

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

## 2005

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 2005 calendar year, or tax year beginning **OCTOBER 1**, 2005, and ending **SEPTEMBER 30**, 2006

- 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 MINNESOTA**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**510 25TH AVE N**

City or town, state or country, and ZIP + 4  
**ST CLOUD MN 56303-3222**

D Employer identification number  
**41-0807591**

E Telephone number  
**(320) 253-0765**

F Accounting method  Cash  Accrual  
 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
- I Group Exemption Number ▶ **N/A**

G Website ▶ **www.ucpcentralmn.org**

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

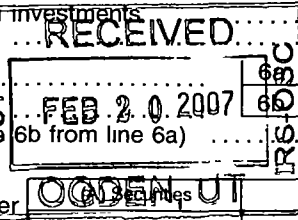
K Check here  if the organization's gross receipts are normally not more than \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return Some states require a complete return

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **224,738.00**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	27,093.00	
	b	Indirect public support	1b	59,106.00	
	c	Government contributions (grants)	1c	0.00	
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	86,199.00	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	6,234.00	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	996.00	
	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	0.00	
7	Other investment income (describe ▶ _____)	7			
8a	Gross amount from sales of assets other than inventory	8a			
b	Less cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c	0.00	0.00	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		0.00	
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)	9a	130,376.00		
b	Less: direct expenses other than fundraising expenses	9b	52,300.00		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	78,076.00		
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		0.00	
11	Other revenue (from Part VII, line 103)	11		933.00	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		172,438.00	
Expenses	13	Program services (from line 44, column (B))	13		156,153.00
	14	Management and general (from line 44, column (C))	14		12,803.00
	15	Fundraising (from line 44, column (D))	15		9,019.00
	16	Payments to affiliates (attach schedule) <b>Natl United Cerebral Palsy</b>	16		7,500.00
	17	Total expenses (add lines 16 and 44, column (A))	17		185,475.00
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		(13,037.00)
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		45,028.00
	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		31,991.00



SCANNED FEB 20 2007

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2005)

915-16

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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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	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 48,372.00	41,600.00	3,870.00	2,902.00
26 Other salaries and wages	26 61,261.00	52,685.00	4,901.00	3,675.00
27 Pension plan contributions	27 2,442.00	2,100.00	195.00	147.00
28 Other employee benefits	28			
29 Payroll taxes	29 9,301.00	7,999.00	744.00	558.00
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 3,624.00	3,117.00	290.00	217.00
34 Telephone	34 2,555.00	2,197.00	204.00	154.00
35 Postage and shipping	35 1,561.00	1,343.00	125.00	93.00
36 Occupancy	36 14,700.00	13,650.00	600.00	450.00
37 Equipment rental and maintenance	37 2,527.00	2,174.00	202.00	151.00
38 Printing and publications	38 141.00	121.00	11.00	9.00
39 Travel, conferences, conv., mtg	39 6,008.00	5,167.00	481.00	360.00
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 390.00	335.00	31.00	24.00
43 Other expenses not covered above (itemize):				
a Insurance	43a 2,257.00	1,941.00	181.00	135.00
b Dues/subscriptions	43b 774.00		774.00	
c Direct program expense	43c 19,663.00	19,663.00		
d Miscellaneous	43d 2,399.00	2,061.00	194.00	144.00
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 177,975.00	156,153.00	12,803.00	9,019.00

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 the instructions.)

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.

What is the organization's primary exempt purpose? ▶ <u>ASSIST PERSONS/FAMILIES WITH CP</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a FINANCIAL ASSISTANCE/SCHOLARSHIPS - SCHEDULE 4  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	54,495.00
b ACCESS TO TECHNOLOGY - SCHEDULE 4  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	52,400.00
c INFORMATION AND REFERRAL/PUBLIC EDUCATION - SCHEDULE 4  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	49,258.00
d  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ..... ▶	156,153.00

**Part IV Balance Sheets (See 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
Assets	45	Cash—non-interest-bearing .....		18,504.00	45	16,644.00
	46	Savings and temporary cash investments .....		37,629.00	46	24,600.00
	47a	Accounts receivable .....	47a 6,158.00			
	b	Less: allowance for doubtful accounts ..	47b 0.00	4,451.00	47c	6,158.00
	48a	Pledges receivable .....	48a			
	b	Less: allowance for doubtful accounts ..	48b		48c	0.00
	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	0.00
	52	Inventories for sale or use .....			52	
	53	Prepaid expenses and deferred charges .....		1,232.00	53	1,979.00
	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	0.00	
56	Investments other (attach schedule) .....			56		
57a	Land, buildings, and equipment: basis ..	57a 25,571.00				
b	Less: accumulated depreciation (attach schedule) Schedule 2 .....	57b 23,797.00	2,164.00	57c	1,774.00	
58	Other assets (describe ► .....			58		
59	Total assets (must equal line 74). Add lines 45 through 58. ....		63,980.00	59	51,155.00	
Liabilities	60	Accounts payable and accrued expenses .....		18,952.00	60	19,164.00
	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 .....		18,952.00	66	19,164.00	
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 .....		36,358.00	67	26,437.00
	68	Temporarily restricted .....		8,670.00	68	5,554.00
	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) .....		45,028.00	73	31,991.00
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.		63,980.00	74	51,155.00





Part VI Other Information (continued)

		Yes	No
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	
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			
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)		N/A
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	86 501(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	87 501(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	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	89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00		
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 ▶ 0.00		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.00		
90a	90a List the states with which a copy of this return is filed ▶ MINNESOTA		
90b	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	4	0.00
91a	91a 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		
91b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91c	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A		X
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92   N/A		

**Part VII Analysis of Income-Producing Activities (See 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					3,890.00
b Halloween					1,169.00
c Bike & Rec Fair					775.00
d Other					400.00
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	996.00	
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					78,076.00
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a MISCELLANEOUS					933.00
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.00		996.00	85,243.00
105 Total (add line 104, columns (B), (D), and (E))					86,239.00

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 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	PROVIDE FINANCIAL ASSISTANCE AND COMPUTERS TO PERSONS WITH CP AND THEIR FAMILIES INFORM PUBLIC ABOUT CP, PROMOTE GOODWILL AND INCREASE AWARENESS OF PERSONS WITH CP/DISABILITIES
101	
103	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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: Alex Heyning Date: 1-25-07  
 Type or print name and title: Peggy S. Heyning Treasurer

Paid Preparer's Use Only  
 Preparer's signature: [Signature] Date: 01/04/2007 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: SCHMITZ & KETCHUM PA Preparer's SSN or PTIN (See Gen Inst W): 387-54-0696  
600 25TH AVE S #102 ST CLOUD MN 56301 EIN: 41-1771683  
 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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

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 <b>UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA</b>	Employer identification number <b>41-0807591</b>
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**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 .. ▶	
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**Part II-A 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 .. ▶	
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**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services .. ▶	
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Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, compensation, and grants.

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 [X] 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [ ] Type 1 [ ] Type 2 [ ] Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

Table with 2 columns: (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 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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26-27. Line 26: Organizations described on lines 10 or 11. Sub-rows: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

Table for lines 27-28. Line 27: Organizations described on line 12. Sub-rows: 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." 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. c Add: Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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. N/A

**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? .....	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31	
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? .....	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
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? .....	33a	
b Admissions policies? .....	33b	
c Employment of faculty or administrative staff? .....	33c	
d Scholarships or other financial assistance? .....	33d	
e Educational policies? .....	33e	
f Use of facilities? .....	33f	
g Athletic programs? .....	33g	
h Other extracurricular activities? .....	33h	
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? .....	34a	
b Has the organization's right to such aid ever been revoked or suspended? .....	34b	
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 ....	35	

**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	0.00
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	0.00
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 .....	41	0.00
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	0.00
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	0.00
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	0.00

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount .....				0.00
46	Lobbying ceiling amount (150% of line 45(e))				0.00
47	Total lobbying expenditures .....				0.00
48	Grassroots nontaxable amount .....				0.00
49	Grassroots ceiling amount (150% of line 48(e))				0.00
50	Grassroots lobbying expenditures .....				0.00

**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	
d Mailings to members, legislators, or the public .....		X	
e Publications, or published or broadcast statements .....		X	
f Grants to other organizations for lobbying purposes .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	
i Total lobbying expenditures (Add lines c through h.) .....			0.00

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

9/30/06PART ILINE 9: SPECIAL EVENTS AND ACTIVITIES:

	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Net Income</u>
Computer Drop Off	\$ 70,258	\$ 33,565	\$ 36,693
Stuck in Motion	28,919	5,519	23,400
Golf Tournament	17,245	7,037	10,208
Gourmet Dinner	13,237	6,179	7,058
Other	<u>717</u>	<u>-</u>	<u>717</u>
 TOTALS	 <u>\$ 130,376</u>	 <u>\$ 52,300</u>	 <u>\$ 78,076</u>

LINE 16: PAYMENTS TO AFFILIATES:

National United Cerebral Palsy	<u>\$ 7,500</u>
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SCHEDULE 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.

U.C.P. of          

**DEPRECIATION SCHEDULE OF**

Description of Article	Acquired	Purchase Price	Rate	A.B.	Depreciable Cost	Accumulated Depreciation	Depreciation Yr. 19	Accumulated Depreciation	Depreciation Yr. 19
Desk & Furniture	1/75	375	SL 10			375	-		-
" " "	1/80	385	SL 5			385	-		-
" " "	1/81	104	SL 10			97	-		-
Calculator	3/83	60	SL 5			60	-		-
" " "	1/82	100	SL 5			100	-		-
Home Stove	10/80	151	SL 5			151	-		-
Typewriter	10/84	1263	SL 5			1,263	-		-
F. & F. Vid	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	-		-
" " "	12/89	1524	SL 5			152	-		-
" " "	5/90	250	SL 5			25	-		-
Phone system	10/91	356	SL 5				-		-
" " "	10/92	80	SL 5				-		-
" " "	2/93	32	SL 7				-		-
4-Chair	3/93	49	SL 7				-		-
Billboard	5/93	225	SL 7				-		-
Disk	6/93	99	SL 7				-		-
Computer	12/93	720	SL 5				-		-
Fan Michie	2/94	330	SL 5				-		-
Desk & Chair	4/94	170	SL 7				-		-
London	4/94	250	SL 5				-		-
Record	12/94	50	SL 7				-		-
" " "	3/95	60	SL 5				-		-
" " "	4/95	100	SL 7				-		-
Home Stove	7/95	170	SL 5				-		-
<b>TOTALS</b>						6770			

Asset Description	Date	Cost	Asset ID	Accumulated Depreciation	Depreciation Yr. 98	Depreciation Yr. 99	Accumulated Depreciation	Depreciation Yr. 99	Depreciable Yr. 99	Accumulated Depreciation	Depreciable Yr. 99
Calculator	12/7/95	29.97	SL5	5	5	-	-	-	-	-	-
Office Chair	5/3/96	79.99	SL7	5	5	9	11	9	-	-	-
Office Equip	6/4/96	139.93	SL5	9	9	-	18	-	-	-	-
Office Furniture	7/2/96	279.94	SL7	10	10	30	40	30	-	-	-
Office Furniture	8/2/96	99.99	SL7	2	2	14	14	14	-	-	-
Copier	8/9/97	2349.00	SL5	-	-	-	470	391	-	-	-
Computer	8/9/97	6,295.00	1	-	-	1,047	1,259	1,047	-	-	-
Printer	8/9/97	1,999.00	1	-	-	332	400	332	-	-	-
Scanner	8/9/97	359.00	1	-	-	59	72	59	-	-	-
Fax Machine	7/99	299.99	SL5	-	-	5	60	60	5	-	-
Desk	4/98	544.90	SL7	-	-	78	78	78	78	-	-
Computer Sound Card	3/99	167.59	SL5	-	-	34	34	34	4	-	-
Telephone Sys.	2/00	499.95	SL5	-	-	100	100	100	100	-	-
Computer	3/00	1,627.00	SL5	-	-	325	325	325	325	-	-
Refrigerator	4/00	200.00	SL5	-	-	40	40	40	40	-	-
QB Software	1/02	1,495.00	SL5	-	-	1723	-	-	-	-	-
(2) Chairs	5/04	469.90	SL7	-	-	34	34	34	23	23	23
Telephone	4/05	199.51	SL7	-	-	50	67	67	67	-	-
Computer Equip	6/05	470.41	SL5	-	-	47	47	47	94	94	94
Computer Equip	7/05	229.99	SL5	-	-	23	23	23	46	46	46
Computer Equip	11/05	189.46	SL5	-	-	19	19	19	38	38	38
Book Shelf	11/05	159.98	SL7	-	-	11	11	11	22	22	22
<b>TOTALS</b>				611	611	2,962.00	4,441.00	3,920.00	604.00	4,441.00	3,920.00

A. SALVAGE    10%    2.548  
 B. BONUS    65%

SCHEDULE 3

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 1900 Centra Care Circle St Cloud, MN 56303	Board Member, Part-Time	-0-	-0-	-0-
Braegelmann, Ryan 142 East 7th St. N Melrose, MN 56352	Board Member, Part-Time	-0-	-0-	-0-
Bruce Campbell PO Box 762 Sauk Rapids, MN 56379	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-
Humbert, Jeff 620 17th St. N Sartell, MN 56377	Board Member, Part-Time	-0-	-0-	-0-
Knopik, Jon 75 Woodhill Rd. St Cloud, MN 56301	Vice-President, Part-Time	-0-	-0-	-0-
Melloy, Tom 1010 W St German 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-
Peterson, Ashley 757 33rd St SE 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-
Schlosser, Susan 1508 6th Ave N. Sartell, MN 56377	Secretary, Part-Time	-0-	-0-	-0-
Seifert, Kathleen 33432 88th Ave St. Joseph, MN 56374	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, Chrsty 1485 Waldorf Ct. NE Sauk Rapids, MN 56379	Board Member, 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-

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

#41-0807591

9/30/06

**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.

**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 and Referral/Public Education:** Provide accurate information 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.