

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning and ending

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

C Name of organization
SPINA BIFIDA ASSOCIATION OF WISCONSIN INC.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
830 N. 109TH STREET #6
 City or town, state or country, and ZIP + 4
WAUWATOSA, WI 53226

D Employer identification number
39-1594831

E Telephone number
414-607-9061

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
 G Accounting method: Cash Accrual
 Other (specify)

I Website: **WWW.SBAWI.ORG**
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 171,731.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	71,172.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	2,505.
	4	Investment income	4	3,330.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	94,724.
6b	Less: direct expenses other than fundraising expenses	6b	21,917.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	72,807.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	149,814.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	77,961.
	13	Professional fees and other payments to independent contractors	13	5,747.
	14	Occupancy, rent, utilities, and maintenance	14	10,091.
	15	Printing, publications, postage, and shipping	15	3,670.
	16	Other expenses (describe SEE STATEMENT 1)	16	28,501.
17	Total expenses. Add lines 10 through 16	17	125,970.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,844.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	137,691.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	161,535.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	134,105.	161,339.
23	Land and buildings		
24	Other assets (describe SEE STATEMENT 2)	7,499.	4,308.
25	Total assets	141,604.	165,647.
26	Total liabilities (describe SEE STATEMENT 3)	3,913.	4,112.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,691.	161,535.

SCANNED OCT 9 3 2009

**SPINA BIFIDA ASSOCIATION OF
WISCONSIN INC.**

Form 990-EZ (2008)

39-1594831 Page 2

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? SEE STATEMENT 7			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	SEE STATEMENT 5		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	93,186.
29	SEE STATEMENT 6		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,552.
30	THE FAMILY FUND IS ESTABLISHED TO HELP FAMILIES WITH ANY UNEXPECTED AND/OR BURDENSOME EXPENSES, UP TO \$100 PER FAMILY PER CHILD.		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,338.
31	Other program services (attach schedule) SEE STATEMENT 8		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	2,680.
32	Total program service expenses (add lines 28a through 31a)	32	104,756.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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
LORI SWENDROWSKI, 830 N 109TH STREET, WAUWATOSA, WI 53226	EXECUTIVE DIRECTOR 40.00	21,616.	0.	0.
HEATHER FLOHR, 830 N 109TH STREET, WAUWATOSA, WI 53226	EXECUTIVE DIRECTOR 40.00	17,810.	0.	0.
KAREN DRZEWIECKI, OTR, 830 N 109TH STREET, WAUWATOSA, WI 53226	PRESIDENT 1.00	0.	0.	0.
ANDREW NIEBLER, ESQ, 830 N 109TH STREET, WAUWATOSA, WI 53226	SECRETARY 1.00	0.	0.	0.
ALEXANDRIA SLUIS, CPA, 830 N 109TH STREET, WAUWATOSA, WI 53226	TREASURER 1.00	0.	0.	0.
GRETCHEN BERTHIAUME, 830 N 109TH STREET, WAUWATOSA, WI 53226	BOARD MEMBER 1.00	0.	0.	0.
JEANNE BOWMAN, 830 N 109TH STREET, WAUWATOSA, WI 53226	BOARD MEMBER 1.00	0.	0.	0.
DANA GASS, 830 N 109TH STREET, WAUWATOSA, WI 53226	BOARD MEMBER 1.00	0.	0.	0.
BRUCE A KAUFMAN, MD, 830 N 109TH STREET, WAUWATOSA, WI 53226	BOARD MEMBER 1.00	0.	0.	0.
SCOTT KRAEMER, 830 N 109TH STREET, WAUWATOSA, WI 53226	BOARD MEMBER 1.00	0.	0.	0.
KAREN RAUEN, RN, MSN, 830 N 109TH STREET, WAUWATOSA, WI 53226	BOARD MEMBER 1.00	0.	0.	0.
THOMAS TOBIN, CPA, 830 N 109TH STREET, WAUWATOSA, WI 53226	BOARD MEMBER 1.00	0.	0.	0.
JEAN DRISCOLL, 830 N 109TH STREET, WAUWATOSA, WI 53226	HONORARY BOARD MEMBER 1.00	0.	0.	0.

**SPINA BIFIDA ASSOCIATION OF
WISCONSIN INC.**

Form 990-EZ (2008)

39-1594831

Page 3

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
b Section 501(c)(3) and (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," complete Schedule L, Part I	40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed. ▶ WI			
42a The books are in care of ▶ DAVID TUCKER Telephone no. ▶ 414-607-9061 Located at ▶ 830 N. 109TH STREET, WAUWATOSA, WI ZIP + 4 ▶ 53226			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 ▶ 43 N/A			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

SPINA BIFIDA ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2008 **WISCONSIN INC.**

39-1594831 Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	98,138.	103,181.	114,971.	115,676.	146,484.	578,450.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	98,138.	103,181.	114,971.	115,676.	146,484.	578,450.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						578,450.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	98,138.	103,181.	114,971.	115,676.	146,484.	578,450.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,143.	3,532.	5,547.	6,052.	3,330.	19,604.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,143.	3,532.	5,547.	6,052.	3,330.	19,604.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						598,054.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	96.72 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.21 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	3.28 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.79 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
FUND EXPENSES	11,570.
INSURANCE	2,617.
DEPRECIATION	1,016.
SUPPLIES	5,259.
CONFERENCE FEES	2,335.
OFFICE EXPENSES	792.
TRAVEL EXPENSES	1,448.
MEALS AND ENTERTAINMENT	951.
MISCELLANEOUS EXPENSES	2,513.
TOTAL TO FORM 990-EZ, LINE 16	28,501.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INTEREST RECEIVABLE	1,350.	496.
PREPAID EXPENSES	3,474.	2,153.
OTHER DEPRECIABLE ASSETS	2,675.	1,659.
TOTAL TO FORM 990-EZ, LINE 24	7,499.	4,308.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE & ACCRUED EXPENSES	3,913.	4,112.
TOTAL TO FORM 990-EZ, LINE 26	3,913.	4,112.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

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.

CAMPERSHIP FUNDS ASSIST ANYONE AFFECTED WITH SPINA BIFIDA AGES 8 AND OLDER TO ATTEND SUMMER CAMPS, UP TO \$1,000 FOR REGISTRATION FEES PER PERSON. THE PURPOSE IS TO PROMOTE INDEPENDENCE AND SOCIALIZATION.

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.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 8

DESCRIPTION	GRANTS	EXPENSES
THE SCHOLARSHIP FUND IN MEMORY OF MARY ANN POTTS IS AVAILABLE TO STUDENTS PURSUING POST-SECONDARY EDUCATION OR VOCATIONAL TRAINING WITH AN ACCREDITED INSTITUTION. STUDENTS NEED TO MEET CERTAIN ELIGIBILITY REQUIREMENTS TO APPLY.	0.	1,000.
THE CONFERENCE FUND IS ESTABLISHED TO HELP INDIVIDUALS AND/OR FAMILIES ATTEND THE SPINA BIFIDA NATIONAL CONFERENCE.	0.	650.
THE NEWBORN FUND IS ESTABLISHED FOR FAMILIES AT THE BIRTH OR ADOPTION OF A CHILD WITH SPINA BIFIDA IN THE STATE OF WISCONSIN. THE FUND PAYS FAMILIES \$100.	0.	600.
THE SPORTS AND RECREATION FUND IS ESTABLISHED TO ENHANCE THE WELL-BEING AND PROMOTE HEALTHY LIFESTYLES FOR PEOPLE WITH SPINA BIFIDA.	0.	430.
TOTAL TO FORM 990-EZ, LINE 31		2,680.

Application 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
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization SPINA BIFIDA ASSOCIATION OF WISCONSIN INC.	Employer identification number 39-1594831
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 830 N. 109TH STREET, NO. #6	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUWATOSA, WI 53226	

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

- | | | |
|---|---|------------------------------------|
| <input 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 |

THOMAS R. TOBIN

- The books are in the care of ▶ **5309 N. 118TH STREET - MILWAUKEE, WI 53225**
 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 corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2008** or
 ▶ tax year beginning _____, and ending _____.

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.	3a	\$
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.	3b	\$
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	3c	\$ N/A

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.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization SPINA BIFIDA ASSOCIATION OF WISCONSIN INC.	Employer identification number 39-1594831
	Number, street, and room or suite no. If a P.O. box, see instructions. 830 N. 109TH STREET, NO. #6	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUWATOSA, WI 53226	

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

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THOMAS R. TOBIN

- The books are in the care of **▶ 5309 N. 118TH STREET - MILWAUKEE, WI 53225**
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 is for.

- I request an additional 3-month extension of time until **NOVEMBER 15, 2009**
- For calendar year **2008**, or other tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION REQUIRED TO COMPLETE AN ACCURATE RETURN

8a 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.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. 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.	8c	\$	N/A

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 **▶** *Thomas R. Tobin* Title **▶** *CPA* Date **▶** *8/13/09*