

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)

2007

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 2007 calendar year, or tax year beginning OCTOBER 1, 2007, and ending SEPTEMBER 30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA. D Employer identification number: 41-0807591. E Telephone number: 320-253-0765. F Accounting method: Accrual

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

G Website: www.ucpcentralmn.org

J Organization type (check only one): 501(c)(3)

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 277,421

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rental income; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

SCANNED MAR 16 2009

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 <input type="checkbox"/>	0			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	51,308	44,125	4,618	2,565
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0			
25c	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)	0			
26	Salaries and wages of employees not included on lines 25a, b, and c	73,656	63,344	6,629	3,683
27	Pension plan contributions not included on lines 25a, b, and c	2,703	2,325	243	135
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	10,562	9,083	951	528
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees PROFESSIONAL FEES	300		300	
33	Supplies	7,065	6,076	636	353
34	Telephone	1,934	1,663	174	97
35	Postage and shipping	1,326	1,141	119	66
36	Occupancy	15,680	13,485	1,411	784
37	Equipment rental and maintenance	2,581	2,220	232	129
38	Printing and publications	268	249	19	
39	Travel	0			
40	Conferences, conventions, and meetings	3,985	3,427	359	199
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	1,335	1,148	120	67
43	Other expenses not covered above (itemize):				
43a	PROGRAM EXPENSE	42,537	42,537		
43b	TELECONFERENCE/PUBLIC EDUCATION	5,057	4,455		602
43c	SCHOLARSHIPS	1,250	1,250		
43d	INSURANCE	2,473	2,126	223	124
43e	DUES/SUBSCRIPTIONS	635	546	57	32
43f	MISCELLANEOUS	108		108	
43g		0			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	224,763	199,200	16,199	9,364

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 \$ _____

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-SCHED 4 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	80,611
b INFORMATION AND REFERRAL/PUBLIC EDUCATION-SCHED 4 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	76,503
c FINANCIAL ASSISTANCE/SCHOLARSHIPS-SCHED 4 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	42,086
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) ▶	199,200

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	37,214	45	10,151
	46 Savings and temporary cash investments	29,992	46	33,130
	47a Accounts receivable	47a 44,013		
	b Less: allowance for doubtful accounts	47b	10,851	47c 44,013
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	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
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		1,902	53 1,857
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 30,846		
	b Less: accumulated depreciation (attach schedule) SCHED. 2	57b 24,274	5,438	57c 6,572
58 Other assets, including program-related investments (describe ►)			58	
59 Total assets (must equal line 74). Add lines 45 through 58		85,397	59 95,723	
Liabilities	60 Accounts payable and accrued expenses	14,992	60	10,923
	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 ► DEFERRED GRANT REVENUE)		0	65 3,000
66 Total liabilities. Add lines 60 through 65		14,992	66 13,923	
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		69,253	67 81,600
	68 Temporarily restricted		1,152	68 200
	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 and column (B) must equal line 21)		70,405	73 81,800	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		85,397	74 95,723	

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	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	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). Were substantially all dues nondeductible by members?		N/A
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
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	N/A
90a	List the states with which a copy of this return is filed	MINNESOTA	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	4
91a	The books are in care of	GENERAL OFFICE	
	Located at	510 25TH AVE N ST CLOUD MN	
	Telephone no	320-253-0765	
	ZIP + 4	56303-3222	
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	91b	X
	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)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country **N/A**

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					5,643
b HALLOWEEN					1,634
c BOWLING FOR KIDS					1,418
d BIKE & REC FAIR					574
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	1,297	
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					108,053
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a INTERN REIMBURSE.					3,938
b ANNUAL MEETING					591
c MISCELLANEOUS					329
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		1,297	122,180
105 Total (add line 104, columns (B), (D), and (E))					123,477

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*

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.

Yes	No

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

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.

Yes	No

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

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?

Yes	No

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.

Signature of officer: *Shelley Coetz* Date: *12/11/09*

Type or print name and title: *Shelley Coetz*

Paid Preparer's Use Only

Preparer's signature: *B. Ketchum* Date: *02/02/2009* Check if self-employed:

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

600 25TH AVE S #102 ST CLOUD MN 565301 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

2007

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

Employer identification number

41-0807591

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JUDY MOENING ST CLOUD MN 56303-3222	EXEC DIRECTOR 40	51,308	1,553	0
Total number of other employees paid over \$50,000 . ▶		1		

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 ▶		0

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 ▶		0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.
ISA

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <u>EXEC DIRECTOR</u>	X	
e Transfer of any part of its income or assets?		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.) <u>SCHED 1</u>	X	
b Did the organization have a section 403(b) annuity plan for its employees?		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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?		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 ▶		<u>1</u>
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		<u>200</u>

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 33¼% 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 33¼% 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 8 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 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	91,038	86,199	110,396	71,076	358,709
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	189,692	136,610	167,449	98,083	591,834
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,065	996	491	39	2,591
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	6,436	933	770	1,441	9,580
23 Total of lines 15 through 22	288,231	224,738	279,106	170,639	962,714
24 Line 23 minus line 17	98,539	88,128	111,657	72,556	370,880
25 Enter 1% of line 23	2,882	2,247	2,791	1,706	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 7,418
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 2003 through 2006 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 370,880
d Add Amounts from column (e) for lines:	18 2,591	19 0			26d 12,171
22 9,580	26b 0			26e 358,709	
e Public support (line 26c minus line 26d total)					26f 96.72%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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:					
(2006) N/A (2005) N/A (2004) N/A (2003) 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:					
(2006) N/A (2005) N/A (2004) N/A (2003) N/A					
c Add Amounts from column (e) for lines:	15	16			27c
17	20	21			27d
d Add Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
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 2003 through 2006, 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 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?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) ----- -----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 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	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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		N/A
d Mailings to members, legislators, or the public	X		N/A
e Publications, or published or broadcast statements	X		N/A
f Grants to other organizations for lobbying purposes	X		N/A
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		N/A
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		N/A
i Total lobbying expenditures (Add lines c through h.)			0

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

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

#41-0807591

9/30/08

PART I

LINE 9: SPECIAL EVENTS AND ACTIVITIES:

	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Net Income</u>
Computer Drop Off	\$ 72,834	\$ 12,601	\$ 60,233
Stuck in Motion	33,573	5,402	28,171
Golf Tournament	17,246	7,040	10,206
Heat Wave	<u>18,163</u>	<u>8,720</u>	<u>9,443</u>
TOTALS	<u>\$ 141,816</u>	<u>\$ 33,763</u>	<u>\$ 108,053</u>

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.

Schedule 2

USE of Central mail

Asset Description	Acq. Date	Acq. Cost	Acq. Method	Dep. Yr.	Accum. Dep.	Dep. Yr.	Accum. Dep.	Dep. Yr.	Accum. Dep.	Dep. Yr.	Accum. Dep.
Calculator	12/7/95	29.97	SL5	6	11	6	6	6	6	6	6
Office Chair	5/13/96	74.99	SL7	11	16	11	11	11	11	11	11
Office Equip	6/4/96	139.93	SL5	9	37	28	28	28	28	28	28
Office Furniture	7/2/96	279.99	SL7	10	50	40	40	40	40	40	40
Office Furniture	8/2/96	99.99	SL7	2	16	14	14	14	14	14	14
Copier	8/9/97	2,349.00	SL5	-	78	470	470	470	470	470	470
(3) Computers	9/9/97	6,259.00		-	210	1,259	1,259	1,259	1,259	1,259	1,259
Printer	9/9/97	1,999.00		-	67	400	400	400	400	400	400
Scanner	9/9/97	359.00		-	12	72	72	72	72	72	72
Fax Machine	2/98	299.99	SL5	-	55	60	60	60	60	60	60
Desk	4/98	544.90	SL7	-	58	78	78	78	78	78	78
Computer Sound Cards	3/99	167.59	SL5	-	28	28	28	28	28	28	28
Telephone Sys.	2/00	499.95	SL5	-	-	-	-	-	-	-	-
Computer	3/00	1,627.00	SL5	-	-	-	-	-	-	-	-
Refrigerator	4/00	200.00	SL5	-	-	-	-	-	-	-	-
QB Software	1/02	1,495.00	SL5	-	-	-	-	-	-	-	-
(2) Chairs	5/04	469.90	SL7	-	-	-	-	-	-	-	-
Telephone	4/05	699.51	SL7	-	-	-	-	-	-	-	-
Computer Equip	6/05	420.41	SL5	-	-	-	-	-	-	-	-
Computer Equip	7/05	229.99	SL5	-	-	-	-	-	-	-	-
Computer Equip	11/05	189.46	SL5	-	-	-	-	-	-	-	-
Book Shelf	11/05	159.98	SL7	-	-	-	-	-	-	-	-
Laptop Computer	4/07	1,669.97	SL5	-	-	-	-	-	-	-	-
Carpet / Vinyl	12/07	1,639.83	SL7	-	-	-	-	-	-	-	-
Emulation + Print	9/07	1,088.82	SL5	-	-	-	-	-	-	-	-
DEF Monitor	9/07	618.70	SL5	-	-	-	-	-	-	-	-
Desk Chair	11/07	581.97	SL7	-	-	-	-	-	-	-	-
Bookshelf	11/08	607.03	SL7	-	-	-	-	-	-	-	-
Carpet	9/08	1,280.00	SL7	-	-	-	-	-	-	-	-
TOTALS				611	7,687	29,061	2,466	3,168	3,168	3,168	3,168

DEPRECIATION SCHEDULE OF WCP of Central Park

Description of Article	Acquired	Purchase Price	Rate	A.B.	Depreciable Cost	Accumulated Depreciation	Depreciation	Depreciation		Accumulated Depreciation	
								Yr. 84	Yr. 85		
Dishes	1/76	375	5/10		375						
"	1/81	385	5/5		385						
"	1/81	100	5/10		90						
Calculator	3/83	60	5/5		60						
4 Chairs	11/82	100	5/5		100						
Answer Machine	10/83	151	5/5		151						
Typewriter	10/84	1263	5/5		1,263						
Furn & Fix.	1988	299	5/5		150						
Calculator	3/89	46	5/5		14						
Camera	4/89	160	5/5		48						
TV & VCR	8/89	450	5/5		135						
Copier	12/89	6524	5/5		152						
Phone System	5/90	250	5/5		25						
Phone System	10/91	356	5/5								
Telephone	10/92	80	5/5								
Table	2/93	32	5/7								
4-Chairs	3/93	49	5/7								
Blinds	3/93	225	5/7								
Disk	6/93	99	5/7								
Computer	12/93	720	5/5								
Fax Machine	2/94	330	5/5								
Office Chair	4/94	170	5/7								
Printer	4/94	650	5/5								
Printer Stand	12/94	20	5/7								
Answering Machine	3/95	80	5/5								
Office Chair	4/95	100	5/7								
Hard Drive	7/95	190	5/5								
TOTALS						2956					

Part V - 4

(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 Ste 1000 St. Cloud, MN 56303	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-
Gasser, Annette 5124 Ulster Rd. Rice, MN 56367	Board Member, Part-Time	-0-	-0-	-0-
Gerads, Ryan 1010 W. St. Germain St. Ste 500 St. Cloud, MN 56301	Board Member, Part-Time	-0-	-0-	-0-
Gramke, Patricia 7256 Kenwood Rd. St. Cloud, MN 56303	Board Member, 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-
Kroska, Mark 1801 Tyler Trail St. Cloud, MN 56301	Board Member, Part-Time	-0-	-0-	-0-
Pence, Glenn 413 12th Ave. S.E. St. Joseph, MN 56374	Board Member, Part-Time	-0-	-0-	-0-
Reed, Tom 530 16th St. S #201 St. Cloud, MN 56301	Board Member, Part-Time	-0-	-0-	-0-
Schlosser, Susan 1508 6th Ave. N. Sartell, MN 56377	Secretary, 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
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-
Melloy, Tom 1010 W. St. Germain St. Ste 500 St. Cloud, MN 56301	Advisory Board Member, Part-Time	-0-	-0-	-0-

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA#41-08075919/30/08

Access to Technology: Provides quality, recycled computers to people with a qualified disability in Stearn, Benton or Sherburne counties in central Minnesota. Provide training to individuals and professionals regarding assistive technology devices. Loans and demonstrates a variety of assistive technology devices to families and professionals for trial use. Access to assistive technology devices enables persons with disabilities to live more independently. Thirty-five individuals received computers and training. Thirty families attended our Adaptive Bike & Rec Fair to review adaptive equipment and recreational activities. Thirty-seven children attended the Super Strikers adaptive bowling league.

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. UCP responded to 375 information and referral requests either by phone or internet inquiries. Over 320 people attended a conference on caring for children with special needs.

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. Ten people with cerebral palsy received grants for equipment to increase their independence. Three students received scholarships for post-secondary education.