

Return of Organization Exempt from Income Tax

2004

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning, 2004, and ending

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

Please use IRS label or print or type. See specific instructions.

Spina Bifida Association of Wisconsin Inc. 830 N. 109th Street #6 Wauwatosa, WI 53226-3754

D Employer Identification Number

39-1594831

E Telephone number

414-607-9061

F Accounting method: Cash, Accrual (checked), Other (specify)

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

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No (checked)

H (b) If 'Yes,' enter number of affiliates

H (c) Are all affiliates included? Yes No

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No (checked)

G Web site: SBAWI.ORG

J Organization type (check only one): 501(c) 3 (checked), 4947(a)(1), 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: 99,281

I Group Exemption Number

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

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Total. Includes lines 1-21 with values such as 95,588, 3,693, 98,736, 100,599, -1,863, 155,461, 153,598.

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**Part IV Balance Sheets** (See Instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

|   |  | (A)<br>Beginning of year                                   |             | (B)<br>End of year |
|---|--|--|-------------|--------------------|
| ASSETS  | 45 Cash – non-interest-bearing   | 5,187.   | 45          | 2,915.             |
|   | 46 Savings and temporary cash investments  | 147,471.   | 46          | 145,521.           |
|   | 47 a Accounts receivable   | 47 a   |             |                    |
|   | b Less: allowance for doubtful accounts  | 47 b   | 47 c        |                    |
|   | 48 a Pledges receivable  | 48 a   |             |                    |
|   | b Less: allowance for doubtful accounts  | 48 b   | 48 c        |                    |
|   | 49 Grants receivable   |  | 49          |                    |
|   | 50 Receivables from officers, directors, trustees, and key employees (attach schedule)   |  | 50          |                    |
|   | 51 a Other notes & loans receivable (attach sch)   | 51 a   |             |                    |
|   | b Less: allowance for doubtful accounts  | 51 b   | 51 c        |                    |
|   | 52 Inventories for sale or use   |  | 52          |                    |
|   | 53 Prepaid expenses and deferred charges   | 2,428.   | 53          | 2,924.             |
|   | 54 Investments – securities (attach schedule)  | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54          |                    |
|   | 55 a Investments – land, buildings, & equipment: basis   | 55 a   |             |                    |
|   | b Less: accumulated depreciation (attach schedule)   | 55 b   | 55 c        |                    |
| 56 Investments – other (attach schedule)                              |  | 56   |             |                    |
| 57 a Land, buildings, and equipment: basis                            | 57 a 7,671.  |  |             |                    |
| b Less: accumulated depreciation (attach schedule) <b>Statement 7</b> | 57 b 4,387.  | 2,126.   | 57 c 3,284. |                    |
| 58 Other assets (describe _____)                                      |  | 58   |             |                    |
| 59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) | 157,212.   | 59   | 154,644.    |                    |
| LIABILITIES   | 60 Accounts payable and accrued expenses   | 1,751.   | 60          | 1,046.             |
|   | 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)   |  | 64 a        |                    |
|   | b Mortgages and other notes payable (attach schedule)  |  | 64 b        |                    |
|   | 65 Other liabilities (describe _____)  |  | 65          |                    |
| 66 <b>Total liabilities</b> (add lines 60 through 65)                 | 1,751.   | 66   | 1,046.      |                    |
| NET ASSETS OR FUND BALANCES   | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.            |  |             |                    |
|   | 67 Unrestricted  | 155,461.   | 67          | 153,598.           |
|   | 68 Temporarily restricted  |  | 68          |                    |
|   | 69 Permanently restricted  |  | 69          |                    |
|   | <b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | 155,461.   | 73          | 153,598.           |
|   | 74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73)   | 157,212.   | 74          | 154,644.           |

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.

BAA

| Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.) |          |         | Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return |          |          |
|--|----------|---------|--|----------|----------|
| <b>a</b> Total revenue, gains, and other support per audited financial statements                                |          | 98,736. | <b>a</b> Total expenses and losses per audited financial statements                            |          | 100,599. |
| <b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:   |          |         | <b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:                       |          |          |
| <b>(1)</b> Net unrealized gains on investments \$  |          |         | <b>(1)</b> Donated services and use of facilities \$   |          |          |
| <b>(2)</b> Donated services and use of facilities \$   |          |         | <b>(2)</b> Prior year adjustments reported on line 20, Form 990 \$                             |          |          |
| <b>(3)</b> Recoveries of prior year grants \$  |          |         | <b>(3)</b> Losses reported on line 20, Form 990 \$   |          |          |
| <b>(4)</b> Other (specify):  |          |         | <b>(4)</b> Other (specify):  |          |          |
| ----- \$   |          |         | ----- \$   |          |          |
| Add amounts on lines <b>(1)</b> through <b>(4)</b>   | <b>b</b> |         | Add amounts on lines <b>(1)</b> through <b>(4)</b>   | <b>b</b> |          |
| <b>c</b> Line <b>a</b> minus line <b>b</b>   | <b>c</b> | 98,736. | <b>c</b> Line <b>a</b> minus line <b>b</b>   | <b>c</b> | 100,599. |
| <b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :  |          |         | <b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :                      |          |          |
| <b>(1)</b> Investment expenses not included on line 6b, Form 990 \$  |          |         | <b>(1)</b> Investment expenses not included on line 6b, Form 990 \$                            |          |          |
| <b>(2)</b> Other (specify):  |          |         | <b>(2)</b> Other (specify):  |          |          |
| ----- \$   |          |         | ----- \$   |          |          |
| Add amounts on lines <b>(1)</b> and <b>(2)</b>   | <b>d</b> |         | Add amounts on lines <b>(1)</b> and <b>(2)</b>   | <b>d</b> |          |
| <b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )                                 | <b>e</b> | 98,736. | <b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )              | <b>e</b> | 100,599. |

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans and deferred compensation | (E) Expense account and other allowances |
|----------------------|--|---|---|--|
| See Statement 8      |  | 0.  | 0.  | 0.                                       |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
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| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |
| -----                |  |   |   |  |

**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 instructions.

| Part VI Other Information (See instructions.) |  | Yes  | No |
|---|--|--|----|
| 76  | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity   |  | X  |
| 77  | Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.  |  | X  |
| 78a   | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   |  | X  |
| 78b   | If 'Yes,' has it filed a tax return on Form 990-T for this year?   | N/A  |    |
| 79  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement  |  | X  |
| 80a   | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?   |  | X  |
| 81a   | Enter direct and indirect political expenditures. See line 81 instructions   | b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. |    |
| 81b   | Did the organization file Form 1120-POL for this year?   |  | X  |
| 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  |
| 82b   | 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.)   | N/A  |    |
| 83a   | Did the organization comply with the public inspection requirements for returns and exemption applications?  | X  |    |
| 83b   | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?   | X  |    |
| 84a   | Did the organization solicit any contributions or gifts that were not tax deductible?  |  | X  |
| 84b   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | N/A  |    |
| 85a   | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?   | N/A  |    |
| 85b   | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  | N/A  |    |
| 85c   | If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.   | c Dues, assessments, and similar amounts from members  |    |
| 85d   | d Section 162(e) lobbying and political expenditures   | N/A  |    |
| 85e   | e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices   | N/A  |    |
| 85f   | f Taxable amount of lobbying and political expenditures (line 85d less 85e)  | N/A  |    |
| 85g   | g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  | N/A  |    |
| 85h   | h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?                             | N/A  |    |
| 86a   | 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12   | N/A  |    |
| 86b   | b Gross receipts, included on line 12, for public use of club facilities   | N/A  |    |
| 87a   | 501(c)(12) organizations Enter. a Gross income from members or shareholders  | N/A  |    |
| 87b   | b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | N/A  |    |
| 88  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX   |  | X  |
| 89a   | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>  |  |    |
| 89b   | b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction |  | X  |
|   | c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  | 0.   |    |
|   | d Enter: Amount of tax on line 89c, above, reimbursed by the organization  | 0.   |    |
| 90a   | List the states with which a copy of this return is filed <u>Wisconsin</u>   |  |    |
| 90b   | Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)  | 0  |    |
| 91  | The books are in care of <u>Thomas R. Tobin</u> Telephone number <u>414-464-3100</u><br>Located at <u>9137 W. Lisbon Ave Milwaukee, WI</u> ZIP + 4 <u>53222-2722</u>   |  |    |
| 92  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year  | N/A  |    |



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

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

**2004**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization **Spina Bifida Association of Wisconsin Inc.** Employer identification number **39-1594831**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| None  |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| -----   |  |                  |   |  |
| Total number of other employees paid over \$50,000 ▶          | 0  |                  |   |  |

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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                   |                  |

| <b>Part III</b> Statements About Activities (See 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 <b>►</b> \$ <u>N/A</u><br>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)<br><br>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. |     | 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?  |     | 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)?  |     | X  |
| e   | Transfer of any part of its income or assets?  |     | 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 )  | X   |    |
| b   | Do you have a section 403(b) annuity plan for your employees?  |     | X  |
| 4a  | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?  |     | X  |
| b   | Do you provide credit counseling, debt management, credit repair, or debt negotiation services?  |     | X  |

**Part IV** Reason for Non-Private Foundation Status (See instructions )

- The organization is not a private foundation because it is. (Please check only **ONE** applicable box )
- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
  - 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►** \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
  - 11a  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 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 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)<br>2003 | (b)<br>2002 | (c)<br>2001 | (d)<br>2000 | (e)<br>Total |
|---|-------------|-------------|-------------|-------------|--------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)   | 62,577.     | 122,157.    | 93,587.     | 80,533.     | 358,854.     |
| 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 | 4,695.      | 5,574.      | 5,790.      | 7,683.      | 23,742.      |
| 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   | 67,272.     | 127,731.    | 99,377.     | 88,216.     | 382,596.     |
| 24 Line 23 minus line 17  | 67,272.     | 127,731.    | 99,377.     | 88,216.     | 382,596.     |
| 25 Enter 1% of line 23  | 673.        | 1,277.      | 994.        | 882.        |              |

**26 Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 **N/A** ▶ **26a** \_\_\_\_\_

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 2000 through 2003 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** \_\_\_\_\_

d Add: Amounts from column (e) for lines. **18** \_\_\_\_\_ **19** \_\_\_\_\_  
**22** \_\_\_\_\_ **26b** \_\_\_\_\_ ▶ **26d** \_\_\_\_\_

e Public support (line 26c minus line 26d total) ▶ **26e** \_\_\_\_\_

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

**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:  
 (2003) \_\_\_\_\_ **11,525.** (2002) \_\_\_\_\_ **1,945.** (2001) \_\_\_\_\_ **860.** (2000) \_\_\_\_\_ **200.**

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:  
 (2003) \_\_\_\_\_ **0.** (2002) \_\_\_\_\_ **0.** (2001) \_\_\_\_\_ **0.** (2000) \_\_\_\_\_ **0.**

c Add Amounts from column (e) for lines: **15** \_\_\_\_\_ **16** \_\_\_\_\_  
**17** \_\_\_\_\_ **20** \_\_\_\_\_ **21** \_\_\_\_\_ ▶ **27c** \_\_\_\_\_ **358,854.**

d Add: Line 27a total \_\_\_\_\_ and line 27b total \_\_\_\_\_ ▶ **27d** \_\_\_\_\_ **14,530.**

e Public support (line 27c total minus line 27d total) ▶ **27e** \_\_\_\_\_ **344,324.**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f** \_\_\_\_\_ **382,596.**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** \_\_\_\_\_ **90.00 %**

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** \_\_\_\_\_ **6.21 %**

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 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?<br>If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----<br>----- |      |    |
| 32   | Does the organization maintain the following:  |      |    |
|      | a Records indicating the racial composition of the student body, faculty, and administrative staff?  | 32 a |    |
|      | b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 32 b |    |
|      | c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  | 32 c |    |
|      | d Copies of all material used by the organization or on its behalf to solicit contributions?<br><br>If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)<br>-----<br>-----   | 32 d |    |
| 33   | Does the organization discriminate by race in any way with respect to:   |      |    |
|      | a Students' rights or privileges?  | 33 a |    |
|      | b Admissions policies?   | 33 b |    |
|      | c Employment of faculty or administrative staff?   | 33 c |    |
|      | d Scholarships or other financial assistance?  | 33 d |    |
|      | e Educational policies?  | 33 e |    |
|      | f Use of facilities?   | 33 f |    |
|      | g Athletic programs?   | 33 g |    |
|      | h Other extracurricular activities?<br><br>If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement )<br>-----<br>-----<br>-----  | 33 h |    |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency?  | 34 a |    |
|      | b Has the organization's right to such aid ever been revoked or suspended?<br>If you answered 'Yes' to either 34a or b, please explain using an attached statement   | 34 b |    |
| 35   | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation  | 35   |    |

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See 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)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for ALL electing<br>organizations |
|---|-----------------------------------|---|
| <b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) | <b>36</b>                         |   |
| <b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) | <b>37</b>                         |   |
| <b>38</b> Total lobbying expenditures (add lines 36 and 37)                             | <b>38</b>                         |   |
| <b>39</b> Other exempt purpose expenditures   | <b>39</b>                         |   |
| <b>40</b> Total exempt purpose expenditures (add lines 38 and 39)                       | <b>40</b>                         |   |
| <b>41</b> Lobbying nontaxable amount. Enter the amount from the following table –       |                                   |   |
| <b>If the amount on line 40 is –</b>  |                                   |   |
| 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   |                                   |   |
| <b>The lobbying nontaxable amount is –</b>  |                                   |   |
| 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   |                                   |   |
| <b>42</b> Grassroots nontaxable amount (enter 25% of line 41)                           | <b>42</b>                         |   |
| <b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36      | <b>43</b>                         |   |
| <b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38      | <b>44</b>                         |   |

**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.)

| Calendar year<br>(or fiscal year<br>beginning in) ▶         | Lobbying Expenditures During 4 -Year Averaging Period |             |             |             |              |
|---|---|-------------|-------------|-------------|--------------|
|   | (a)<br>2004   | (b)<br>2003 | (c)<br>2002 | (d)<br>2001 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                        |   |             |             |             |              |
| <b>46</b> Lobbying ceiling amount<br>(150% of line 45(e))   |   |             |             |             |              |
| <b>47</b> Total lobbying expenditures                       |   |             |             |             |              |
| <b>48</b> Grassroots non-taxable amount                     |   |             |             |             |              |
| <b>49</b> Grassroots ceiling amount<br>(150% of line 48(e)) |   |             |             |             |              |
| <b>50</b> 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 instructions)

N/A

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:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

| Yes | No | Amount |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

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



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**Statement 1  
Form 990, Part I, Line 7  
Other Investment Income**

|                   |    |               |
|-------------------|----|---------------|
| CD & MMA interest | \$ | 1,143.        |
| Dues              |    | 2,550.        |
| Total             | \$ | <u>3,693.</u> |

**Statement 2  
Form 990, Part I, Line 8  
Net Gain (Loss) from Noninventory Sales**

Other Assets

|                      |                   |             |       |
|----------------------|-------------------|-------------|-------|
| Description:         | Dell 400 Computer |             |       |
| Date Acquired:       | 12/01/1998        |             |       |
| How Acquired:        | Purchase          |             |       |
| Date Sold:           | 8/31/2004         |             |       |
| To Whom Sold:        |                   |             |       |
| Gross Sales Price:   | 0.                |             |       |
| Cost or Other Basis: | 2,527.            |             |       |
| Depreciation:        | 2,315.            |             |       |
|                      |                   | Gain (Loss) | -212. |

|                      |                 |             |       |
|----------------------|-----------------|-------------|-------|
| Description:         | Compaq PC - CDW |             |       |
| Date Acquired:       | 8/01/2000       |             |       |
| How Acquired:        | Purchase        |             |       |
| Date Sold:           | 8/31/2004       |             |       |
| To Whom Sold:        |                 |             |       |
| Gross Sales Price:   | 0.              |             |       |
| Cost or Other Basis: | 1,466.          |             |       |
| Depreciation:        | 1,173.          |             |       |
|                      |                 | Gain (Loss) | -293. |

|                      |                    |             |      |
|----------------------|--------------------|-------------|------|
| Description:         | Novell file server |             |      |
| Date Acquired:       | 8/01/2000          |             |      |
| How Acquired:        | Purchase           |             |      |
| Date Sold:           | 8/31/2004          |             |      |
| To Whom Sold:        |                    |             |      |
| Gross Sales Price:   | 0.                 |             |      |
| Cost or Other Basis: | 200.               |             |      |
| Depreciation:        | 160.               |             |      |
|                      |                    | Gain (Loss) | -40. |

Total Gain (Loss) Other Assets \$ -545.

Total Net Gain (Loss) From Noninventory Sales \$ -545.

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**Statement 3  
Form 990, Part II, Line 23  
Specific Assistance to Individuals**

See statement 7

Total \$ 8,912.  
Total \$ 8,912.

**Statement 4  
Form 990, Part II, Line 43  
Other Expenses**

|                         | (A)<br>Total      | (B)<br>Program<br>Services | (C)<br>Management<br>& General | (D)<br>Fundraising |
|-------------------------|-------------------|----------------------------|--------------------------------|--------------------|
| Advertising             | 125.              | 106.                       | 13.                            | 6.                 |
| Education               | 45.               | 45.                        |                                |                    |
| G.O.A.L. expenses       | 4,430.            | 4,430.                     |                                |                    |
| Insurance               | 2,178.            | 1,851.                     | 218.                           | 109.               |
| Licenses & permits      | 60.               |                            | 60.                            |                    |
| Meals                   | 98.               | 83.                        | 10.                            | 5.                 |
| New Parents meetings    | 1,154.            | 1,154.                     |                                |                    |
| Office expenses         | 4,802.            | 4,082.                     | 480.                           | 240.               |
| Registration exp - SBAA | 3,987.            | 3,987.                     |                                |                    |
| <b>Total</b>            | <b>\$ 16,879.</b> | <b>\$ 15,738.</b>          | <b>\$ 781.</b>                 | <b>\$ 360.</b>     |

**Statement 5  
Form 990, Part III  
Organization's Primary Exempt Purpose**

To enhance the lives and promote the dignity and well-being of those affected by Spina Bifida, to educate the public, and to foster the prevention of Spina Bifida.

**Statement 6  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments**

| Description  | Grants and<br>Allocations | Program<br>Service<br>Expenses |
|--|---------------------------|--------------------------------|
| The newborn fund pays families of newborn children with Spina Bifida \$100 per child to help defray the additional costs incurred in caring for the child. The family is also given educational and medical literature regarding this condition. | 700.                      |                                |
| The family fund pays up to \$100 per year to families to help defray some of the extra expenses in caring for a person with Spina Bifida.  | 1,200.                    |                                |
| Camperships pay up to \$500 per child to attend camp. This is a needed respite for both the family and the child. Besides ordinary camp activities, the campers learn much needed independence and develop their self-confidence.                | 5,812.                    |                                |

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**Statement 6 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

| Description   | Grants and Allocations | Program Service Expenses |
|---|------------------------|--------------------------|
| The education and recreation fund pays up to \$100 per family per year to pay for extra activities such as music lessons, computer classes, horseback riding lessons etc. as a means of helping the person develop self-confidence and improve their skill level.   | 200.                   |                          |
| One scholarship is awarded yearly to a person with Spina Bifida to pursue higher education opportunities at an accredited institution. The criteria are such that the person must make a written application and be active in the organization's activities. The person does not have to be a dues paying members of the Spina Bifida organization. | 1,000.                 |                          |
| GOAL Independence seeks to help transition youth with spina bifida into adults by teaching them all skills necessary to live independently.   |                        | 4,430.                   |
| Spina Bifida Association of Wisconsin attempts to educate and enhance the lives of those affected by Spina Bifida through the distribution of newsletters and educational materials, through group meetings with related speakers, and in other ways.   |                        | 82,513.                  |
|   | <u>\$ 8,912.</u>       | <u>\$ 86,943.</u>        |

**Statement 7**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

| Category                | Basis            | Accum. Deprec.   | Book Value       |
|-------------------------|------------------|------------------|------------------|
| Furniture and Fixtures  | \$ 6,965.        | \$ 4,175.        | \$ 2,790.        |
| Machinery and Equipment | 706.             | 212.             | 494.             |
| Total                   | <u>\$ 7,671.</u> | <u>\$ 4,387.</u> | <u>\$ 3,284.</u> |

Client 6455

Spina Bifida Association of  
Wisconsin Inc.

39-1594831

5/31/05

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**Statement 8**  
**Form 990, Part V**  
**List of Officers, Directors, Trustees, and Key Employees**

| <u>Name and Address</u>  | <u>Title and<br/>Average Hours<br/>Per Week Devoted</u> | <u>Compen-<br/>sation</u> | <u>Contri-<br/>bution to<br/>EBP &amp; DC</u> | <u>Expense<br/>Account/<br/>Other</u> |
|--|---|---------------------------|---|---------------------------------------|
| Mary Person<br>227 Oaklawn Ct.<br>Pewaukee, WI 53072                   | President & Dir<br>2                                    | \$ 0.                     | \$ 0.   | \$ 0.                                 |
| Tara Person<br>227 Oaklawn Ct.<br>Pewaukee, WI 53072                   | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Karen Drzewiecki<br>5222 W. Donna Dr<br>Brown Deer, WI 53223           | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Thomas R. Tobin<br>7671 Hwy WW<br>West Bend, WI 53090-9343             | Treas & Dir<br>5  | 0.                        | 0.  | 0.                                    |
| Scott Kraemer<br>P.O. Box 355<br>Waukesha, WI 53187-0355               | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Jeanne Bowman<br>11715 W. Howard Ave<br>Greenfield, WI 53228           | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Karen Rauen<br>1460 E. Friess Lake Dr<br>Hubertus, WI 53033            | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Kathy Weaver<br>N81 W14038 Eastwood Drive<br>Menomonee Falls, WI 53051 | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Bruce Kaufman<br>P.O. Box 1997<br>Milwaukee, WI 53201                  | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Andrew Niebler<br>300 N. Corporate Dr #150<br>Brookfield, WI 53045     | Director<br>None  | 0.                        | 0.  | 0.                                    |
| Total  |   | \$ 0.                     | \$ 0.   | \$ 0.                                 |

## Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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

**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)

**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*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

|  |  |   |
|--|--|---|
| <b>Type or print</b><br>File by the due date for filing your return. See instructions. | Name of Exempt Organization<br><b>Spina Bifida Association of Wisconsin Inc.</b>                         | Employer identification number<br><b>39-1594831</b> |
|  | Number, street, and room or suite number If a P O box, see instructions<br><b>830 N. 109th Street #6</b> |   |
|  | City, town or post office For a foreign address, see instructions<br><b>Wauwatosa, WI 53226-3754</b>     | state ZIP code                                      |

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

|  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Thomas R. Tobin \_\_\_\_\_

Telephone No. ▶ 414-464-3100 \_\_\_\_\_ FAX No. ▶ \_\_\_\_\_

- 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 cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 04 or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 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 \$ \_\_\_\_\_ 0.

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 \$ \_\_\_\_\_ 0.

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 \$ \_\_\_\_\_ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**