Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning OCTOBER 1 , 2006, and ending SEPTEMBER 30 , 2007

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): 510 25TH AVE N | Room/suite:

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 ☒ N/A 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

I Group Exemption Number ▶ N/A

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file 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 ▶ 288,231

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	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	23,308		
	c	Indirect public support (not included on line 1a)	1c	67,730		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ ____ noncash $ ____)			1e	91,038
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	10,660
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	1,065
	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
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
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)	0	8c	0

Revenue	d	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 ▶ ☐				
	a	Gross revenue (not including $ 0 of contributions reported on line 1b)	9a	179,032		
	b	Less: direct expenses other than fundraising expenses	9b	53,604		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	125,428
	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
	11	Other revenue (from Part VII, line 103)			11	6,436
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	234,627
Expenses	13	Program services (from line 44, column (B))			13	164,274
	14	Management and general (from line 44, column (C))			14	15,699
	15	Fundraising (from line 44, column (D))			15	8,740
	16	Payments to affiliates (attach schedule) NAT'L UNITED CEREBRAL PALSY			16	7,500
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	196,213
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	38,414
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	31,991
	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	70,405

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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
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a	0			
22b Other grants and allocations (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b	0			
23 Specific assistance to individuals (attach schedule)	23	0			
24 Benefits paid to or for members (attach schedule)	24	0			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a	49,702	42,744	4,473	2,485
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b	0			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c	0			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	63,556	54,659	5,720	3,177
27 Pension plan contributions not included on lines 25a, b, and c	27	2,201	1,893	198	110
28 Employee benefits not included on lines 25a – 27	28	0			
29 Payroll taxes	29	9,512	8,180	856	476
30 Professional fundraising fees	30	0			
31 Accounting fees	31	0			
32 ~~Legal fees~~ xxxxxxx Professional Fees	32	965		965	
33 Supplies	33	8,858	7,618	797	443
34 Telephone	34	2,508	2,157	226	125
35 Postage and shipping	35	1,566	1,346	141	79
36 Occupancy	36	15,336	13,616	1,106	614
37 Equipment rental and maintenance	37	2,168	1,864	195	109
38 Printing and publications	38	687	114		573
39 Travel, conferences, conv., mtg.	39	7,265	6,248	654	363
40 Conferences, conventions, and meetings	40	0			
41 Interest . . . . Schedule 2	41	0			
42 Depreciation, depletion, etc. (attach schedule)	42	769	662	69	38
43 Other expenses not covered above (itemize):					
a DIRECT PROGRAM EXPENSE	43a	20,635	20,635		
b INSURANCE	43b	2,357	2,027	212	118
c DUES/SUBSCRIPTIONS	43c	595	511	54	30
d MISCELLANEOUS	43d	33		33	
e	43e	0			
f	43f	0			
g	43g	0			
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	188,713	164,274	15,699	8,740

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? ▶ ASSIST PERSONS/FAMILIES WITH CP 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 ACCESS TO TECHNOLOGY - SCHEDULE 4	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	69,124
b INFORMATION AND REFERRAL/PUBLIC EDUCATION - SCHEDULE 4	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	54,347
c FINANCIAL ASSISTANCE/SCHOLARSHIPS - SCHEDULE 4	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	40,803
d	
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services). . . . . ▶	164,274

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		16,644	45	37,214
46	Savings and temporary cash investments		24,600	46	29,992
47a	Accounts receivable	47a 10,851			
b	Less: allowance for doubtful accounts	47b 0	6,158	47c	10,851
48a	Pledges receivable	48a			
b	Less: allowance for doubtful accounts	48b		48c	0
49	Grants receivable			49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
51a	Other notes and loans receivable (attach schedule)	51a			
b	Less: allowance for doubtful accounts	51b		51c	0
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges		1,979	53	1,902
54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
55a	Investments—land, buildings, and equipment: basis	55a			
b	Less: accumulated depreciation (attach schedule)	55b		55c	0
56	Investments—other (attach schedule)			56	
57a	Land, buildings, and equipment: basis	57a 28,377			
b	Less: accumulated depreciation (attach schedule) Schedule 2	57b 22,939	1,774	57c	5,438
58	Other assets, including program-related investments (describe ▶)			58	
59	**Total assets** (must equal line 74) Add lines 45 through 58		51,155	59	85,397
Liabilities					
60	Accounts payable and accrued expenses		19,164	60	14,992
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		19,164	66	14,992
Net Assets or Fund Balances					
	Organizations that follow SFAS 117, check here ▶ ☒ **and complete lines 67 through 69 and lines 73 and 74**				
67	Unrestricted		26,437	67	69,253
68	Temporarily restricted		5,554	68	1,152
69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ **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 and column (B) **must** equal line 21)		31,991	73	70,405
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		51,155	74	85,397

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	290,231
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	2,000		
3	Recoveries of prior year grants	b3			
4	Other (specify): DIRECT EVENT EXPENSES	b4	53,604		
	Add lines **b1** through **b4**			b	55,604
c	Subtract line **b** from line **a**			c	234,627
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	234,627

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	251,817
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1	2,000		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): DIRECT EVENT EXPENSES	b4	53,604		
	Add lines **b1** through **b4**			b	55,604
c	Subtract line **b** from line **a**			c	196,213
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	196,213

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(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 plans	(E) Expense account and other allowances
SEE SCHEDULE 3				
JUDY MOENING ST CLOUD MN 56303-3222	EXEC DIRECTOR 40	49,702	1,491	0

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Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . ▶ 21			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . .	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." . . . ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy? . . .	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change . . .	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 ☐ exempt **or** ☐ 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

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?	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			
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			
88a	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	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		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 ▶ 0			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X

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, 2006 (See instructions.) 90b 5

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

			Yes	No
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)?	91b		X
	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.			

Part VI Other Information *(continued)*

		Yes	No
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	91c		X

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		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a COMPUTERS GO ROUND					6,905
b BOWLING FOR KIDS					1,737
c HALLOWEEN					1,393
d BIKE & REC FAIR					425
e OTHER					200
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	1,065	
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 .					125,428
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a PAYROLL REIMBURSEMENT					4,336
b ANNUAL MEETING					821
c FISCAL AGENT FEES					582
d INSURANCE SETTLEMENT					541
e MISCELLANEOUS					156
104 Subtotal (add columns (B), (D), and (E))		0		1,065	142,524

105 **Total** (add line 104, columns (B), (D), and (E)) . . . . ▶ 143,589

Note: *Line 105 plus line 1e, 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 TECHNOLOGY TO PERSONS WITH CP AND THEIR FAMILIES
101	INFORM PUBLIC ABOUT CP, PROMOTE GOODWILL AND INCREASE AWARENESS OF PERSONS WITH
103	CP/DISABILITIES

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)* N/A

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

✓ Bruce Campbell, President | 1-21-08
Signature of officer | Date

✓ Bruce Campbell
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: B Ketchum	Date: 01/04/2008	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X): 387-54-0696
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 56301		Phone no ▶ 320-251-7444

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization: UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

Employer identification number: 41-0807591

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees** (See page 2 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 ▶				

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 . . . . ▶		

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 . . . . ▶		

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 ▶ $ 0 (Must equal amounts on line 38, Part VI-A, or line of Part VI-B.)	1		X
	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.			
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)? EXEC. DIRECTOR	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SCHEDULE 1	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		N/A
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			N/A

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 33⅓%** 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 33⅓%** 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total . . . . ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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)** 2005	**(b)** 2004	**(c)** 2003	**(d)** 2002	**(e)** Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	86,199	110,396	71,076	67,811	335,482
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	136,610	167,449	98,083	115,477	517,619
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	996	491	39	0	1,526
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 MISC	933	770	1,441	752	3,896
23	Total of lines 15 through 22	224,738	279,106	170,639	184,040	858,523
24	Line 23 minus line 17	88,128	111,657	72,556	68,563	340,904
25	Enter 1% of line 23	2,247	2,791	1,706	1,840	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 6,818

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 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 340,904

d Add: Amounts from column (e) for lines: 18 1,526 19 0 22 3,896 26b 0 ▶ 26d 5,422

e Public support (line 26c minus line 26d total) ▶ 26e 335,482

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98.41 %

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:

(2005) N/A (2004) N/A (2003) N/A (2002) N/A

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 11b, 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:

(2005) N/A (2004) N/A (2003) N/A (2002) N/A

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 2002 through 2005, 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

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Part V **Private School Questionnaire** (See page 9 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		
	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 10 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—	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		

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

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 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 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**.)			

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

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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Line	Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
	N/A	

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

#41-0807591

9/30/07

PART I

LINE 9: SPECIAL EVENTS AND ACTIVITIES:

	Gross Revenue	Direct Expense	Net Income
Computer Drop Off	$ 120,700	$ 34,683	$ 86,017
Stuck in Motion	25,785	5,573	20,212
Golf Tournament	17,650	8,881	8,769
Heat Wave	14,897	4,467	10,430
TOTALS	$ 179,032	$ 53,604	$ 125,428

LINE 16: PAYMENTS TO AFFILIATES:

National United Cerebral Palsy $ 7,500

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.

DEPRECIATION SCHEDULE OF

Description of Article	Acquired	Purchase Price	Rate	A.B.	Depreciable Cost	Accumulated Depreciation	Accumulated Depreciation	[illegible]	Depreciation Yr. 19	Accumulated Depreciation	Depreciation Yr. 19	Accumulated Depreciation	Depreciation Yr. 19	Accumulated Depreciation
Office Furn. & Equip.	1975-76	375	SL 10			375								
" " "	1980-81	395	SL 5			385								
" " "	1981	104	SL 10			98								
Calculator	3/83	60	SL 5			60								
(4) Chairs	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								
T.V. & VCR	8/89	450	SL 5			135								
Copier	12/89	4524	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-Chairs	3/93	[illegible]	SL 7											
Blinds	3/93	225	SL 7											
Desk	4/93	99	SL 7											
Computer	12/93	720	SL 5											
Fax Machine	2/94	334	SL 5				24	(10)						
Office Chair	4/94	170	SL 7											
Printer	4/94	650	SL 5				3	1						
Printer Stand	12/94	20	SL 7											
Answering Machine	3/95	80	SL 5				14	9						
Office chair	4/95	100	SL 7											
Hard Drive	7/95	190	SL 5											
				TOTALS		2956								

FORM 3F13 SCHED. 2

A. SALVAGE B. 20% ... 0% BONUS

[illegible]	[illegible]	[illegible]	[illegible]	A.S.	[illegible] 96	Depreciation	Yr 1997	Depreciation	[illegible]	Depreciation [illegible]	[illegible]	[illegible] 01	02	03	Depreciation Yr 04	Accumulated Depreciation	Depreciation Yr 19	Accum Depr
Calculator	12/7/95	29.97	SL5		5	5	6	11	6	6	6	—	—	—				
Office Chair	5/3/96	79.99	SL7		5	5	11	16	11	11	11	11	11	9	—	—	—	—
Office Equip	6/4/96	139.93	SL5		9	9	28	37	28	28	28	18	—	—	—	—	—	—
Office Furniture	7/2/96	279.98	SL7		10	10	40	50	40	40	40	40	40	30	—	—	—	—
Office Furniture	8/2/96	99.99	SL7		2	2	14	16	14	14	14	14	14	14	—	—	—	—
Copier	8/97	2,349.00	SL5			—	78	78	470	470	470	470	391	—	—	—	—	—
(3) Computers	8/97	6,293.00				—	210	210	1,259	1,259	1,259	1,259	1,047	—	—	—	—	—
Printer	8/97	1,999.00				—	67	67	400	400	400	400	332	—	—	—	—	—
Scanner	8/97	359.00				—	12	12	72	72	72	72	59	—	—	—	—	—
Fax Machine	2/98	299.99	SL5						55	60	60	60	60	5	—	—	—	—
Desk	4/98	544.90	SL7						58	78	78	78	78	78	78	199	—	—
Computer Sound Cards	3/99	167.59	SL5							28	34	34	34	34	4	—	—	—
Telephone Sys	2/00	499.95	SL5								67	100	100	100	100	333	—	—
~~Computer~~	~~3/00~~	~~1,627.00~~	~~SL5~~								~~190~~	~~323~~	~~325~~	~~325~~	~~323~~	~~137~~		
Refrigerator	4/00	200.00	SL5								20	40	40	40	40	20	—	—
QB Software	1/02	114.95	SL5										17	23	23	23	23	6
(2) Chairs	5/04	469.90	SL7												34	67	67	67
Telephone	4/05	699.51	SL7													50	100	100
Computer Equip	6/05	470.41	SL5													47	94	94
Computer Equip	7/05	229.99	SL5													23	46	46
Computer Equip	11/05	189.46	SL5													19	38	38
Book Shelf	11/05	159.98	SL7													11	22	22
Laptop, Case, Monitor	4/07	1,069.97	SL5															107
Carpet / Vinyl	12/07	1,654.83	SL7															118
Emulation + Work station	9/07	1,088.82	SL5															109
WII, Mouse, Joystick	9/07	618.70	SL5															62
				TOTALS	611		967	7,647	2,906	2,466	3,168.00	2,962.00			604	449.00	390.00	729

2,548
654

SCHED 2 (Cont.)

A. SALVAGE B. 20% BONUS %BONUS

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-
Gerads, Ryan 2613 16th St. S. #301 St. Cloud, MN 56301	Board Member, Part-Time	-0-	-0-	-0-
Held, John 215 8th Ave. N. Cold Spring, MN 56320	Board Member, Part-Time	-0-	-0-	-0-
Heying, Peggy Sue PO Box 762 St. Cloud, MN 56301	Treasurer, Part-Time	-0-	-0-	-0-
Humbert, Jeff 620 17th St. N Sartell, MN 56377	Vice-President, Part-Time	-0-	-0-	-0-
Knopik, Jon 75 Woodhill Rd. 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-
Rieland, Aaron 717 Ochotto Lake Drive Avon, MN 56310	Board Member, Part-Time	-0-	-0-	-0-
Schlosser, Susan 1508 6th Ave. N. Sartell, MN 56377	Secretary, Part-Time	-0-	-0-	-0-

SCHEDULE 3 (Cont.)

(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
Seifert, Kathleen 33432 88th Ave. St. Joseph, MN 56374	Board Member, Part-Time	-0-	-0-	-0-
Wells, Christy 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-
Gaetz, Shelley PO Box 1496 St. Cloud, MN 56302	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-
Melloy, Tom 1010 W. St. Germain St. St. Cloud, MN 56301	Advisory Board Member, Part-Time	-0-	-0-	-0-

SCHEDULE 4

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

#41-0807591

9/30/07

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.

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.