

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2003

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2003 calendar year, or tax year beginning 03-01, 2003, and ending 02-29, 2004

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization: UNITED CEREBRAL PALSY OF MID. TN.
 Number and street (or P.O. box if mail is not delivered to street address): 1200 9TH AVE SUITE 110
 City or town, state or country, and ZIP + 4: NASHVILLE, TN 37208

D Employer identification number: 58-1663741

E Telephone number: (615) 242-4091

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____

G Website: _____

J Organization type (check only one): ☒ 501(c)3 ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 572,043

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: _____
H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ No
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number: _____

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

Please use IRS label or print or type. See Specific Instructions.

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: _____

J Organization type (check only one): ☒ 501(c)3 ☐ (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 572,043**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	<u>69,112</u>	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ <u>69,112</u> noncash \$ _____)	1d	<u>69,112</u>	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	<u>304,675</u>	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	<u>2,909</u>	
5	Dividends and interest from securities	5		
6a	Gross rents	6a	<u>20,400</u>	
b	Less rental expenses	6b		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	<u>20,400</u>	
7	Other investment income (describe _____)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
b	Less cost or other basis and sales expenses		8b	
c	Gain or (loss) (attach schedule)		8c	
d	Net gain or (loss) (combine line 8c, column (A), and (B))		8d	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	<u>174,947</u>	
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	<u>174,947</u>	
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		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<u>572,043</u>	
E	13 Program services (from line 44, column (B))	13	<u>376,833</u>	
14	Management and general (from line 44, column (C))	14	<u>133,162</u>	
15	Fundraising (from line 44, column (D))	15	<u>83,919</u>	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	<u>593,914</u>	
N	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<u>(21,871)</u>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<u>601,244</u>	
20	Other changes in net assets or fund balances (attach explanation)	20	<u>87,123</u>	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	<u>666,496</u>	

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990 (2003)

610-12

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	51,600	51,600		
26	Other salaries and wages	26	115,913	89,002	26,911	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	9,000		9,000	
32	Legal fees	32				
33	Supplies	33	26,227	24,855	1,372	
34	Telephone	34				
35	Postage and shipping	35	1,072	148	924	
36	Occupancy	36				
37	Equipment rental and maintenance	37	9,310	2,824	6,486	
38	Printing and publications	38	7,344	5,649	1,695	
39	Travel	39	56,069	56,062	7	
40	Conferences, conventions, and meetings	40				
41	Interest	41	5,059		5,059	
42	Depreciation, depletion, etc. (attach schedule)	42	20,478		20,478	
43	Other expenses not covered above (itemize) a SEE STMT	43a	291,842	146,693	61,230	83,919
b		43b				
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	593,914	376,833	133,162	83,919

Joint Costs. Check ☐ if you are following SOP 98-2Are 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 \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☒ SVCS FOR IND. W/ DISABILITIES

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	CLINIC EDUCATION AND REFERRAL- SEE STMT		
	(Grants and allocations \$ _____)		7,299
b	EQUIPMENT EXCHANGE AND HOME ACCESS- SEE STMT		
	(Grants and allocations \$ _____)		167,571
c	PARTNERS IN POLICYMAKING- SEE STMT		
	(Grants and allocations \$ _____)		105,697
d	PROJECT AIRWAVES- SEE STMT		
	(Grants and allocations \$ _____)		1,224
e	Other program services (attach schedule) (Grants and allocations \$ _____)		95,042
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		376,833

Part IV Balance Sheets (See page 25 of 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
A s s e t s	45 Cash - non-interest-bearing	261,972	45	206,813
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	7,079		
	b Less allowance for doubtful accounts		47c	7,079
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable	25,494	49	46,878
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	24,260	52	111,383
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule)	13,826	54	
	55 a Investments - land, buildings, and equipment basis	523,725		
	b Less accumulated depreciation (attach schedule)	53,870	55c	469,855
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)		57c		
58 Other assets (describe)	5,060	58	5,060	
59 Total assets (add lines 45 through 58) (must equal line 74)	873,968	59	847,068	
L i a b i l i t i e s	60 Accounts payable and accrued expenses	42,724	60	61,599
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	230,000	64b	118,973
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	272,724	66	180,572	
N e t A s s e t s o f F u n d s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	601,244	67	652,821
	68 Temporarily restricted		68	13,675
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	601,244	73	666,496
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	873,968	74	847,068

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements ▶	a	657,698
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities • \$ 138,820		
	(2) Prior year adjustments reported on line 20, Form 990 \$ (75,036)		
	(3) Losses reported on line 20, Form 990 • • \$		
	(4) Other (specify)		
	_____ \$		
	Add amounts on lines (1) through (4) • ▶	b	63,784
c	Line a minus line b ▶	c	593,914
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 • • • • \$		
	(2) Other (specify)		
	_____ \$		
	Add amounts on lines (1) and (2) • • • ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) • • • • • ▶	e	593,914

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **►** ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions

Yes	No
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Form 990 (2003)

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

		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						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies . . .					304,675
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	2,909	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property			17	20,400	
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			02	174,947	
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				198,256	304,675
105	Total (add line 104, columns (B), (D), and (E))					502,931

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93G	EXPENSE REIMBURSEMENT CONTRACTS WITH THE STATE OF TENNESSEE TO ASSIST WITH HOME ACCESS, PARTNERS IN POLICYMAKING, CLINICAL TRAINING AND EDUCATIONAL TRAVEL PROGRAMS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please *Thomas Thiborne* *August 3, 2004*
 Director Date

Date	Check if	Preparer's SSN or PTIN (See Gen. Inst. W)
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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

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

OMB No 1545-0047

2003

UNITED CEREBRAL PALSY OF MID. TN.

Employer identification number

58-1663741

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over

\$50,000 ▶

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

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

Total number of others receiving over \$50,000 for professional services ▶

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 ▶\$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	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)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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

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

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

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

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

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) . . . ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	626,878	864,853	558,904	533,909	2,584,544
16 Membership fees received					
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					
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	2,342	9,032	12,450	11,965	35,789
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	629,220	873,885	571,354	545,874	2,620,333
24 Line 23 minus line 17	629,220	873,885	571,354	545,874	2,620,333
25 Enter 1% of line 23	6,292	8,739	5,714	5,459	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 52,407
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 1999 through 2002 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 2,620,333
d Add Amounts from column (e) for lines: 18 <u>35,789</u> 19 _____					
22 _____ 26b _____ ▶					26d 35,789
e Public support (line 26c minus line 26d total) ▶					26e 2,584,544
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 98.63%
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					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
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 1999 through 2002, 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					

Name as shown on Return

UNITED CEREBRAL PALSY OF MID. TN.

Employer identification number

58-1663741

PROGRAM SERVICES EXPENSE- LINE 43- COL. A

Description	Amount
CLIENT ASSISTANCE	119,862
DUES	59
FOOD	654
INTERNET	193
PROFESSIONAL SERVICES	23,192
RENT- STORAGE	300
SUPPLIES- OFFICE	779
UTILITIES	1,154
BANK CHARGES	500
Total	146,693

MANAGEMENT AND GENERAL EXPENSES- LINE 43- COL. B

Description	Amount
BANK CHARGES	1,493
DUES	10,152
FOOD	395
INSURANCE	29,835
INTERNET	1,701
PROFESSIONAL SERVICES	5,190
RENT- STORAGE	1,350
SUPPLIES- OFFICE	2,089
TELEPHONE	4,833
UTILITIES	4,192
Total	61,230

FUNDRAISING- LINE 43- COLUMN C

Description	Amount
SPECIAL EVENTS	83,919
Total	83,919

Name as shown on Return

UNITED CEREBRAL PALSY OF MID. TN.

Employer identification number

58-1663741

-----EQUIPMENT EXCHANGE-----

Description	Amount
THE HOME ACCESS AND BARRY DEAN FULTON EQUIPMENT EXCHANGE PROGRAMS COORDINATES THE CONSTRUCTION OF WHEELCHAIR RAMPS FOR INDIVIDUALS WHOSE HOMES ARE NOT EQUIPPED WITH THE PROPER ACCESSIBILITIES AND PROVIDES MEDICAL AND ADAPTIVE EQUIPMENT TO QUALIFYING, RECIPIENTS, RESPECTIVELY.	
Total	

OTHER PROGRAM SERVICE EXPENSES

Description	Amount
BURCH SPECIAL NEEDS	5,154
BARRY DEAN FULTON	14,377
EDUCATION TRAVEL	18,204
YOUTH LEADERSHIP	28,297
RECREATION	10,103
PUBLIC EDUCATION	18,907
Total	95,042

MORTGAGES AND OTHER NOTES PAYABLE, PAGE 3

Description	Amount
BANK OF NASHVILLE FACILITY LOAN	118,973
Total	118,973

-----PARTNERS IN POLICYMAKING-----

Description	Amount
THE GOAL IS TO CREATE A PRODUCTIVE PARTNERSHIP BETWEEN PEOPLE WITH DISABILITIES AND THE PEOPLE WHO MAKE THE POLICIES THAT AFFECT THEIR LIVES, AND THE LIVES OF LOVED ONES.	
Total	

-----PROJECT AIRWAVES-----

Description	Amount
A MAGAZINE-FORMAT TELEVISION SHOW DEVELOPED TO AIR AS AN EDUCATION RESOURCE.	
Total	

Name as shown on Return

UNITED CEREBRAL PALSY OF MID. TN.

Employer identification number

58-1663741

-----CLINIC EDUCATION AND REFERRAL-----

Description	Amount
COUNSELING AND ASSISTANCE IN THE FORM OF INFORMATION ON DISABILITY SERVICES, CEREBRAL PALSY AND UCP INFORMATION TO INDIVIDUALS WITH DISABILITIES, FAMILY MEMBERS AND CAREGIVERS.	
Total	

-----OTHER ASSETS-----

Description	Amount
CASH VALUE OF LIFE INSURANCE	5,060
Total	5,060

GROSS REVENUE FROM SPECIAL EVENTS, PAGE 1

Description	Amount
CASUAL DAY	39,045
COMMUNITY HEALTH CHARITIES	4,654
HOLIDAY CAMPAIGN	18,067
MUSIC ROW GOLF	47,275
NATIONAL SPONSORS	8,310
SPECIAL EVENTS NON-ANNUAL	1,090
STATEMEN'S GOLF	31,713
VIP CAMPAIGN	14,273
RESOLUTION RUN	10,520
Total	174,947

-----CHANGES IN NET ASSETS-----

Description	Amount
PRIOR PERIOD ADJUSTMENT	75,036
INKIND	12,087
Total	87,123

Statement Summary

2003

Form 990 - Part V

List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return		Identifying Number		
UNITED CEREBRAL PALSY OF MID. TN.		58-1663741		
(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
ROB SHERRILL NASHVILLE, TN.	PAST PRES.	0	0	0
DAVID MCGAHREN NASHVILLE, TN.	PRESIDENT	0	0	0
JIM HINTON NASHVILLE, TN.	TREASURER	0	0	0
RANDY BROWN BRENTWOOD, TN.	SECRETARY	0	0	0
CRAIG CAMPBELL NASHVILLE, TN.	OFF. AT LARGE	0	0	0
MARTIN MCGRATH NASHVILLE, TN.	OFF. AT LARGE	0	0	0
CAREY BRINGLE NASHVILLE, TN.	BOARD MEMBER	0	0	0
CHARLIE CARDWELL NASHVILLE, TN.	BOARD MEMBER	0	0	0
DON GREENE NASHVILLE, TN.	BOARD MEMBER	0	0	0
SUMMER HARMAN NASHVILLE, TN.	BOARD MEMBER	0	0	0
AMY HARRIS SOLOMON NASHVILLE, TN.	BOARD MEMBER	0	0	0
CYNTHIA LEATHERWOOD MADISON, TN.	BOARD MEMBER	0	0	0
ORLANDUS MAJORS NASHVILLE, TN.	BOARD MEMBER	0	0	0
SHIRLEY SHEA NASHVILLE, TN.	VICE PRES.	0	0	0
CHAD VEAL NASHVILLE, TN.	BOARD MEMBER	0	0	0
KEVIN WRIGHT NASHVILLE, TN.	BOARD MEMBER	0	0	0
DEANA CLAIBORNE NASHVILLE, TN.	EXEC. DIR. 40	51,600	0	0
JACKIE PAGE 25 MIDDLETON, NASHVILLE, TN.	BOARD MEMBER	0	0	0

Form 8868

(December 2000)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time to File an
Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

● If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ X

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax

returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	UNITED CEREBRAL PALSY OF MID. TN.	58-1663741
	Number, street, and room or suite no If a P O box, see instructions	
	1200 9TH AVE SUITE 110	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	NASHVILLE, TN 37208	

Check type of return to be filed (file a separate application for each return)

☒ Form 990☐ Form 990-T (corporation)☐ Form 4720☐ Form 990-BL☐ Form 990-T (sec 401(a) or 408(a) trust)☐ Form 5227☐ Form 990-EZ☐ Form 990-T (trust other than above)☐ Form 6069☐ Form 990-PF☐ Form 1041-A☐ Form 8870● If the organization does not have an office or place of business in the United States, check this box ☐

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is

for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 10-15, 2004,

to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ ☐ calendar year 20__ or▶ ☒ tax year beginning 03-01, 2003, and ending 02-28, 20042 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments

made Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit

with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See

instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *Charles Abernethy III*

Title ▶ CPA

Date ▶ 7/13/04

For Paperwork Reduction Act Notice, see instruction

EEA

Form 8868 (12-2000)