Department of the Treasury

Internal Revenue Service

### **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)

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

OMB No. 1545-0047 Open to Public Inspection

ΑF	or the 20	00 <u>3 cale</u>	ndar year, or tax year begini	ning	2003, and ending	2	
Вс	heck if applicable	e Please	C Name of organization			DE	mployer identification number
	Address change	use IRS	SPINAL INDUST FOUND	ATION		75	-2985553
	Name chanç	labelor printor		box if mail is not delivered to street address	ss) Room/suite	ЕТ	elephone number
	Initial return		11080 CIRCLE POINT	ROAD		l	
	Final return	See Specific	BUILDING 2		140	(3	03) 861-4545
L	Amended	Instruc-	<u> </u>	y, and ZIP + 4		FA	ccounting X Cash Accrual
L	Application pending	tions	WESTMINSTER, CO 800	20-2755			Other (specify)
		• S	ection 501(c)(3) organizations a	nd 4947(a)(1) nonexempt charitable	H and I are not ap	plicab	le to section 527 organizations
		tr	usts must attach a completed S	chedule A (Form 990 or 990-EZ).	H(a) Is this a grou	p retui	m for affiliates? Yes X No
G	Website:	► SPI	NALINJURYFOUNDATION.	ORG	H(b) If "Yes," ente	er num	ber of affiliates
J	Organization	on type (ch	neck only one) <b>X</b> 501(c) (3 )	◀ (insert no ) 4947(a)(1) or 52	7 H(c) Are all affiliate	es incli	uded? Yes No
ĸ	Check here	<b>&gt;</b>	if the organization's gross receip	ts are normally not more than \$25,000 Th	i .		See instructions)
	organizatio	n need no		ne organization received a Form 990 Packag	n(u) is this a separa		y a group ruling? Yes X No
	-		file a return without financial data Som	-	I Group Exem		
				· · · · · · · · · · · · · · · · · · ·	M Check ▶	x	if the organization is not required
L	Gross rece	ıpts Add I	ines 6b, 8b, 9b, and 10b to line 12	177,595.	to attach Sch	В (F	orm 990, 990-EZ, or 990-PF)
		•		et Assets or Fund Balances (See pa	ae 18 of the instru	ction	s )
			ons, gifts, grants, and similar amo		90 10 01 1110 1110 11		
	- 1		blic support	1 1	96,006.		
			ublic support		30,000.	٦	
	- 1					+	
	- 1		ent contributions (grants)			1 d	06.006
	- 1		nes 1a through 1c) (cash \$		/	$\vdash$	96,006
	- 1	•		ment fees and contracts (from Part VII, line			81,589
						-	
	l _			estments			
	1		5				
			ts			-	
	1		al expenses			$\dashv_{\mathbf{a}}$	
a	- 1		` ',	from line 6a)		6c	
Revenue	. I .		estment income (describe	F	)	7	
	- 1		ount from sales of assets other		(B) Other	┥.	
n ex	1		ntory	1 1		-	
)			t or other basis and sales expenses			4.	
7			oss) (attach schedule)			4	•
V = 20	dil	Net gain o	or (loss) (combine line 8c, columns	(A) and (B))		8d	
	9 :	Special e		ile) If any amount is from gaming, check	here 🕨 🔛		
	i			of			
'n			ons reported on line 1a)			_  '	
	bı	ess dire	ct expenses other than fundraising	g expenses		_	
	0 1	Net incom	ne or (loss) from special events (s	ubtract line 9b from line 9a) ု · · · · · ·		9с	
	10 a	Gross sal	es of inventory, less returns and al	owances 10a		_	
						_	
	TC 3	acoss pro	ifit(ទីក្រុំ(រិចុន្តទ)-from sales of invento	ry (attach schedule) (subtract line 10b fron	n line 10a)	10c	
	\$71/2 1 j	Γρtal₁re√	venue (add/lyges 1d, 2, 3, 4, 5, 6	c, 7, 8d, 9c, 10c, and 11)	<u> </u>	12	177,595
ļ	13	rograma	ser (from he 44, column (B))			13	126,144
Ses	147/	vanagem	rent and gentarial (from line 44, col	umn (C))		14	34,829
Expenses	15						
ДX	16	Payments	to-affiliates (attach schedule)			16	
_	- 1			umn (A))			160,973
- st				2 17 from line 12)			16,622
Net Assets				f year (from line 73, column (A))			23,189
t A				es (attach explanation)			
Se				(combine lines 18, 19, and 20)			39,811
	Pananyo		tion Act Notice see the senarate				59,011

JSA 3E1010 2 000

TR3663 M698 08/27/2004 10:21:28 V03-7.1

Pa	rt II			tions must complete column 4947(a)(1) nonexempt chari			
	Do no	nt include amounts reported on line	T	(A) Total	(B) Program	(C) Management	(D) Fundraising
22		b, 8b, 9b, 10b, or 16 of Part I s and allocations (attach schedule	7		services	and general	
		noncash \$	1 22				
23		c assistance to individuals (attach schedule	·′—			***	i.
		s paid to or for members (attach schedule)	24				
		pensation of officers, directors, etc	25				
		salaries and wages	26				
		on plan contributions	27				
		employee benefits	28				
		oll taxes	29				
		ssional fundraising fees	30				
31	Acco	unting fees	31	3,746.		3,746.	
		fees	32	3,215.		3,215.	
		lies	33	2,481.		2,481.	
		hone	34	979.		979.	
35	Posta	age and shipping	35	7,532.	7,532.		
36	Occu	pancy	36				
37	Equip	ment rental and maintenance	37	240.		240.	
		ng and publications	38	1,615.	1,615.		
39	Trave	1	39				
		rences, conventions, and meetings .	40	63,656.	63,656.		
41	Intere	est	41				
42	Depred	ciation, depletion, etc 🖼 🕊 sceedule)	42				
		xpenses not covered above (itemize) <b>8 TMT</b> _3	<u>43a</u>	77,509.	53,341.	24,168.	
b			<u>43b</u>				
С			<u>43c</u>				
d			43d				
е			43e		·		
44	Total fu <i>Organiz</i>	unctional expenses (add lines 22 through 43) autons completing columns (B)-(D), carry stals to lines 13-15	١				
					126,144.	34,829.	
		ts. Check   if you are follo	_			•	<b>.</b>
		nt costs from a combined educationa					
		er (i) the aggregate amount of these					
		ount allocated to Management and ge Statement of Program Servi			, and (iv) the amount a		
				•	e page 25 of the in	siruciions.)	Program Service
wna	t is the	e organization's primary exempt purpos	ie ∕ ▶	STMT 4			Expenses
of c	lients	rations must describe their exempt served, publications issued, etc. Dis ns and 4947(a)(1) nonexempt charit	cuss	achievements that are r	not measurable (Section	n 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a §	TMT	5					,
-							
-				(Grants o	nd allocations \$		106 144
b -				(Grants a	ilu aliocations p		126,144
· -							
-							
-				(Grants a	nd allocations \$	)	
c _							
_							
_						<b>.</b>	
_				(Grants a	nd allocations \$	)	
d ]							
_				 	=======================================		
_			- <b>-</b> -				
_				(Grants a	nd allocations \$	)	
e <u>(</u>	Other	program services (attach schedule	e)	(Grants a	nd allocations \$	)	
<u>f</u>	otal o	of Program Service Expenses (sh	ould	equal line 44, column (	B), Program services)	<u></u>	126,144

P	art IV	Balance Sheets (See page 25 of the instru	ction	s.)					
<u> </u>	lote:	Where required, attached schedules and amounts v column should be for end-of-year amounts only.	vithin	the description	(A) Beginning of year		(B) End of year		
	45	Cash - non-interest-bearing			23,189.	45	43,027.		
	46	Savings and temporary cash investments	[		46				
	b	Accounts receivable	47b			47c			
		Pledges receivable				<u>2</u>			
	b	Less allowance for doubtful accounts	48b			48c	<del></del>		
	l	Grants receivable				49			
		Receivables from officers, directors, trustees, and k (attach schedule)	-			50			
	1	schedule)	51a						
Assets	Ь	Less allowance for doubtful accounts	51b			51c			
SS		Inventories for sale or use			-	52			
⋖		Prepaid expenses and deferred charges				53			
		Investments - securities (attach schedule)				54			
		Investments - land, buildings, and	•			~,			
		<del>_</del>	55a						
		Less accumulated depreciation (attach							
		schedule)	55b			55c			
		Investments - other (attach schedule)				56			
	57a	Land, buildings, and equipment basis STMT 6	57a	400.					
	b	Less accumulated depreciation (attach							
		schedule)	57b	29.	NONE	57c	371		
	58	Other assets (describe ▶		) <del> </del>		58			
	59	Total assets (add lines 45 through 58) (must equa	line	74)	23,189.	59	43,398.		
	60	Accounts payable and accrued expenses				60			
		Grants payable				61			
		Deferred revenue				62			
iabilities		Loans from officers, directors, trustees, and key em		· I					
Ħ		schedule)	NONE		3,587.				
핃		Tax-exempt bond liabilities (attach schedule)				64a			
		Mortgages and other notes payable (attach schedu		, [		64b			
	65	Other liabilities (describe ►		)		65	_		
	66	Total liabilities (add lines 60 through 65)			NONE	66	3,587.		
	-	nizations that follow SFAS 117, check here ▶ 🗵	and	complete lines		.			
		67 through 69 and lines 73 and 74							
es		Unrestricted			23,189.	<u> </u>	39,811.		
and		Temporarily restricted				68			
Bal		Permanently restricted				69	<del></del>		
Net Assets or Fund Balances		nizations that do not follow SFAS 117, check here complete lines 70 through 74.							
ō		Capital stock, trust principal, or current funds			70				
ets	71	Paid-in or capital surplus, or land, building, and equ				71			
SS		· ·	d earnings, endowment, accumulated income, or other funds						
e te		Total net assets or fund balances (add lines 67 th 70 through 72,	rougr	os or lines					
ž		column (A) must equal line 19, column (B) must eq	ne 21)	23,189.	73	39,811.			
		Total liabilities and net assets / fund balances (ac			23,189.		43,398		
_	<u> </u>	The state of the state of the state of the state of the					,		

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.

Form 990 (2003)

D	4

Pa	rt IV-A	Reconciliation of Revenue Financial Statements with Return (See page 27 of the	per Audited Revenue per	Pa	rt IV-B	Reconciliation Financial Star Return	n of Expenses pe tements with Exp	r Audited enses per
	Total rev	enue, gains, and other support		<u>a</u>	Total 6	expenses and	losses per	<del> </del>
		ed financial statements	a	"		*	ents <b>&gt;</b> a	
		s included on line a but not on		- Ь		ts included on line		
		Form 990				17, Form 990		
	•	ilized gains		/11	Donated			
		ments \$		\''		of facilities \$		
	Donated s			12		ar adjustments	<del></del>	
(2)		f facilities \$		\2		on line 20,		
121			<u> </u>		•	0 \$		
	Recoverie	•		12		v <del></del> eported on		
		s <u>\$</u>		(3)		eported on Form 990 \$		
(4)	Other (spe	ecity)		10				
		<del></del>		(4)	Other (sp	becity)	]	
	Add ama	ounts on lines (1) through (4) ▶				*		
	Add amo	bunts on imes (1) through (4)	0			<u> </u>		
			_				rough (4) , . <b>b</b>	<del>.</del> .
		inus line b	C				▶ c	
d		s included on line 12,		d		ts included on line	1 1	
		0 but not on line a:				90 but not on line	e a:	
(1)		nt expenses		(1)		ent expenses		
		ed on line				ded on line		
		990 \$				1990 <b>\$</b>		
(2)	Other (spe	ecify)		(2)	Other (sp	pecify).		
		<del></del>						
		<u> </u>				<b>\$</b>		
		ounts on lines (1) and (2) ▶	d			- '	) and (2) ▶ d	
е		enue per line 12, Form 990		е		(penses per line 1		
	(line c pl	us line d) · · · · · · · ▶	e		(line c p	lus line d) · · ·	<b> </b>	
Pa	rt V L	ist of Officers, Directors, T	rustees, and Ke	y Emplo	yees (L	st each one ever	n if not compensate	ed, see page 27 of
	th	ne instructions )		I	·	1 (0) 0	(D) Contribution to	T
		(A) Name and address			nd average oer week	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans 8	(E) Expense account and other
				devoted	to position	-0-)	deferred compensation	allowances
				-				
SEE	STATE	EMENT 10		-		-0-	-0-	-0-
				-		1		
				-			-	
				4				
			<u>-</u>	-		1	<u> </u>	
				4			1	
								<b></b>
				1				
				1				
				]				
						<u></u>	1	<u> </u>
75	Did any o	fficer, director, trustee, or key emp	loyee receive aggreg	ate compe	nsation of	more than \$100,000	from your	
-	-	on and all related organizations, of					[ "	Yes X No
	_	attach schedule - see page 28 of the				. J		
	, -	,						
								Form <b>990</b> (2003)

<u>F</u> orn	n 990 (2003) 75-2985553			Page 5
Pa	rt VI Other Information (See page 28 of the 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	76		х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		х
	If "Yes," attach a conformed copy of the changes	1		
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	Α
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		х
80 a	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?	80a		х
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt			
	Enter direct and indirect political expenditures See line 81 instructions	_		
	Did the organization file Form 1120-POL for this year?	81b		Х
82 a	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?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II (See instructions in Part III)	-		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
	or gifts were not tax deductible?	84b	N/	
	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	Α
	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			
	Dues, assessments, and similar amounts from members 85c N/A	-		
	Section 162(e) lobbying and political expenditures	-		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
		05.0	•	v
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<u>x</u>
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable	85h		x
06	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	8311		^
	Gross receipts, included on line 12, for public use of club facilities	-		
	501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A	1		
	Gross income from other sources (Do not net amounts due or paid to other	-		
_	sources against amounts due or received from them )			
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	88	'	x
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under.			
-	section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	1		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		х
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958		N/A	
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶_		N/A	
	List the states with which a copy of this return is filed ▶COLORADO			
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90ь		
	The books are in care of ► MARY CIRILLO Telephone no ► 303-8	77-56	46	
	Located at ▶ 11080 CIRCLE POINT DR. WESTMINSTER, CO ZIP+4 ▶ 80020			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		1	<b>▶</b> [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶   92		N/A	

Form 990 (2003)

75-2985553

The Schalks

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

12 29/2004 10:04 CENTERN OF MICH. 107 FHT 1565

p. 1 NO.211 001 Page 6 (F) Related or

	Note Enler gross amounts unless otherwise		Unre	alated business in	betused Encused	by súclian 512 513 or 514	(F)		
indica	aled		(A)	(B)	(C)	(0)	Related or exempt function		
93	Program	service revenue	Business code	Amour	Excusion code	amount	псоте		
а	PROGE	RAM SERV REV	L			1	1,735		
Þ	SEMI	IARS	<u></u>			<u> </u>	79,354.		
c	MISCI	LLANEOUS	<b></b>			!	500.		
d D			<u> </u>			· ,			
•	Medicara	Medicaid payments							
9	Feer and	contracts from government agencies							
94	Members	ship dues and assessments , , ,							
95	Inversal on	sawings and lemporary cash investments 🕝		ļ					
96	Dividend	s and interest from securities							
97	Net rent	if income or (loss) from real estate		<u> </u>					
a	debt-fina	nced property	ļ	<del></del>		<u> </u>			
ь	not dabi-	financed property		ļ					
98	Nationtal	Acome or (fota) from personal property		ļ	· · · · · · · · · · · · · · · · · · ·	ļ			
9.0	Other in	vestment income		<del> </del>		<del> </del>			
100		a) from sales of assets other than inventory							
101		ne or (loss) from special events	<u> </u>	<del> </del>			1		
		lit or (loss) from sales of inventory			·				
		cune a	<u> </u>	ļ	<del></del>				
b							<del> </del>		
c				<u> </u>	<del></del>				
d							<del></del>		
404	Cubratal	add columns (B) (D) and (F))	<del></del>		<del></del>	<del></del>	81,589.		
			·	<u> </u>		<u></u> ,	61,589.		
	-	d line 104 columns (B) (D) and (E plus line 1d, Part I, should equal ti		1 line 12 Рэл I		·	01,303.		
		Relationship of Activities t			of Exempt Purpo	ses (See page 34 of	the instructions )		
Line		main now each activity for which							
		the organization's exempt purpos				· •	and the state of t		
		TMT 11							
			* J						
	,				<del></del> -				
	1								
.Parl	IX In	formation Regarding Taxa	ble Subsi	diaries and D	sregarded Entitie	s (See page 34 of the	e instructions )		
		(A)		(B)	(c)	(D)	(T.) End-ci-year		
		e address and EIN of corporation principly		Percentage of comership into eri	Nature of activities	Talal income	335e(s		
N/A				4/6	·	· · · · · · · · · · · · · · · · · · ·			
				%		,			
_ ~				- %			<u> </u>		
				%					
Part	X In	formation Regarding Tran	sfers Ass	ociated with	Personal Benefit i	Contracts (See page 3	34 of the instructions)		
(a)	Dia the or	ganization during the year receive an	y funds diruct	y or indirectly to pa	והחספדום ב חב בחשויתסים ע	bundh contract	Yes X No		
(p)	Did the	organization, during the year	pay premi	iums, directly o	or indirectly, on a pa	ersonal benefit contract	1º YES X NO		
Not	e. It Aus	to (b), file Form 8870 and Fo							
		Under penalties of perjuny 1 declar and belief it is true correct and c	is inal I have ampiele. Dec	examined this return an equipment to the contents	n including accompanying (other than officer) is base	ons dinemblais and seluberics of childwing northmenical is no as	t to the best of my knowledge eparer has any knowledge		
Plea	35e		•				, , , , , , , , , , , , , , , , , , , ,		
Sig		i <b>b</b>	14	12 - 1.					
Her		Signature of officer	, -	_ , , ,					
1161	6	Kob	ert	Schal					
		Typic or print name and little.							
m		Preparers .							
Paid		signatura							
•	arer's Only		LLP						
Use (	uny	address and 700 + 4		N STREET,					
		DENV	ER, CO	)					

	990 (2003)		<u> </u>			-298555	3	Page 6
Par	t VII A	nalysis of Income-Produc	ing Activit	ties (See pag	e 33 of the instructi	ons.)		- <u></u>
Note indica		ss amounts unless otherwise	(A)	lated business in	(C)	(	D)	(E) Related or exempt function
93	Program s	service revenue:	Business code	Amoun	t Exclusion code	Am	ount	income
а	PROGR	AM SERV REV						1,735.
b	SEMIN	ARS						79,354.
c	MISCE	LLANEOUS						500
d	ـــــــا					·		
е								
f	Medicare/N	Medicaid payments						
g	Fees and o	contracts from government agencies .						
94	Members	hip dues and assessments						
95	Interest on s	avings and temporary cash investments .						
96	Dividends	and interest from securities						
97	Net renta	I income or (loss) from real estate						
а	debt-finar	nced property						
b	not debt-f	inanced property						
98	Net rental in	come or (loss) from personal property						
99	Other inve	estment income						
100	Gain or (loss	s) from sales of assets other than inventory						
101	Net incom	ne or (loss) from special events .						
102		it or (loss) from sales of inventory						
103	Other reve	enue a						
t								
c								
c	I							
e	·							
104	Subtotal (	add columns (B), (D), and (E))		:				81,589
105	Total (add	d line 104, columns (B), (D), and (	E))				· <b>&gt;</b>	81,589
		plus line 1d, Part I, should equal i						
Par	t VIII R	Relationship of Activities	to the Acc	omplishment	of Exempt Purpos	<b>es</b> (See <sub>l</sub>	page 34 of th	e instructions.)
Lin	e No. Ex	plain how each activity for which	n income is re	eported in colum	in (E) of Part VII contrib	uted importa	antly to the accor	mplishment
	▼ of	the organization's exempt purpo	ses (other th	an by providing fi	unds for such purposes).			
	s	TMT 11		·				
Par	t IX In	formation Regarding Taxa	able Subsi	diaries and D	isregarded Entities	(See pa	ige 34 of the	instructions)
	Nam	(A) e, address, and EIN of corporation,		(B) Percentage of	(C) Nature of activities	Τ.	(D) tal income	(E) End-of-year
		artnership, or disregarded entity		ownership interest	Nature of activities	10	iai income	assets
N/A				%				
				%				
				%		_		
				%	1			
Par	t X In	formation Regarding Tra	nsfers Ass	sociated with	Personal Benefit C	ontracts	(See page 34	of the instructions)
	-	ganization, during the year, receive a	-		• •			Yes X No
(b)	Did the	organization, during the year	r, pay prem	iums, directly	or indirectly, on a pe	rsonal be	nefit contract?	Yes X No
No	te: If "Yes	s" to <b>(b),</b> file Form 8870 <b>and</b> F			<u> </u>			
		Under penalties of perjury, I decl and belief, it is true, correct, and	are that I have complete Dec	examined this retur claration of prepare	n, including accompanying ser (other than officer) is based	schedules and d on all inform	I statements, and t lation of which prep	o the best of my knowledge parer has any knowledge
Ple	ease		·	, ,		•		. •
Sig					<u></u>			
He		Signature of officer					Date	
пе	16							
		Type or print name and title						
		Preparer's			Date	Check if self-	Prepa	arer's SSN or PTIN (See Gen Inst W
Paid	t	signature			8-270	employe	d ▶ 5	20-70-2997
	parer's	Firm's name (or yours BKI	, LLP				EIN ► 4	4-0160260
Use	Only	if self-employed), 170	0 LINCO	LN STREET,	SUITE 3400		Phone	
		address, and ZIP + 4 DEN	IVER, CO	0	80203	3	no ▶ 3	03-861-4545

### **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

SPINAL INJURY FOUNDATION

Employer identification number 75-2985553

Part I	Compensation of the Five Highes See page 1 of the instructions. List e	st Paid Employ ach one. If there	rees Other Than are none, enter "l	Officers, Directo None ")	ors, and Trustees
(a) Nam	ne 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					
				:	
	of other employees paid over			-	
Part II (	Compensation of the Five Higher See page 2 of the instructions. List 6	NONE st Paid Indepereach one (whether	l ndent Contracto er individuals or fir	ors for Profession	nal Services
	e and address of each independent contractor paid i	•		of service	(c) Compensation
NONE					
professional s	r of others receiving over \$50,000 for ervices	NONE NONE		O.L.A.	e A (Form 990 or 990-EZ) 2003

Pa	Part III Statements About Activities (See page 2 of the ins	tructions.)		Yes	No
1	I During the year, has the organization attempted to influence national, s	tate, or local legislation, including any	,		
	attempt to influence public opinion on a legislative matter or referendum?	•			l
	or incurred in connection with the lobbying activities ▶\$				
	Part VI-A, or line i of Part VI-B )		1		x
	Organizations that made an election under section 501(h) by filing Form		•		1
	organizations checking "Yes," must complete Part VI-B AND attach a star	•			
		terrient giving a detailed description of			
_	the lobbying activities				
2					
	substantial contributors, trustees, directors, officers, creators, key employ				
	with any taxable organization with which any such person is affiliated a				
	owner, or principal beneficiary? (If the answer to any question is "Yes,"	attach a detailed statement explaining			İ
	the transactions )				
а	a Sale, exchange, or leasing of property?		2a		X
b	b Lending of money or other extension of credit?		2b		x
С	c Furnishing of goods, services, or facilities?		2c		x
	Tarmoning of goods, our ness, or least the control of the control				<u> </u>
d	d Payment of compensation (or payment or reimbursement of expenses if more tha	n \$1 000\2	2 di		x
u	rayment of compensation (or payment of reinfodisement of expenses if more tha	11 \$1,000)	_20		<u> </u>
	T ( ( ) ( )		_		٠,
e	,,		2e		X
3 a		· · · · · · · · · · · · · · · · · · ·			ł
	you determine that recipients qualify to receive payments)		3a		X
b	$\boldsymbol{b}$ . Do you have a section 403(b) annuity plan for your employees?		3 b		X
					1
4	Did you maintain any separate account for participating donors where do	onors have the right to provide advice			
	on the use or distribution of funds?		4		
Dai	Part IV Reason for Non-Private Foundation Status (See pa	age 3 through 6 of the instructions )			
	Reason for Non-i fivate i outlaation otatas (See pa	es o unough o of the instructions ;			
The	he organization is not a private foundation because it is (Please check only ONE appli	cable box.)			
5	5 A church, convention of churches, or association of churches Section 170(b	)(1)(A)(ı)			
6	6 A school Section 170(b)(1)(A)(ii). (Also complete Part V)				
7		A)(m)			
8		,, ,			
9			city		
3			-		
40	and state >		4.7.4.7.		
10		r operated by a governmental unit Section 170(b)(	1)(A)(1	v)	
	(Also complete the Support Schedule in Part IV-A)				
11a	1a An organization that normally receives a substantial part of its support from	n a governmental unit or from the general public			
	Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)				
11b	1b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Sc	hedule in Part IV-A)			
12	2 X An organization that normally receives (1) more than 33 1/3% of its supp	ort from contributions, membership fees, and gros	s		
	receipts from activities related to its charitable, etc., functions - subject to co	ertain exceptions, and (2) no more than 33 1/3%	of		
	its support from gross investment income and unrelated business taxable in	ncome (less section 511 tax) from businesses acqu	ııred		
	by the organization after June 30, 1975 See section 509(a)(2) (Also compl	,			
13			าร		
	described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (	• , , , , ,			
	section 509(a)(3) )	o,, a.o,oc. a.o too. o. ood.a ood(a,(=) (ood			
	Provide the following information about the supported organizations	(See page 5 of the instructions )			•
	Frovide the following information about the supported organizations	(b) Line	numbe	or .	•
	(a) Name(s) of supported organization(s)	from a		51	
		Tion 8			•
					-
		[			
					-
14	An organization organized and operated to test for public safety Section 509	9(a)(4) (See page 6 of the instructions)			

No	te:You may use the worksheet in the instruction	ns for converting fro	om the accrual to t	the cash method of	accounting.		
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2002	(b) 2001	(c) 2000	(d) 199	9	(e) Total
15	Gifts, grants, and contributions received (Do						
	not include unusual grants See line 28 ) · · · ·	48,541.					48,541
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						
	· ·	399.					399
40	organization's charitable, etc., purpose				<u> </u>		333
10	,						
	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						· ·
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						
	Other income Attach a schedule Do not	<del></del>					
22							
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	48,940.			ļ		48,940
24	Line 23 minus line 17	48,541.			ļ		48,541
25	Enter 1% of line 23	489.		<u> </u>		1	
	Organizations described on lines 10 or 11: a				-	26a	
t	Prepare a list for your records to show the i	name of and amo	unt contributed by	y each person (oth	er than a		
	governmental unit or publicly supported organi	zation) whose tota	l gifts for 1999	through 2002 exc	eeded the		
	amount shown in line 26a Do not file this li	st with your retur	n. Enter the total	of all these excess	s amounts 🕨	26b	
c	: Total support for section 509(a)(1) test. Enter line 24	, column (e)				26c	
c	Add Amounts from column (e) for lines. 18	19					
	22	26	6b			26d	
•	Public support (line 26c minus line 26d total)					26e	
	Public support percentage (line 26e (numerator) d						
	Organizations described on line 12: a For						
	person," prepare a list for your records to sho						
	Do not file this list with your return. Enter the sum				,		,
	(2002) 40,500. (2001)		(2000)		/1000	1)	
_	For any amount included in line 17 that was re						
D	show the name of, and amount received for each						
	(Include in the list organizations described in line						
	the difference between the amount received an	d the larger amou	nt described in (*	1) or (2), enter the	sum of thes	e diffe	rences (the excess
	amounts) for each year						
	(2002) (2001)	<del></del>	(2000)		(1999	)	
С	Add Amounts from column (e) for lines 15	48,541.1	5	<del></del>			
	17399.20	2	1		•	27c	48,940
đ	Add Line 27a total	and line 27b total	•		•	27d	40,500
е	Public support (line 27c total minus line 27d total)	<i></i> .			•	27e	8,440
f	Total support for section 509(a)(2) test Enter amount			1 1			
g	Public support percentage (line 27e (numerator) d						17.2456 %
y h	Investment income percentage (line 18, column (e						
	Unusual Grants: For an organization describe						
	prepare a list for your records to show, for	each year, the na	ime of the contri	butor, the date an	d amount of		
	description of the nature of the grant Do not file this	s list with your retur	n. Do not include t	hese grants in line 15			
JSA	221 2 000				Schedule	A (For	n 990 or 990-EZ) 2003

Part V Private School Questionnaire (See page 7 of the instructions )
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT A

NOT APPLICABLE

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
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,	30		
31	programs, and scholarships?  Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		
٠.	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?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)			
••				
32	Does the organization maintain the following	220		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u>-</u>
	·	32b		
(	basis?			
	with student admissions, programs, and scholarships?	32c		
(	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	Does the appropriate discourage to be seen a province with respect to			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
فد	Cabalarahina ay athay financial againtanaga	004		
ď	Scholarships or other financial assistance?	33d	-	-
e	Educational policies?	33e		
Ĭ		000		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	in you anoward the for the above, please explain (in you need more space, alliant a departure diatement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Here the concentration's might to each aid over hear sounded as a size and a 12	246		
b	Has the organization's right to such aid ever been revoked or suspended?  If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
	in you answered thes to enther stator b, prease explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
-	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

JSA 3E1230 2 000

Schedule A (Form 990 or 990-EZ) 2003

Check   a   If the organization belongs to an affiliated group   Check   b   If you checked "a" and "limited control" provisional provisions of the completed of the composition of th	Pa			•	eligible organization					ICAB	ile.
California of Lobbying Expenditures   To be completed for Al. Jedening organizations   To be completed   To Al. Jedening organizations   To Al. Jedening organizati	Che	eck ▶a	ıf the organı	zation belongs to an affi	liated group Check	<b>b</b> If you	checked			d conf	
Total lobbying expenditures to influence public opinion (grassroots lobbying) 36   37   Total lobbying expenditures to influence a legislative body (direct lobbying) 37   37   38   39   39   39   39   39   39   39					•	irred)		Affiliate	ed grou	ıp	To be completed for ALL electing
37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures 41 Total exempt purpose expenditures 41 Total exempt purpose expenditures 42 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is The lobbying nontaxable amount is the amount on line 40 is The lobbying nontaxable amount is the amount on line 40 is The lobbying nontaxable amount is the amount on line 40 is The lobbying nontaxable amount is the amount on line 40 is The lobbying nontaxable amount is the amount on line 40 is The lobbying nontaxable amount is the amount on line 40 is The lobbying nontaxable amount is the amount on line 40 is The 40 is the excess ower \$1,000,000  Civer \$10,000,000	26	Total Johny		<del></del>	·		36				
38 Total lobbying expenditures (add lines 36 and 37) 38 4 39 Other exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is - The lobbying nontaxable amount is— Not over \$500,000 20 is 100,000 plus 15% of the sexess over \$500,000 Over \$1,000,000 but not over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$100,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$100,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$100,000 1,\$175,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 Over \$1,000,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000 1,\$100,000							-				
39 Other exempt purpose expenditures (add lines 38 and 39) 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table:  If the amount on line 40 is								•			·
40 Total exempt purpose expenditures (add lines 38 and 39)  11 Lobbying nontaxable amount. Enter the amount from the following table:  15 the amount on line 40 is.  16 Not over \$500,000  17 Total lobbying nontaxable amount is.  17 Not over \$500,000  18 1,000,000 but not over \$1,000,000  18 1,000,000 but not over \$1,000,000  18 1,000,000 but not over \$1,000,000  18 1,000,000  18 1,000,000  19 1,000,000  10										$\neg$	
41 Lobbying nontaxable amount. Enter the amount from the following table:  If the amount on line 40 is The lobbying nontaxable amount is Not over \$500,000 0.  Over \$500,000 but not over \$1,000,000 0.  Over \$1,000,000 but not not never \$1,000,000 0.  Over \$1,000,000 but not not neve \$1,000,000 0.  Over \$1,000,000 0.  O							-			$\neg$	
If the amount on line 40 is The lobbying contaxable amount is Not over \$500,000 but not over \$1,000,000 control over \$1,000,000 but not over \$1,000,000 control contro	-			•	· · · · ·	table -					
Net ever \$500,000	•										
Over \$1,000,000 but not over \$1,000,000 \$100,000 but 15% of the excess over \$500,000 \$100,000 but not over \$1,000,000 \$17,000 \$17,000,000						`					
Over \$1,000,000 but not over \$1,000,000 \$175,000 pbus 10% of the excess over \$1,000,000 \$23,000,000 \$22,000 pbus 10% of the excess over \$1,000,000 \$23,000 \$23,00							<b> </b>				
Over \$1,500,000 but not over \$17,000,000\$125,000 plus \$% of the excess over \$1,500,000							41				
Over \$17,000,000  S1,000,000  S1,000,000  42 Grassroots nontaxable amount (enter 25% of line 41)  Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36  43  44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38  Caution: If there is an amount on either line 43 or line 44, you must file Form 4720  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions )  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year logical (a) (b) (c) (d) (e) (d) (e) year beginning in) ▶ 2003 2002 2001 2000 Total  Lobbying onntavable 45 amount											
42 Grassroots nontaxable amount (enter 25% of line 41)						•					
43 Subtract line 42 from line 36 Enter -0- if line 41 is more than line 36	42	Grassroots	nontaxable	amount (enter 25% o	of line 41)		42				
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720  4-Year Averaging Period Under Section 501(h)  (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the instructions for lines 45 through 50 on page 11 of the instructions.  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in) > 2003 2002 2001 2000 Total  Lobbying nontaxable 45 amount	43						43				
A-Year Averaging Period Under Section 501(h)	44	Subtract lin	e 41 from l	ine 38 Enter -0- if line	e 41 is more than line	38	44				
A-Year Averaging Period Under Section 501(h)											
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the instructions for lines 45 through 50 on page 11 of the instructions)  Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal (a) (b) (c) (d) (e) (year beginning in) ▶ 2003 2002 2001 2000 Total  Lobbying nontaxable 45 amount		Caution: If	there is an				LL				
See the instructions for lines 45 through 50 on page 11 of the instructions )    Lobbying Expenditures During 4-Year Averaging Period   Calendar year (or fiscal year beginning in) ▶ 2003 2002 2001 2000 Total   Lobbying nontaxable   2003 2002 2001 2000 Total   Lobbying celling amount   2003 2002 2001 2000   2					~ ~		•	•			
Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in) ▶ 2003 2002 2001 2000 Total  Lobbying nontaxable 45 amount		(Some	e organizati							umns l	below.
Calendar year (or fiscal year beginning in) ► 2003 2002 2001 2000 Total  Lobbying nontaxable 45 amount				See the instruction	ons for lines 45 throug	jh 50 on page 11	of the	instructio	ns)		
year beginning in) ▶ 2003 2002 2001 2000 Total  Lobbying nontaxable  45 amount · · · · · · · ·  Lobbying celing amount  46 (150% of line 45(e)) · ·  47 Total lobbying expenditures  Grassroots nontaxable  48 amount · · · · ·  Grassroots celing amount  49 (150% of line 48(e)) · ·  Grassroots lobbying  50 expenditures					Lobbying Expendi	itures During 4	-Year A	Averagin	ıg Pe	riod	
year beginning in) ▶ 2003 2002 2001 2000 Total  Lobbying nontaxable  45 amount · · · · · · · ·  Lobbying celing amount  46 (150% of line 45(e)) · ·  47 Total lobbying expenditures  Grassroots nontaxable  48 amount · · · · ·  Grassroots celing amount  49 (150% of line 48(e)) · ·  Grassroots lobbying  50 expenditures		Calendar yea	r (or fiscal	(a)	(b)	(c)			(d)		(e)
Lobbying nontaxable 45 amount		-			1		}				
45 amount		-									
46 (150% of line 45(e))	45						ĺ				
46 (150% of line 45(e))		Lobbying cei	ling amount				l				
Grassroots nontaxable  48 amount · · · · · · · · Grassroots ceiling amount  49 (150% of line 48(e)) · · · Grassroots lobbying Activity by Nonelecting Public Charities  (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)  During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2005	46	(150% of line	45(e))								
Grassroots nontaxable  48 amount · · · · · · · · Grassroots ceiling amount  49 (150% of line 48(e)) · · · Grassroots lobbying Activity by Nonelecting Public Charities  (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)  During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2005											
48 amount	<u>47</u>	Total lobbying	expenditures								
Grassroots ceiling amount 49 (150% of line 48(e))		Grassroots n	ontaxable								
49 (150% of line 48(e))  Grassroots lobbying 50 expenditures  Part VI-B Lobbying Activity by Nonelecting Public Charities  (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)  During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003	<u>48</u>	amount • •									
Grassroots lobbying  50 expenditures  Part VI-B Lobbying Activity by Nonelecting Public Charities  (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)  During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  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 Raillies, demonstrations, seminars, conventions, speeches, lectures, or any other means  i Total lobbying expenditures (Add lines c through h)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2005		Grassroots ceil	ing amount				ľ				
Part VI-B  Lobbying Activity by Nonelecting Public Charities  (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)  During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities	<u>49</u>	(150% of line 4	18(e)) · ·								
Part VI-B   Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)    During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:   a Volunteers		Grassroots lo	bbying								
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)  During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003											
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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003	Pa						<b>A</b>				
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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003	_							e page	2 01	ne ins	structions.)
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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003		•	•	•		•	ing any		Yes	No	Amount
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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003		-								<del></del>	
c Media advertisements	a	Volunteers									
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).  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003		Mailings to	mambara	lagislators or the sub					-		
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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003		Publication	or nublic	negiolatoro, or the pub ned or broadcast state	monte	• • • • • • • • •					
p 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)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003	_								<b>-</b>		· · · · · · · · · · · · · · · · · · ·
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  i Total lobbying expenditures (Add lines c through h).  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003											
i Total lobbying expenditures (Add lines c through h).  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003											
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities  Schedule A (Form 990 or 990-EZ) 2003					*	•			<u> </u>	-	
JSA Schedule A (Form 990 or 990-EZ) 2003	•	-	•	•	•				tivities		
			, 5 0	and and and an a o	g a cott			<i>,</i>			Form 990 or 990-EZ) 2003

	rm 990 or 990-EZ) 2003		75-2985553		F	Page (
Part VII	Information Regarding	Transfers To and Transactions an See page 12 of the instructions.)	d Relationships With Noncharitab	le		
			owing with any other organization desc on 527, relating to political organizations		n sect	tion
a Transfers	from the reporting organization	ation to a noncharitable exempt organi	zation of.		Yes	No
				51a(i)		x
				a(ii)		X
<b>b</b> Other tran						
(i) Sale	s or exchanges of assets w	vith a noncharitable exempt organization	n	b(i)		X
(ii) Purd	chases of assets from a nor	ncharitable exempt organization		b(ii) b(iii)		x
(iv) Rem	iai oi iaciiilles, equipment, t nhursement arrangements	or other assets		b(iv)		x
(v) Loar	ns or loan quarantees			b(v)		X
(vi) Perf	ormance of services or me	mbership or fundraising solicitations		b(vi)		x
		ng lists, other assets, or paid employee		င		х
			(b) should always show the fair market value	of the		
goods, othe	er assets, or services given by	the reporting organization. If the organization	on received less than fair market value in any			
transaction	or sharing arrangement, show	v in column (d) the value of the goods, other	assets, or services received			
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d)  Description of transfers, transactions, and sh	anng arra	ngeme	nts
N/A						
-						-
					**	
describe	•	etly affiliated with, or related to, one or ode (other than section 501(c)(3)) or include	· · · · · · · · · · · · · · · · · · ·	Yes	; <u>x</u>	No
Nar	(a) me of organization	(b) Type of organization	(c) Description of relationsh	ıp		
N/A						
	<del></del>					
		1				

Schedule A (Form 990 or 990-EZ) 2003

Description of Property															
GENERAL DEPRECIATION	_														
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv	Lıfe	ACRS	M A CRS class	Current-year 179 expense	Current-year depreciation
OFFICE EQUIPMENT	04/01/2003		100.000			400.		29.	SL	ну	7.000		7		29.
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			<del> </del>			-	<u> </u>	<b></b>	<b></b>	<del>                                     </del>					
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			<del>                                     </del>									<del>                                     </del>	i —		
											<del> </del>	<u> </u>	· ·		
Less Retired Assets							<del>                                     </del>	<u> </u>	L	<del></del>		Т	<u>'</u>		
Subtotals		400.	1		<del> </del>	400.	<del> </del>	29.	1						29.
Listed Property	· · · · · · · · · ·	1 400.	J	<u> </u>	<del></del>	400.	.L		1			*** ***			
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	+		<u> </u>										<u> </u>		
Less Retired Assets			İ								1		1	<u> </u>	
Subtotals			1						1						
TOTALS		400.	1	_		400.	<del> </del>	29.	1						29.
AMORTIZATION		100.	1.		<del>'</del>	100.	- L	1,,,	<u> </u>					.1	
	Date	Cost					1	Ending							0
Asset description	placed in service	or basis					Accumulated	Ending Accumulated amortization	Code	Life	,				Current-year amortization
7.0001.0001.000	300		1						1						
							-			<b>—</b> —					
			1					<u> </u>							
	<del>                                     </del>		1							1					
	<del>                                     </del>		1							<b> </b>	-				
TOTALS			1						<u> </u>	·					

<sup>\*</sup>Assets Retired JSA 3X9024 2 000

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
MANAGEMENT FEES	5,596.		5,596.
INSURANCE	3,388.		3,388.
ADMINISTRATIVE	7,707.		7,707.
ASSISTANCE TO INDIVIDUALS	2,000.	2 000	7,707.
	•	2,000.	
PATIENT ADVOCACY EXPENSE	2,393.	2,393.	
RESEARCH EXPENSE	·	17,895.	
ADVERTISING	15,027.	15 <i>,</i> 027.	
BANK CHARGES	1,475.		1,475.
CONTRACT LABOR	1,345.		1,345.
DUES & SUBSCRIPTIONS	271.		271.
EDUCATION EXPENSE	4,357.		4,357.
FUNDRAISING FEE	16,026.	16,026.	,
DEPRECIATION	29.	,	29.
TOTALS	77,509.	53,341.	24,168.
<del></del>	========	=========	========

### FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSE OF THE SPINAL INJURY FOUNDATION IS TO RESEARCH, EDUCATE, AND ADVOCATE THOSE WITH CHRONIC SPINAL INJURIES, TO IMPROVE THE LIVES AND HEALTH OF PATIENTS WITH CHRONIC SPINAL INJURY AND TO PREVENT SPINAL INJURIES THROUGH THE EDUCATION OF THE GENERAL PUBLIC AND INTERESTED PARTIES, SUCH AS DOCTORS, LAWYERS, AND MEMBERS OF THE INSURANCE INDUSTRY, UTILIZING VARIOUS MEDIA FORMATS, SEMINARS, PUBLICATIONS AND OTHER EDUCATIONAL FORUMS.

FORM 990,	PART	III -	STATEMENT	OF	PROGRAM	SERVICE	ACCOMPLISHMENTS
========		=====				.=====:	=======================================

DESCRIPTION EXPENSES

SEMINARS, RESEARCH AND EDUCATION DESIGNED FOR ATTORNEYS, CASE MANAGERS, INSURANCE ADJUSTERS, ALLIED HEALTH PROFESSIONALS, AND OTHERS WHO WORK WITH PATIENTS OF SPINAL INJURY.

126,144.

TOTAL 126,144.

TR3663 M698 08/27/2004 10:21:28 V03-7.1 9527

SPINAL INJURY FOUNDATION 75-2985553

#### LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

#### ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
OFFICE EQUIPMENT	м7		400.		400.		29.		29.
TOTALS					400.				29.
		وبرياد والمعامل المعامل				<del></del>			

FORM 990, PART IV - LOANS FROM OFFICERS, DIRECTORS, ETC

LENDER: CHRISTOPHER J. CENTENO, MD DIRECTOR

DATE OF NOTE: 12/31/2003

.\_\_\_\_\_

TOTAL ENDING LOANS FROM OFFICERS, DIRECTORS, ETC.

3,587.

#### FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES \_\_\_\_\_\_

	TITLE AND	TIME
NAME AND ADDRESS	DEVOTED TO	POSITION

MICHAEL FREEMAN, PH.D., M.P.H., D.C DIRECTOR/PRESIDENT 2480 LIBERTY ROAD N.E. SALEM, OREGON 97303

EDWARD JACOBSON, PH.D. DIRECTOR/ V.P. 9141 GRANT #135 THORNTON, COLORADO 80229

MILLICENT PURDY DIRECTOR/SECRETARY 775 HUDSON DENVER, COLORADO 80220

CHRISTOPHER J. CENTENO, M.D. DIRECTOR 11080 CIRCLE POINT ROAD, #140 WESTMINSTER, COLORADO 80020

MARY CIRILLO, LPN, RHIT EXECUTIVE DIRECTOR 11080 CIRCLE POINT ROAD, #140 WESTMINSTER, COLORADO 80020

CLINICAL RESEARCH CO WHITNEY ELKINS, M.P.H. 11080 CIRCLE POINT ROAD, #140 WESTMINSTER, COLORADO 80020

ROBERT WRIGHT, M.D. DIRECTOR 13701 EAST MISSISSIPPI, SUITE 320 AURORA, COLORADO 80012

SCOTT BRANDT, M.D. DIRECTOR 13701 EAST MISSISSIPPI, SUITE 320 AURORA, COLORADO 80012

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#### FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

	TITLE AND TIME
NAME AND ADDRESS	DEVOTED TO POSITION

STEVE SHAPIRO, ESQ. DIRECTOR 1600 BROADWAY, SUITE 2600

DENVER, COLORADO 80202

BOULDER, COLORADO 80302

STEPHEN SCHMITZ, PH.D. DIRECTOR 1919 14TH STREET, #714

JONATHAN WOODCOCK, M.D. DIRECTOR

8515 PEARL STREET, #203 THORNTON, COLORADO 80229

BOULDER, COLORADO 80304

DENVER, COLORADO 80204

CATHLEEN VANBUSKIRK, M.D. DIRECTOR 1136 ALPINE AVENUE, SUITE 205

STUART LEVY, M.D. DIRECTOR 4101 WEST CONEJOS, #225

EMMETT SMITH, O.M.D. DIRECTOR 695 COLORADO BOULEVARD, #220 DENVER, COLORADO 80246

GEORGE LEIMBACH, M.D. DIRECTOR 11080 CIRCLE POINT ROAD BUILDING 2, #140 WESTMINSTER, CO 80020-2755

JULIE STAPLETON, M.D. DIRECTOR 5277 MANHATTAN CIRCLE

22

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

TITLE AND TIME

NAME AND ADDRESS

DEVOTED TO POSITION

BOULDER, COLORADO 80301

JAMES THACKER, M.D.

DIRECTOR

11080 CIRCLE POINT ROAD

BUILDING 2, #140

WESTMINSTER, CO 80020-2755

CHRISTEL SZCZESNIAK

DIRECTOR

1939 SOUTH WINONA COURT

DENVER, COLORADO 80219

JIM ELLIOT, P.T.

DIRECTOR

11080 CIRCLE POINT ROAD, #140

WESTMINSTER, COLORADO 80020

JENNIFER CENTENO

TREASURER

11080 CIRCLE POINT ROAD, #140

WESTMINSTER, CO 80020

GRAND TOTALS

### FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO. EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

THE CORPORATION WAS FORMED EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND ITS PRINCIPAL PURPOSE IS TO DO AND PERFORM EVERY ACT OR ACTS NECESSARY, INCIDENTAL TO OR CONNECTED WITH THE FUTHERANCE OR EDUCATIONAL AND CHARITABLE PURPOSES AND GENERALLY TO DO ANYTHING PERMITTED OF A NONPROFIT CORPORATION UNDER THE LAWS OF THE STATE OF COLORADO. THE SEMINARS SHALL BE OF AN EDUCATIONAL OR OTHER CHARITABLE NATURE WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND REGULATIONS THEREOF.

**Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

▶ Attach to your tax return.

Attachment Sequence No 67

OMB No 1545-0172

Name(s) shown on return Identifying number SPINAL INJURY FOUNDATION 75-2985553 Business or activity to which this form relates

GE	NERAL DEPRECIATION				<del></del>			
Pa	rt I Election To Expense Co					🗕		
	Note: If you have any list						<del> </del>	1
1	Maximum amount See page 2 of the							
2	Total cost of section 179 property pla							_
3	Threshold cost of section 179 proper							
5	Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 from filing separately, see page 2 of the instructions.							
	(a) Description	of property		(b) Cost (bu	isiness use only	(c) Elect	ed cost	
_6								
					<del></del> -			
7	Listed property Enter the amount fro	m line 29			_7	<del></del>		
8	Total elected cost of section 179 pro	perty Add amounts	ın column (c), lı	nes 6 and	7		_5	3
9	Tentative deduction Enter the smalle	r of line 5 or line 8.					_9	9
10	Carryover of disallowed deduction from							0_
11	Business income limitation Enter the		·					
12	•					- I	1	2
	Carryover of disallowed deduction to			12	▶   13	<u> </u>		
	e: Do not use Part II or Part III below for				4 ' 1			
	rt II Special Depreciation A		•			uae iistea pro	perty)	
14	-,		•					
	service during the tax year (see page							
15	Property subject to section 168(f)(1) Other depresenting (including ACRS)	election (see page 4	of the instruction	ons)	• • • • •		$\cdots \mid \frac{1}{4}$	
	Other depreciation (including ACRS)						<u>   1</u>	<u>b</u> ]
Га	rt III MACRS Depreciation (D	o not include liste		see pag ion A	e 4 or the ir	istructions)		
17	MACRS deductions for assets placed	d in convice in toxico			·		1	7
18	If you are electing under section 168						· · · ·   - '	<u> </u>
10	year into one or more general asset a							
	Section B - Assets PI	aced in Service	During 200	3 Tax Ye	ar Using t	he General D	Deprecia	ation System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inve- only - see ins	epreciation stment use	(d) Recovery period	(e) Convention	(f) Metho	
19a	3-year property	SEE					1	
b	5-year property	DETAIL			-			
	7-year property	1		400.	7.000	НУ	200DE	3 29.
d	10-year property	]		-				
е	15-year property	]						
f	20-year property							
9	25-year property				25 yrs		S/L	
h	Residential rental				27 5 yrs	MM	S/L	
	property				27 5 yrs	MM	\$/L	
i	Nonresidential real				39 yrs	ММ	S/L	
	property	<u></u>				мм	S/L	
	Section C - Assets Place	ed in Service D	uring 2003 T	ax Year	Using the	Alternative I	Deprecia	ation System
	Class life						S/L	
	12-year				12 yrs		S/L	
	40-year		<u> </u>		40 yrs	MM	S/L	
	rt IV Summary (see page 6 c		5)				1	
	Listed property Enter amount from lin						2	1
22	Total. Add amounts from line 12, line	=					-	
	Enter here and on the appropriate lin	•	•	corporation	ons - see instr	·	2	29.
23	For assets shown above and placed	•	•					
For	enter the portion of the basis attribut Paperwork Reduction Act Notice, see				23			Form <b>4562</b> (2002)

75-2985553

Form 4562 (2003)

Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V

property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only

_	24a, 24b, co	olumns (a) through	(c) of Section	on A, ai	<u>II of Sec</u>	tion B, i	and Sec	ction C	if applic	able			· ·	·	
	tion A - Depreciati  Do you have evidence								ns for lin					Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) ost or othe basis	Ba:	(e) sis for depi isiness/invi use only	eciation	(f) Recovery period	( Mei	g) thod/ vention	(l Depre	h) eciation uction	(i) Elected section 179 cost	
25	Special depreciation		ed listed pro						•		25				
26	year and used more Property used more									• • • •	.   25	l			
	Property used more	Tian 30 % in a qualin	Cu business (	% (SCC	page 0 0	i the ins	u ucuona	·)	ı	1					
				%				-		<del>                                     </del>		ł			
			<del></del>	%	••••					1		1			
27	Property used 50% of	or less in a qualified b	usiness use (	see pag	e 6 of the	e ınstruc	tions)		l	1		<u> </u>		ı	
	• •			%			·- ·		I	S/L -					
				%					<u> </u>	S/L -	<del></del>	l		1	
				%						S/L -					
28	Add amounts in colu	mn (h), lines 25 thro	ough 27 Ente	er here a	and on lin	e 21, pa	ge 1				28				
29	Add amounts in colu	mn (ı), lıne 26 Ente	r here and on	line 7, p	age 1 .								. 29		
			Sect	ion B -	Inform	ation o	n Use	of Veh	icles						
Con	nplete this section for	vehicles used by a s	ole proprieto	r, partne	er, or othe	er "more	than 5%	owner	," or relate	ed persor	1.				
lf yc	ou provided vehicles to	your employees, fir	st answer th	e quest	ions in S	ection C	to see	ıf you r	meet an e	xception t	o comple	ting this	section f	or those	vehicles
30	Total business/inves	stment miles driven	during the		a)		b)		(c)	1	d)		e)	(1	•
	year (do not include commuting miles - see page 2 of the instructions)			Veh	ıcle 1	Veh	icle 2	Ve	hicle 3	Veh	ıcle 4	Veh	icle 5	Vehi	cle 6
31	Total commuting n														
	Total other person	onal (noncommutii	ng) miles												
33	Total miles driven during the year Add lines 30 through 32														
34	Was the vehicle available for personal use during off-duty hours?				No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle us	sed primarily by a	more than												
36	_	cle available for	personal							ļ <u>-</u>					
_	use <sup>9</sup>	Section C - Que		Employ	vore W	ho Prov	rida Val	niclos :	for Head	by Their	Employ	1005	1	<u> </u>	
	swer these question not more than 5%	ons to determine	ıf you me	et an	except	tion to	comp			-			l by er	nployee	s wh
37	Do you maintain	a written policy	statement	that	prohibit	s all	persona			hicles, ı	ıncludıng	g comn	nuting,	Yes	No
38	by your employees?  Do you maintain a	written policy state	ement that	prohibit	s persor	nal use	of vehi	cles, e	xcept co	_		•	•		
20	See page 8 of the in:					directors	, or 1% c	r more	owners.					ļ	
39 40	Do you treat all use of Do you provide		=						ation f	· · · · ·		· · · ·	about	<del>                                     </del>	
40	the use of the vehicle			-	-	•						•			
41	Do you meet the req			•											
~ 1	Note: If your answer										, , , , , , , , , , , , , , , , , , ,			\ <u></u>	<del></del>
Pa	rt VI Amortizat	ion					-								
			(b)		]	(0)			/d'		(e	)		10	
	(a) Description o	of costs	Date amort begin			(c) Amortiz amou	able		(d) Cod secti	e	Amorti: perio percer	d or		(f) ertization his year	for
42	Amortization of costs	s that begins during	your 2003 ta	x year (s	see page	9 of the	ınstructı	ons)				<u> </u>			
_															
43	Amortization of costs	s that began before y	our 2003 tax	уеаг .								43			
44	Total. Add amounts i											44			
													Fo	m 4562	/2002

Description of Property

GENERAL DEPRECIATION															
DEPRECIATION															•
	Date placed in	Unadjusted Cost	Bus.	179 exp reduction	Basis	Basis for	Beginning Accumulated	Ending Accumulated depreciation	Me-			ACRS	M A CRS	Current-year 179	Current-year
Asset description	service	or basis	- %	ın basıs	Reduction	depreciation	depreciation				Lıfe	class	class	expense	depreciation
OFFICE EQUIPMENT	04/01/2003	400.	100.000			400.		29.	SL	HY_	7.000		7		29.
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					<del>-</del>										
	,														
			<u> </u>												
Less Retired Assets									1		ı		·		
Subtotals		400.				400.		29.	1						29.
Listed Property							-		I						
	1				1		T								
														_	
Less Retired Assets	<del></del>								L						
Subtotals									]						
TOTALS		400.				400.		29.	1						29.
AMORTIZATION	• • • • • • • • • • • • • • • • • • • •	400.	L		ı	400.	1		L			-			
	Date	Cost					1	Ending							_
Asset description	placed in service	or basis					Accumulated	Ending Accumulated amortization	Code	Lıfe	,				Current-year amortization
ASSOC GESCHIPTION	3014106	Dusis	1				amor dzadon	, amortization	-5506		$\dashv$				amortization_
			Í				<b></b>	<del>                                     </del>		<u> </u>	$\dashv$				
		-	1				<del></del>				$\dashv$				
	<del> </del>		1					<del>                                     </del>		ļ	$\dashv$				
	<del> </del>		1					<del> </del>			$\dashv$				
TOTAL 0	I		-							l					
TOTALS			I					I							

<sup>\*</sup>Assets Retired JSA 3X9024 2 000

(December 2000)

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

OMB No. 1545-1709

Department of the Internal Revenue S			<b>▶</b> Fil	e a separate app	olication for each return.			
		n Automatic 3			only Part I and check th	his box		<b>&gt;</b> x
•	_			-	sion, complete only Pa		e 2 of this f	· · · · · · · · —
	_				automatic 3-month ext			
Form 8868.	,		<b>,</b>	<b>3</b>			,	
	matic 3	Month Exter	nsion of Time -	Only submit	original (no copies n	eeded)		
					ension - check this box a		Part I only	▶ □
		•	-		004 to request an exter			ne tax
•	•	-	•		quest an extension of t			
Type or		Exempt Organiz		<u> </u>	quodi air exteriorer er ti		<del></del>	identification number
print			Y FOUNDATION	)M			75-20	985553
-	Number	street, and roor	m or suite no. If a F	P.O. box. see insti	uctions.11080 CIRC	TE DOTNE	POAD	703333
File by the due date for filing					11060 CIRC	DE FOINT	KOAD	
your return See	City tow	LDING 2	state and ZiP coo	de. For a foreign a	address, see instructions			
instructions.					244,000,000 11,04,404,01,0			
01 - 1 4			CO 80020-2		\			
		o be filea (file	a separate appl		return)		4700	
X Form 990			<del></del>	T (corporation)	100/ \ 1	}	rm 4720	
Form 990			<del></del>	T(sec. 401(a) or		<del></del>	rm 5227	
Form 990			$\vdash$	T (trust other tha	n above)		rm 6069	
Form 990	-PF		Form 1041	-A		L Fo	rm 8870	
to file the  x  X  X  If this tax  3 a If this ap nonrefunct b If this ap made. Income	exempt of calendar tax year is for plication dable creplication clude any	organization re year 2003 of beginning or less than 12 us for Form 99 dits. See instrus for Form 99 prior year ove	months, check r 90-BL, 990-PF, actions 0-PF or 990-T, arpayment allower	eason I 990-T, 4720, enter any refued as a credit	or 6069, enter the te	al return entative tax, imated tax p	Change less any	s return for:
with FTE	coupor	or, if requir	red, by using	EFTPS (Electr	onic Federal Tax Pay	yment Syste	em). See	<del>:</del>
			S	ignature and	Verification			
Under penalties of it is true, correct, a	persury, I and complete	declare that I have; and that I am aut	ve examined this for honzed to prepare this	m, including acco s form Title	mpanying schedules and st	atements, and	to the best of	my knowledge and belief
	Reducti	on Act Notice	, see Instruction			-		Form <b>8868</b> (12-2000)
· «poi ii oi i			, 222311 4041011					2223 ( 2300)

Form 8868 (12-				Page 2	
	filing for an Additional (not automatic) 3-Month Extension, complete only				
Note: Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a	previously fi	led Form 8868.	
• If you are	filing for an Automatic 3-Month Extension, complete only Part I (on page	<del>)</del> 1).			
Part II	Additional (not automatic) 3-Month Extension of Time - Mus	t File Ori	iginal and	One Copy.	
	Name of Exempt Organization	T .	Employer id	dentification number	
Type or print	SPINAL INJURY FOUNDATION		75-298	35553	
-	Number, street, and room or suite no. If a P O box, see instructions	1,	For IRS use	only	
File by the extended	11080 CIRCLE POINT ROAD	1 402	`		
due date for filing the	City, town or post office, state, and ZIP code For a foreign address, see instructions	s.	1	1	
return See instructions	WESTMINSTER, CO 80020-2755	( '		Service Servic	
	pe of return to be filed (File a separate application for each return):				
		Form 1	041-4	orm 5227 Form 8870	
x Form					
Form	990-BL Form 990-PF Form 990-T (trust other than above)	Form 4	1/20    F	orm 6069	
STOP: D	o not complete Part II if you were not already granted an automatic 3-me	onth exter	nsion on a pr	reviously filed Form 8868.	
• If the oro	anization does not have an office or place of business in the United States,	. check this	box	<b>&gt;</b>	
-	or a <b>Group Return</b> , enter the organization's four digit Group Exemption Num			If this is	
	ble group, check this box   [In the organization's four digit Group Exemption Wall ble group, check this box in the group i			- " " " " " " " " " " " " " " " " " " "	
	<del></del>	JUX P	and attach	i a list with the	
	I EINs of all members the extension is for		<del></del>		
	uest an additional 3-month extension of time until 11/15/2004		d	·	
	For calendar year 2003, or other tax year beginning and ending				
<u>ADDI</u>	TIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMA	TION NE	CESSARY T	ro	
	A COMPLETE AND ACCURATE RETURN.			<u> </u>	
8a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	he tentativ	/e tax, less a	iny	
nonre	nonrefundable credits See instructions				
<b>b</b> If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refunda	able credits	and estimat	ed	
tax p	ayments made Include any prior year overpayment allowed as a cred	dit and an	y amount pa	aid	
previ	ously with Form 8868			\$	
•	nce Due. Subtract line 8b from line 8a Include your payment with this for	rm, or, if re	equired, depo	osit	
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax	x Payment	System) S	See	
ınstru	actions			\$	
	Signature and Verification				
	es of perjury, I declare that I have examined this form, including accompanying schedules ect, and complete, and that I am authonzed to prepare this form	and statemen	ents, and to the	best of my knowledge and belief,	
	1.			•	
		2 A		b- 5-01	
Signature >	Title > 4	4		Date \$ 75-04	
	Notice to Applicant - To Be Comple	ted by th	ne IRS		
☐ We	have approved this application. Please attach this form to the organization's return	•			
_	have not approved this application. However, we have granted a 10-day grace pe	eriod from t	he later of the	e date shown below or the due	
	e of the organization's return (including any prior extensions). This grace period is				
	erwise required to be made on a timely return. Please attach this form to the organization				
	have not approved this application. After considering the reasons stated in item 7			equest for an extension of time	
		i, we canno	ot grant your r	equest for all extension of time	
	le. We are not granting a 10-day grace period.				
⊢ We	cannot consider this application because it was filed after the due date of the retur	rn for which a	an extension w	as requested	
Oth	er				
	By				
Director				Date	
Alternate	Mailing Address - Enter the address if you want the copy of this application	on for an a	dditional 3-m	onth extension	
returned t	o an address different than the one entered above				
	Al				
	Name				
	BKD. LLP				
Type or					
Type or print	BKD , LLP Number and street (include suite, room, or apt. no.) Or a P.O. box number				
	BKD, LLP Number and street (include suite, room, or apt. no.) Or a P.O. box number 1700 LINCOLN STREET, SUITE 3400				
	BKD , LLP Number and street (include suite, room, or apt. no.) Or a P.O. box number				