauk Rapids, MN 56379	Board Member, Part-Time	-0-	-0-	-0-
Yurczyk, Luke 614 5th Ave S. Sartell, MN 56377	Secretary, Part-Time	-0-	-0-	-0-
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-

Access to Technology: To provide quality, recycled computers to people with a qualified disability in Stearns, Benton or Sherburne county and to provide training to individuals and professionals regarding assistive technology. Provide access to assistive technology to enable persons with disabilities to live more independently.

Information & Referral / Public Education: Provide accurate, informative and helpful information to families regarding cerebral palsy and other disabilities through phone calls, newsletters, brochures, videos, radio interviews, newspaper articles, workshops, conferences and website. Access to this information will enable persons with disabilities to make more informed decisions regarding their needs and independence.

Financial Assistance / Scholarships: Provide funding for equipment to individuals with cerebral palsy to increase their level of independence, and to continue to provide annual scholarships for students with cerebral palsy for advanced educational opportunities to assist them in achieving higher academic goals and increased self-esteem.