

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					26d 5,422
22 3,896 26b 0					26e 335,482
e Public support (line 26c minus line 26d total)					26f 98.41 %
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:	(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					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 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.					

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?		
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		

STF TZLH1000.5

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—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

Employer identification number

41-0807591

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

Employer identification number

41-0807591

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY OF CENTRAL MINNESOTA 2700 FIRST STREET NORTH ST CLOUD MN 56303	\$ 51,186	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MN STAR PROGRAM 309 ADMIN BLDG 50 SHERBURNE AVE ST PAUL MN 55155	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

UNITED CEREBRAL PALSY OF CENTRAL MINNESOTA

#41-0807591

9/30/07

PART I

LINE 9: SPECIAL EVENTS AND ACTIVITIES:

	<u>Gross Revenue</u>	<u>Direct Expense</u>	<u>Net Income</u>
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	<u>14,897</u>	<u>4,467</u>	<u>10,430</u>
TOTALS	<u>\$ 179,032</u>	<u>\$ 53,604</u>	<u>\$ 125,428</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.

Description of Article	Acquired	Purchase Price	Rate	A.B.	Depreciable Cost	Accumulated Depreciation	Depreciation Yr. 19	Accumulated Depreciation	Depreciation Yr. 19	Accumulated Depreciation
Office Furn. & Equip	1475-76	375	SL 10			375				
"	1480-81	385	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				
TV & VCR	8/89	450	SL 5			135				
Copier	12/89	1,524	SL 5			152				
Phone System	5/90	250	SL 5			25				
Phone System	10/91	356	SL 5							
Telephone	10/92	10	SL 5							
Table	2/93	32	SL 7							
4-Chairs	3/93	149	SL 7							
Blinds	3/93	225	SL 7							
Desk	4/93	99	SL 7							
Computer	12/93	740	SL 5							
Fax Machine	2/94	330	SL 5							
Office Chair	4/94	170	SL 7							
Printer	4/94	650	SL 5							
Printer Stand	12/94	80	SL 7							
Answering Machine	3/95	80	SL 5							
Office Chair	4/95	100	SL 7							
Hard Drive	7/95	190	SL 5							
TOTALS						2,256				

0% BONUS

A. SALVAGE R. 20%

SCHED 2

FORM 775

Asset Description	Acq. Date	Cost	Rate	Dep. Method	Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5	Yr. 6	Yr. 7	Yr. 8	Yr. 9	Yr. 10	Accum. Dep.	Dep. Yr. 10	Accu. Dep.
Calculator	12/7/95	29.97	5LS	5	6	11	6	6	6	6	6	6	6	6	6	6	6
Office Chair	5/3/96	79.99	5LS	5	11	16	11	11	11	11	11	11	11	11	11	11	11
Office Equip	6/1/96	139.93	5LS	9	28	37	28	28	28	28	28	28	28	28	28	28	28
Office Furniture	7/2/96	279.98	5LS	10	40	50	40	40	40	40	40	40	40	40	40	40	40
Office Furniture	8/2/96	99.99	5LS	3	14	16	14	14	14	14	14	14	14	14	14	14	14
Copier	8/9/97	2,309.00	5LS	-	78	78	470	470	470	470	470	470	470	470	470	470	470
(3) Computers	8/9/97	6,293.00	5LS	-	210	210	1,259	1,259	1,259	1,259	1,259	1,259	1,259	1,259	1,259	1,259	1,259
Printer	8/9/97	1,999.00	5LS	-	67	67	400	400	400	400	400	400	400	400	400	400	400
Scanner	8/9/97	359.00	5LS	-	12	12	72	72	72	72	72	72	72	72	72	72	72
Fax Machine	2/98	299.99	5LS	-	55	55	60	60	60	60	60	60	60	60	60	60	60
Desk	4/98	544.00	5LS	-	58	58	78	78	78	78	78	78	78	78	78	78	78
Computer Sound Cards	3/99	167.59	5LS	-	28	28	34	34	34	34	34	34	34	34	34	34	34
Telephone Sys.	2/00	499.95	5LS	-	67	67	100	100	100	100	100	100	100	100	100	100	100
Computer	3/00	1,617.00	5LS	-	190	190	325	325	325	325	325	325	325	325	325	325	325
Refrigerator	4/00	200.00	5LS	-	20	20	40	40	40	40	40	40	40	40	40	40	40
LB Software	1/02	814.95	5LS	-	23	23	23	23	23	23	23	23	23	23	23	23	23
(2) Chairs	5/04	469.90	5LS	-	34	34	67	67	67	67	67	67	67	67	67	67	67
Telephone	4/05	699.51	5LS	-	50	50	50	50	50	50	50	50	50	50	50	50	50
Computer Equip	6/05	420.41	5LS	-	47	47	47	47	47	47	47	47	47	47	47	47	47
Computer Equip	7/05	229.99	5LS	-	23	23	23	23	23	23	23	23	23	23	23	23	23
Computer Equip	11/05	189.46	5LS	-	19	19	19	19	19	19	19	19	19	19	19	19	19
Book Shelf	11/05	159.98	5LS	-	11	11	11	11	11	11	11	11	11	11	11	11	11
Laptop, Cam, Monitor	4/07	2,069.97	5LS	-	22	22	22	22	22	22	22	22	22	22	22	22	22
Carpet / Linoleum	12/07	1,654.83	5LS	-	107	107	107	107	107	107	107	107	107	107	107	107	107
Emblemation + Photo	9/07	1,088.82	5LS	-	118	118	118	118	118	118	118	118	118	118	118	118	118
WEE Mouse, Joystick	9/07	1,618.70	5LS	-	109	109	109	109	109	109	109	109	109	109	109	109	109
TOTALS		611			2,466	7,647	29,906	31,680	29,962	29,962	29,962	29,962	29,962	29,962	4,449	390	789

A. SALVAGE B. 20% ROHING C. 5% BONUS
 65% 65%

SCHED 3 (Cont.)

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-

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.