Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For	the	2020 calendar y	ear, or tax year begin	ning		, 2	020, and e	nding		, 20		
В	Chec	ck if a	pplicable:	C Name of organizationSP	INA BIFIDA A	ASSOCIATION OF	F NORTH	I TEXAS	, INC.	D Employer identification number			
	Addr	ress cl	hange	Doing business as							23-7399498	j	
	Nam	ne cha	nge	Number and street (or P.0	D. box if mail is not deliv	vered to street address)		Rooi	m/suite	E Telep	phone number		
	Initia	al retur	rn	801 AVENUE H E	AST SUITE 1	01							
	Final	l retur	n/terminated	City or town, state or prov	rince, country, and ZIP of	or foreign postal code				G Gross receipts			
	Ame	nended return ARLINGTON, TX 76011							\$ 78,948				
	Appli	lication	n pending	F Name and address of prir	ncipal officer:				H(a) Is this a	group return	for subordinates? Y	s X No	
									H(b) Are all	subordinat	tes included?	s No	
ı	Tax-	exem	pt status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		If "No,"	attach a li	st. See instructions		
J	Web	site:	► www.si	PINABIFIDANT.OR	G				H(c) Group	exemption	number		
K	Form	n of or	ganization: X Corp	poration Trust Asso	ociation Other	•	L Year of	formation:	1973 м	State of le	gal domicile: TX		
Pa	ırt	I	Summary										
		1	Briefly describe t	the organization's missi	on or most signific	ant activities: TH	E MISS	ION OF	THE SPINA	BIFI	DA ASSOCIAT	ION OF	
-			NORTH TEXAS	S (SBANT) IS TO	PROMOTE THE	E PREVENTION (OF SPII	NA BIFI	DA AND TO	ENHA	NCE THE LIV	ES OF	
Governance			ALL AFFECTE	ED.									
rna													
ove		2	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.										
ŏ		3	Number of voting	g members of the gove	rning body (Part V	'I, line 1a)				. 3		18	
Activities &		4	Number of indep	endent voting members	s of the governing	body (Part VI, line 1	b)			. 4		17	
itie		5	Total number of	individuals employed in	calendar year 202	20 (Part V, line 2a)				. 5		1	
Ġ		6	Total number of	volunteers (estimate if r	necessary)					. 6		133	
∢		7a	Total unrelated b	ousiness revenue from F	Part VIII, column (C), line 12				. 7a		0	
		b	Net unrelated but	ısiness taxable income	from Form 990-T,	Part I, line 11				. 7b		0	
									Prior Year		Current Ye	ar	
		8	Contributions and	d grants (Part VIII, line	1h)				101	1,350		73,945	
ne		9	Program service	revenue (Part VIII, line	2g)				<u> </u>	9,744		4,553	
Revenue	-	10	Investment incon	ne (Part VIII, column (A), lines 3, 4, and 7	d)				1,169		450	
Re	-	11	Other revenue (F	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10	Oc, and 11e)			(8	3,054)	(675)	
	•	12	Total revenue - a	add lines 8 through 11 (r	must equal Part VI	II, column (A), line 12	2)		104	4,209		78,273	
	-	13	Grants and simila	ar amounts paid (Part I	X, column (A), line	s 1-3)			4	4,000		6,000	
	-	14	Benefits paid to	or for members (Part IX	(, column (A), line	4)						0	
	-	15	Salaries, other co	ompensation, employee	benefits (Part IX,	column (A), lines 5-1	10)		38	3,111	3	30,355	
Expenses	-	16a	Professional fund	draising fees (Part IX, o	column (A), line 11	e)						0	
Ser.		b	Total fundraising	expenses (Part IX, col	umn (D), line 25)	>	5,	971					
Ä	-	17	Other expenses	(Part IX, column (A), lin	es 11a-11d, 11f-24	4e)			62	2,363	4	12,572	
	-	18	Total expenses.	Add lines 13-17 (must	equal Part IX, colu	ımn (A), line 25) .			104	4,474		78,927	
	•	19	Revenue less ex	penses. Subtract line 1	18 from line 12 .					(265))	(654)	
5	SS								Beginning of Curr	ent Year	End of Yea	r	
ets	ag 2	20	Total assets (Pa	rt X, line 16)					178	3,110	18	32,788	
Net Assets or	8 2	21	Total liabilities (F	Part X, line 26)						1,968		7,300	
_		_	Net assets or fur	nd balances. Subtract	line 21 from line 20) <u>.</u>			176	5,142	17	75,488	
Pa	ırt	II	Signature I	Block									
				that I have examined this retur ion of preparer (other than office					knowledge and be	lief, it is			
	,				,		,						
0:-			ELAINE										
Sig			Signature of o	officer						Da	ate		
He	re		-	PARHAM, TREASU	RER								
			· · · ·	name and title							T		
_			Print/Type preparer	r's name	Preparer's signature		Date		Check	if	PTIN		
Pai			Byron Snap	pp EA					self-em	nployed	P0150951)	
	•	rer		Tax Savv	y Inc				Firm's EIN ▶				
Us	e C	nly	Firm's address	611 S Hw	y 78 Ste 121	L			Phone no.				
				Wylie TX							442-5226		
May	the	RS	discuss this retu	ım with the preparer sh	own above? (see	instructions)		. .			X Yes	☐ No	

Part IV

23-7399498

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a Х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 X Х 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 x 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

Part IV

SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 23-7399498 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
_	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		
L	"Yes," complete Schedule L, Part IV.	28a		_ <u>x</u> _
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
20	"Yes," complete Schedule L, Part IV	28c		_ <u>x</u> _
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		_X
30		30		3.7
31	conservation contributions? If "Yes," complete Schedule M	31		X
32	Did the organization required, terminate, or dissolve and cease operations <i>in Fest, complete schedule N, Part I</i>	31		<u> </u>
32	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_x_
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
J-T	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>x</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O.	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-1	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-	х	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	x	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711	^	
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		•
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Section A.	. Governing Body and Management
	Check if Schedule O contains a response or note to any line in this Part VI
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
٠	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Λ
Ü	the year by the following:			
•		8a	v	
a	The governing body?	8b	X	
ь		OD	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		3.7
S00	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X
	ACOTI D. 1 Officies (This Section B requests information about policies not required by the internal Nevertue Code.)		Vaa	Na
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
	•	IUa		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10h		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		Х
b 120		120	77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	120		
12		12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14 15	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		3.5
d L	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	15b		Х
16-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		
L	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1Ch		
Sec	organization's exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 900, and 900 T (Section 501(c))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Apothor's website X Upon request Othor (explain on Schodule O)			
10	Own website X Another's website X Upon request Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ELAINE PARHAM (214)728-9294, 801 AVENUE H EAST SUITE 101, ARLINGTON, TX 76011			

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	, ,		_ •			•				
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both ar	,	Reportable	Reportable	Estimated amount
	hours	1	officer and a director/trustee)		compensation	compensation	of other			
	per week							from the	from related organizations	compensation from the
	(list any hours for	or c	nst	Office	Ke)	em _l	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	or director	i ti	cer	/ eml	hest	mer	,		related organizations
	organizations	or director	Institutional trustee		Key employee	e com				
	below	Istee	rust		96	pens				
	dotted line)		8			Highest compensated employee				
(1) CAMERON HAM	1.00									
DIRECTOR		х						0	0	0
(2) JONATHAN KAYE, DR	1.00									
DIRECTOR		х						0	0	0
(3) BRENDAN DOWNES	1.00									
DIRECTOR		х						0	0	0
(4) KATHERINE GRESBACK	1.00									
DIRECTOR		х						0	0	0
(5) SOKTHIRITH KEHN	1.00									
DIRECTOR		х						0	0	0
(6) KRISTEN TAYLOR, DR	1.00									
DIRECTOR		х						0	0	0
(7) DUSTIN WEST	1.00									
DIRECTOR		х						0	0	0
(8) GREG_ROBERTSON	1.00									
DIRECTOR		х						0	0	0
(9) KATIE SHEPPARD	1.00									
DIRECTOR		х						0	0	0
(10)CORTNEY WOLFE CHRISTENSEN	1.00									
DIRECTOR		х						0	0	0
(11)CARTER BROWN	1.00									
DIRECTOR		х						0	0	0
(12)JEFFREY CARTER	1.00									
DIRECTOR		х						0	0	0
(13)JULIE CARTER	1.00									
DIRECTOR		x						0	0	0
(14)MEGAN_MATTINGLY	3.00									
SECRETARY				Х				0	0	0
55.										Form 000 (2020)

EEA Form 990 (2020) SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 23-7399498

Part	VII Section A. Officers, Directors, Trustee	s, Key Emp	loyee	s, an	d H	lighe	est Co	mpe	ensated Employe	es (continued)			
					((C)							
	(A)	(B)			Pos	sition			(D)	(E)		(F)	
		(B)	verage (do not check more than or box, unless person is both										
	Name and title	Average hours per week								Reportable compensation	Estimated amount of other		
			Offic	er and	ı a dır	rector	/trustee)		from the	from related	co	mpensa	
		(list any			_				organization	organizations		rom the	
		hours for	or di	nstii	Officer	еy	amp Hgjr	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	nizatio	
		related	rect	utio	er	emp	est	Her			relate	d organ	nizations
		organizations	or E	nalt		Key employee	e com						
		below	Individual trustee or director	Institutional trustee		ĕ	Highest compensa employee						
		dotted line)		ee			satec						
(15)TI	M NESE	3.00											
	PIATE PAST CHAIR				x				0	0			0
	AINE PARHAM	3.00							•				
		<u>3 - 0</u> 0							•				•
TREAS					х				0	0			0
	RIA_AVITIA_	3.00											
DIREC					Х				0	0			0
(18)SA	NDY_HALL	3.00											
CHAIF					х				0	0			0
(19)RO	BIN LEE	25.00											
	TIVE DIRECTOR					х			0	0			0
(20)													
Y 2/													
(21)													
<u>\</u> ')													
(0.0)													
(22)													
(23)		L											
(24)													
(25)													
7-2/													
1b	Subtotal												
								-					
C	Total from continuation sheets to Part VII, Sect							- 1					
d	Total (add lines 1b and 1c)								0	0			0
2	Total number of individuals (including but not limit	ed to those li	sted a	bove) wr	no re	eceive	d mo	ore than \$100,000	of			
	reportable compensation from the organization	<u> </u>											0
												Yes	No
3	Did the organization list any former officer, direct	tor, trustee, k	key en	nploy	ee,	or h	ighest	con	npensated				
	employee on line 1a? If "Yes," complete Schedul	le J for such	individ	dual							3		x
4	For any individual listed on line 1a, is the sum of re	eportable con	npensa	ation	and	oth	er com	npen:	sation from the				
	organization and related organizations greater th												
	individual					•					4		х
5	Did any person listed on line 1a receive or accrue										_		
3							_				_		
C4:	for services rendered to the organization? If "Yes	s, complete .	Scried	iuie J	101	Suc	n pers	OH			5		<u> </u>
	on B. Independent Contractors												
1	Complete this table for your five highest compensa												
	compensation from the organization. Report comp	ensation for t	he cal	enda	ır ye	ar e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	s							Description of service	es	Compens	ation	
	Total number of independent contractors (in all ratio	a but not limi	tod to	than	o lie	tod.	abova)	طبد	^				
2	Total number of independent contractors (including	-			ر 115	icu i	above)	, vv110	J				
	received more than \$100,000 of compensation fro	m me organiz	∠auon	-									

23-7399498

1990 (2020) SPI

Statement o	f Revenue
-------------	-----------

		Check if Schedule O contains a resp	onse or n	ote to any line in thi	s Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns	. 1a					sections 512–514
	b	Membership dues						
nts nts	C	Fundraising events		45,755				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		45,755				
fts, Am	e	Government grants (contributions) .						
عَ تِوَ	f	All other contributions, gifts, grants,	. 10					
Sir	•	and similar amounts not included above	e 1f	28,190				
buti	g	Noncash contributions included in		20,190				
ĒĞ	9	lines 1a-1f	. 1g	s				
a S	h				73,945			
	- "	Total. Add lines fa fi		Business Code	73,943			
9	22	FAMILY WEEKEND CAMP		900099	450	450		
		SUMMER CAMP FEES		900099	2,170	2,170		
ee ≧Z		EDUCATION DAYS		900099	1,808	1,808		
n Se		HISPANIC FAMILY CAMP		900099	125	125		
grar Re	٩	HIDIANIC PARILLI CAMP		500055	123	123		
Program Service Revenue	f	All other program service revenue						
ъ.	g				4,553			
		Investment income (including dividends			1,333			
	3	other similar amounts)			450			450
	4	Income from investment of tax-exempt		+	150			130
	5	Royalties		t t				
			Real	(ii) Personal				
	6a	_		(, , , , , , , , , , , , , , , , , , ,				
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Not worth because of the sale						
		7a Gross amount from (i) Securities		(ii) Other				
	'a	sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
ē		and sales expenses 7b						
venue	С	Gain or (loss) 7c						
	_	Net gain or (loss)						
Other Re	1	Gross income from fundraising						
₽		events (not including \$ 45,7	55					
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b	675				
	С	Net income or (loss) from fundraising e	vents .		(675)			(675)
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activ	ties	▶				
	10a	Gross sales of inventory, less						
		returns and allowances	10a	1				
	b	Less: cost of goods sold	10k					
	С	Net income or (loss) from sales of inve	ntory					
				Business Code				
SI	11a							
or n	b							
ells ells	С							
Miscellanous Revenue		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			78,273	4,553	0	(225)

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to	any line in this Part IX			X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	6,000	6,000		
3	Grants and other assistance to foreign	0,000	0,000		
Ŭ	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	27,891	23,707	1,395	2,789
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,464	2,095	123	246
11	Fees for services (nonemployees):	_	-		
а	Management				
b	Legal				
С	Accounting	1,075		1,075	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	50			50
13	Office expenses	2,335	1,775	249	311
14	Information technology	10,607	9,017	530	1,060
15	Royalties				
16	Occupancy	10,577	8,990	529	1,058
17	Travel	451	383	23	45
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,429	669	351	409
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,500	2,925	1,575	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SUMMER CAMP	7,557	7,557		
b	CHRISTMAS PARTY	1,306	1,306		
C	PUBLIC AWARENESS	879	879		
d	WALK N ROLL PROGRAM PORTION	675	675	• • • • • • • • • • • • • • • • • • • •	
e	All other expenses	1,131	130	998	3
25 26	Total functional expenses. Add lines 1 through 24e	78,927	66,108	6,848	5,971
∠0	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X **Balance Sheet**

1 Cash - non-interest-bearing	(B) of year 181,987
1 Cash - non-interest-bearing	-
2 Savings and temporary cash investments	181,987
3 Pledges and grants receivable, net	
4 Accounts receivable, net	
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
controlled entity or family member of any of these persons	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
7 Notes and loans receivable, net	
▼ 8 Inventories for sale or use	
8 Inventories for sale or use	
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a 28,690	
b Less: accumulated depreciation 10b 28,690 10c	
11 Investments - publicly traded securities	
12 Investments - other securities. See Part IV, line 11	
13 Investments - program-related. See Part IV, line 11	
14 Intangible assets	
15 Other assets. See Part IV, line 11	801
16 Total assets. Add lines 1 through 15 (must equal line 33)	182,788
17 Accounts payable and accrued expenses	
18 Grants payable	
19 Deferred revenue	-
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	
22 Leans and other naviables to any current or former officer director	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
controlled entity or family member of any of these persons	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D	7,300
26 Total liabilities. Add lines 17 through 25 1,968 26	7,300
Organizations that follow FASB ASC 958, check here	.,
and complete lines 27, 28, 32, and 33	
27 Net assets without donor restrictions	
28 Net assets with donor restrictions	
Organizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund	
Net assets without donor restrictions	175,488
32 Total net assets or fund balances	
33 Total liabilities and net assets/fund balances	175,488

2c

3a

3b

Form 990 (2020)

х

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .

If the organization changed either its oversight process or selection process during the tax year, explain on

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Schedule O.

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

SPI	NA	BIFIDA ASSOCIATION OF NO	RTH TEXAS, I	NC.			23-739949	8			
Pa	ırt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	3.			
The	orga	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)					
1	П	A church, convention of churches, or	association of chu	rches described in secti	ion 170(b)	(1)(A)(i).					
2	П	A school described in section 170(b									
3	П	A hospital or a cooperative hospital s		,	,	,					
4	Ħ	A medical research organization ope	· ·		. , . , .	<i>,</i> ,	(1)(A)(iii) Enter the				
7	ш	hospital's name, city, and state:	rated in conjunctio	ii wiiii a nospital acsonb	ca iii scci	ion 170(b)	(I)(A)(III). LINCI IIIC				
_			ofit of a college or .	university owned or energ	tod by a a		tal unit described in				
5	Ш	An organization operated for the bene	_	iniversity owned or opera	ated by a g	jovernmen	iai unii described in				
_		section 170(b)(1)(A)(iv). (Complete	,								
6	닏	A federal, state, or local government	· ·			. , , ,					
7	X										
	_	described in section 170(b)(1)(A)(vi). (Complete Part I	l.)							
8	Ц	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)							
9		An agricultural research organization	described in sect i	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	ge			
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or				
		university:									
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gross				
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons; and (2	2) no more	than 33 1/3% of its				
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses				
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Comp	plete Part	III.)					
11		An organization organized and opera	ated exclusively to	test for public safety. See	e section	509(a)(4).					
12	П	An organization organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	3			
		of one or more publicly supported or	ganizations describ	ped in section 509(a)(1)	or sectio	n 509(a)(2)). See section 509(a) (3).			
		Check the box in lines 12a through 12	=					•			
	а	Type I. A supporting organization				•		•			
		the supported organization(s) the		•		•		3			
		supporting organization. You mu			,						
	b	Type II. A supporting organization	•		th its supr	orted orga	nization(s), by having				
	_	control or management of the sup	•			•					
		organization(s). You must comp		•	oono mar	30111101 01 1	nanago ino capportoa				
	С	Type III functionally integrated			nection w	ith and fu	nctionally integrated wi	ith			
	·	its supported organization(s) (see		•				u 1,			
	d	Type III non-functionally integr	•	•				n(c)			
	u							11(5)			
		that is not functionally integrated.		•		•	it and an attentiveness				
	•	requirement (see instructions). Y Check this box if the organization	-				Tuno II. Tuno III				
	е	_				a Type I,	туре п, туре ш				
		functionally integrated, or Type III	-								
	f	Enter the number of supported organ						• • • •			
	g	Provide the following information about	''	· ,							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	docum	0	instructions)	instructions)			
					.,						
					Yes	No					
(A)											
(B)											
(C)											
. ,											
(D)											
. ,											
(E)											
Tota	al .						I	I			

23-7399498 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			·		<u> </u>	
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	105,251	109,434	106,687	101,350	73,945	496,667
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						
	Total. Add lines 1 through 3	105,251	109,434	106,687	101,350	73,945	496,667
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)						131,798
	Public support. Subtract line 5 from line 4						364,869
	ction B. Total Support	(=) 2040	(b) 0047	(=) 2012	(4) 0040	(-) 2000	(f) T-1-1
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	105,251	109,434	106,687	101,350	73,945	496,667
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from		_			4-0	
^	similar sources	5	5	778	1,169	450	2,407
9	Net income from unrelated business						
	activities, whether or not the business						
10	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	(4.605	\	. (0.400)		, (0.21)	
11	Total support. Add lines 7 through 10	(4,605) (7,267	(8,480	(8,054) (831)	
	Gross receipts from related activities, etc. (se	oo instructions)				12	469,837
	First five years. If the Form 990 is for the or				L		1(3)
	organization, check this box and stop here	-			-		· ·
Sec	etion C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c			column (f))		14	77.66 %
	Public support percentage from 2019 Sched					15	81.99 %
	33 1/3% support test - 2020. If the organiza					% or more, che	
	box and stop here. The organization qualified						
b	33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	•		•			
	10% or more, and if the organization meets t						
	Part VI how the organization meets the facts				_	•	
	organization			•	•	• • •	
b	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac						
	organization			-	-		
18	Private foundation. If the organization did n						
	instructions						▶ □

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

SPI	NA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.	23-7399498	
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advis	vised	
_	funds are the organization's property, subject to the organization's exclusive legal control?		No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be		
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp		
	conferring impermissible private benefit?		No
Pa	art II Conservation Easements.		
. u	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
•		ation of a historically important land area	
		ation of a certified historic structure	
	Preservation of open space	ation of a certified majoric structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	of a consequation	
2	easement on the last day of the tax year.		
_	Total number of conservation easements	Held at the End of the Tax	Year
a	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic structure included in (a)		
C C		20	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	24	
•	historic structure listed in the National Register		
3		the organization during the	
4	tax year Number of atotac subset property subject to concernation accoment is leasted.		
4	Number of states where property subject to conservation easement is located Peop the experience have a written policy regarding the periodic manifesting increasing handling of	4	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		NI.
_	violations, and enforcement of the conservation easements it holds?		No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year	
-	Assessment of assessment in assessment in an action in the addition of significant and automatical assessment	antina anno anto di mina the come	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserva	vation easements during the year	
	> \$	70/L\/4\/D\/:\	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170		NI
•	and section 170(h)(4)(B)(ii)?		No
9			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial stateme	ienis triat describes trie	
Da	organization's accounting for conservation easements. Int III Organizations Maintaining Collections of Art, Historical Treasures,	or Other Similar Assets	
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	, or Other Sillinal Assets.	
10	· •	at and balance about works	
1a			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in f		
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these itel		
b	7 1		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	merance of public service,	
	provide the following amounts relating to these items:	. ^	
	(i) Revenue included on Form 990, Part VIII, line 1	-	
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for financi	cial gain, provide the	
	following amounts required to be reported under FASB ASC 958 relating to these items:	_	
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	
b	Assets included in Form 990, Part X	▶ \$	

3 Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (chock all that apply): a Public exhibition d Loan or exchange programs b Schodary research e Other		t III Organizations Maintaining								ASSet	S (COI	ntinu	∌a)
a Public exhibition d Loan or exchange programs b Scholarly research e Other Previous a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?.	3		, and other records	, check ar	ny of	the follo	wing that ma	ake sign	ificant use of its				
b													
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's everyt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection's. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XI, line 21. 1a Is the organization an appert trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 b If Yes, explain the arrangement in Part XIII and complete the following table: C Beginning balance Beginning balance C Beginning balance C Beginning balance D It Preserves the serve the serve that t	а			d	Ц	Loan	or exchange	program	ns				
4 Provide a description of the organization scollections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization scilic for receive donations of art, historical treasures, or other similar assests to be sold to raise hunds rather then to be maintained as part of the organization's collection?	b	Scholarly research		е	Ш	Other							
XIII Survey Add the organization solicit or receive donetions of art, historical treasures, or other similar assets to be sold to raise funds rather then to be maintained as part of the organization's collection? Yes No No Part IV Scrow and Custodial Arrangements. Complete if the organization awayent, ususe, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, ususe, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No If Yes, expain the arrangement in Part XIII and complete the following table: Amount 1d Id Id Id Id Id Id Id	С	Preservation for future generations											
5 Dufing the year, diff the organization solicit or receive donestions of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's colle	ections and explain	how they	furth	er the c	rganization's	s exemp	t purpose in Part				
Section Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10 If "Yes," explain the arrangement in Part XIII and complete the following table: Part V		XIII.											
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No I'Yes, explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit or r	eceive donations of	f art, histo	rical	treasure	es, or other s	similar					
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No I'Yes, explain the arrangement in Part XIII and complete the following table:		assets to be sold to raise funds rather than to l	be maintained as pa	art of the	orgai	nization'	s collection?	2		[Yes		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	Pai	rt IV Escrow and Custodial Arran	gements.										
Included on Form 990, Part X? If Yes,' explain the arrangement in Part XIII and complete the following table: Beginning balance			nswered "Yes"	on For	m 99	90, Pa	rt IV, line	9, or r	eported an an	nount	on Fo	orm	
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for con	tribut	tions or	other assets	not					
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		included on Form 990, Part X?								[Yes		No
c Beginning balance d Additions during the year e Distributions during the year 1 td	b									_		_	
c Beginning balance d Additions during the year f Ending balance Obstitutions during the year f Ending balance 1 te Distributions during the year f Ending balance 1 tr Description of year balance 1 tr Description of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 110.		, . ,		3					А	mount			
d Additions during the year Distributions during the year Distributions during the year Endough balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Did by Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Did by Part V Endowment Punds. Contributions Contributi	С	Beginning balance						. 10					
e Distributions during the year f Endring balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account labability?													
f Ending balance													
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?													
Describe in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 10. Part V		9								Г	Voc	п.	
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	_	_						•		_		Η'	10
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete in Part XIII the intended uses of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organ			THECK HEIE II THE EX	рынацоп	Has I	been pro	ovided on Fa	ait Aiii				Ш	
ta Beginning of year balance (a) Current year (b) Prior years back (d) Three years back (e) Four years back both Contributions (b) Contributions (c) Net investment earnings, gains, and losses (d) Grants or scholarships (e) Cher expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	Fai		noward "Vaa"	on For	<u>~ ۵</u>	00 Do	rt IV/ line	10					
Beginning of year balance Contributions Contribut		Complete ii the organization a											
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			(a) Current year	(b) F	Prior ye	ear	(c) Two year	s back	(d) Three years bac	k (e) Four y	ears bad	:k
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\bullet \)	1a	_		-									
Content of School Cont	b												
d Grants or scholarships	С	Net investment earnings, gains, and											
e Other expenditures for facilities and programs		losses											
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships											
g End of year balance	е	Other expenditures for facilities and											
g End of year balance		programs											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses											
a Board designated or quasi-endowment ▶	g	End of year balance											
a Board designated or quasi-endowment ▶	2	Provide the estimated percentage of the curren	it year end balance	(line 1g,	colun	nn (a)) h	neld as:						
c Term endowment ▶	а	Board designated or quasi-endowment ▶	%	_									
c Term endowment ▶	b	Permanent endowment ► %	<u> </u>										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 90, Part IV, line 11a. See Form 990, Part X, line 10.	С												
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iv) In ine 3a(iv) 3a(iv) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI			d equal 100%										
organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations	3a			ition that a	are he	eld and	administered	for the					
(i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii	-		or the organiza	tion that c		ora aria i	aariiiiiotoroo	. 101 1110			Γ,	/ 00	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment 19,747 19,747 e Other 8,943 8,943		5										103	140
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										• •			
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment 19,747 19,747 e Other 8,943	I.	.,								г			
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Leasehold improvements (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Part X, line 10. (f) Accumulated depreciation (g) Part X, line 10. (h) Pook value (g) Part X, line 10. (h) Part X, line 10.	_	• • • • • • • • • • • • • • • • • • • •	•			e K?.				• • [30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other 19,747 19,747 19,747 19,747				wment tu	nas.								
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1a Land	Pai			–	0	20 D-	D. / . P	44- 0	.	D	V P.	- 40	
Ia Land (investment) (other) depreciation b Buildings C Leasehold improvements 19,747 19,747 d Equipment 19,747 19,747 e Other 8,943 8,943		Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
1a Land		Description of property			(1	•				((d) Book	value	
b Buildings c Leasehold improvements d Equipment e Other 8,943			(investm	nent)	\perp	(c	other)	d	epreciation				
c Leasehold improvements 19,747 d Equipment 19,747 e Other 8,943	1a	Land	•										
d Equipment 19,747 e Other 8,943	b	Buildings	•										
e Other 8,943 8,943	С	Leasehold improvements	•										
e Other 8,943 8,943	d	Equipment	•				19,747		19,747			_	
	е	Other											
	Tota			art X, colu	mn (l	B), line							

Part VII	990) 2020 SPINA BIFIDA ASS Investments - Other Securities.				3-7399498 Page 3
i dit vii	Complete if the organization answere	ed "Yes" on For	m 990, Part IV,	line 11b. See For	m 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: or end-of-year market value
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 1	(2.) ▶			
Part VIII	Investments - Program Related.		000 D 1\	44- О Г	000 Dart V line 40
	Complete if the organization answere	ed "Yes" on For	m 990, Part IV,	line 11c. See Fort	m 990, Part X, line 13.
	(a) Description of investment		(b) Book value		(c) Method of valuation:
(4)				Cost	or end-of-year market value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 1	(3.)			
Part IX	Other Assets.	, , , , , , , ,			
	Complete if the organization answere	ed "Yes" on For	m 990, Part IV,	line 11d. See Fori	m 990, Part X, line 15.
	•	Description			(b) Book value
(1)DEPOSIT	ON OFFICE	-			80:
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 1	5.)		>	803
Part X	Other Liabilities.				
	Complete if the organization answere line 25.	ed "Yes" on For	m 990, Part IV,	line 11e or 11f. Se	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book	value		
(1) Federal i	income taxes				
	L LIABILITIES				
	AN NOT FORGIVEN AT END OF YEA		7,300		
(4)					
(5)					
(6)					
(7)					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. [

7,300

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Par	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Par	rt XII Reconciliation of Expenses per Audited Financial Statements V	
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
Par	rt XIII Supplemental Information.	
Provi	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	2b; Part V, line 4; Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	information.

EEA Schedule D (Form 990) 2020

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

INA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 23-7399498									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.									
Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
_	sea tunas through	-	-						
a Mail solicitations e Solicitation of non-government grants									
b Internet and email solicitations f Solicitation of government grants									
c Phone solicitations		g ∐	Special fundi	raising events					
d In-person solicitations									
2a Did the organization have a written o	-	-		-		_			
or key employees listed in Form 990,						es No			
b If "Yes," list the 10 highest paid indivi	duals or entities (fu	undraisers) p	ursuant to ag	reements under whi	ich the fundraiser is to b	е			
compensated at least \$5,000 by the	organization.								
	T								
(i) Name and address of individual			ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to			
or entity (fundraiser)	(ii) Activity		or control of	from activity	fundraiser listed in	(or retained by)			
			outions?		col. (i)	organization			
		Yes	No	-					
1									
2									
2									
3									
4									
5									
6									
7									
0									
8									
9									
0									
otal			•						
3 List all states in which the organization				ions or has been not	tified it is exempt from				
registration or licensing.	irio rogioloroa or in	0011000 10 00		one of the boot the	and it is exempt from				
regionation of heartening.									
	·								

Part IIFundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		J	(a) Event #1 WALK-N-ROLL (event type)	(b) Event #2 GOLF TOURN (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	15,560	30,195		45,755
_	3	Less: Contributions Gross income (line 1 minus line 2)	15,560	30,195		45,755
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	675			675
	10 11	Direct expense summary. Add lines Net income summary. Subtract line				675 (675)
Pa	rt I	Gaming. Complete if the o	rganization answered "			more than
		\$15,000 on Form 990-EZ,	line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)		
9 a b	ls	nter the state(s) in which the organizathe organization licensed to conduct (No," explain:		these states?		Yes No
		ere any of the organization's gaming 'Yes," explain:	licenses revoked, suspend	ed, or terminated during the	e tax year?	🗌 Yes 🗌 No

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

Open to Public Inspection

Part I	BIFIDA ASSOCIATION OF NOR General Information on C		tanco				23-7399498	
				otopoo the grantocal ali	aibility for the greate or	againtanae and		
	es the organization maintain records to		-	-				
	selection criteria used to award the gra							. 🗓 Yes 🗌 N
	scribe in Part IV the organization's prod							
Part II	⇒	_			•	-	"Yes" on Form 990),
	Part IV, line 21, for any recipi	ent that received mo	ore than \$5,000. Pai	t II can be duplicate	d if additional space	is needed.		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
()								
(6)								
(7)								
(8)								
•								
(9)								
(10)								
	ter total number of section 501(c)(3) an ter total number of other organizations l						_	

SCHOLARSHIP FOR EDUCATIONAL STUDY 4 6,000 CASH TRIV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info	iption of noncash assistanc	(f) Description of no		(e) Method of valuation FMV, appraisal, or	d) Amount of acash assistance		(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info				CASH)	6,000	4	SHIP FOR EDUCATIONAL STUDY
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info									
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info									
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info									
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info									
IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info									
Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional info									
	rmation.	tional information	other addition	n (b); and any oth	Part III, columi	line 2	quired in Part I, lir	ne information re	Supplemental Information. Provide

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public

Employer identification number

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 23-7399498 01. Form 990 governing body review (Part VI, line 11) REVIEWED BY BOARD TREASURER BEFORE SUBMISSION. WILL BE REVIEWED BY BOARD AT NEXT BOARD MEETING. 02. Conflict of interest policy compliance (Part VI, line 12c) ALL NEW BOARD MEMBERS ATTEND A BOARD TRAINING WHERE THE CONFLICT OF INTEREST POLICY IS EXPLAINED AND A CONFLICT OF INTEREST POLICY IS SIGNED. ADDITIONALLY, BOARD MEMBERS COMPLETE A BOARD AGREEMENT AND CONLFICT OF INTEREST STATEMENT AT THE FIRST BOARD MEETING OF EACH YEAR. 03. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST 04. List of other expenses (Part IX, line 24e) PROGRAM PAYROLL FEES \$20 ROUNDING \$2 FAMILY/HISPANIC CAMP \$108 MANAGEMENT AND GENERAL BANK CHARGES \$760 BOARD MEETINGS \$235 PAYROLL FEES \$1 ROUNDING \$2

IRS e-file Signature Authorization for an Exempt Organization

	_	_	
or calendar year 2020, or fiscal year beginning			and ending

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2020

OMB No. 1545-0047

Department of the Treasury

internal Revenue Service Solvin MWW.II.3.90V/I Offino 1/3_CO for the latest information.	
lame of exempt organization or person subject to tax	Taxpayer identification number
SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.	23-7399498
lame and title of officer or person subject to tax	
CLAINE PARHAM, TREASURER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any,	•
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed	
blank, then leave line 1b , 2b , 3b , 4b , 5b , 6b , or 7b , whichever is applicable, blank (do not enter -0-). But, if yo	ou entered -0- on the
eturn, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	
a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b78,273
Pa Form 990-EZ check here ► b Total revenue, if any (Form 990-EZ, line 9)	
Ba Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
b Tax based on investment income (Form 990-PF, Part VI, line 5) b Tax based on investment income (Form 990-PF, Part VI, line 5)	
b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
Ta Form 4720 check here ► b Total tax (Form 4720, Part III, line 1)	
Part II Declaration and Signature Authorization of Officer or Person Subject to	
Inder penalties of perjury, I declare that $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	subject to tax with respect to
name of organization) and that I h	
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge an	
rue, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of	
consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the	
o receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the	• •
processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and	•
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in	· ·
coftware for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this	
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days p	• •
settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of	
confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected	•
dentification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic f	runds withdrawai.
PIN: check one box only	
V Louthorizo Mary Correct True	as my signature
X I authorize Tax Savvy Inc to enter my PIN 75098 ERO firm name Enter five numbers, by	as my signature
do not enter all zeros	
on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return	•
state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforem	nentioned ERO to enter my
PIN on the retum's disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature	re on the tay year 2020
electronically filed return. If I have indicated within this return that a copy of the return is being filed with	
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	consent screen.
Signature of officer or person subject to tax	>
Part III Certification and Authentication	<u>-</u>
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	5300 96385
13.	Do not enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicates that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicates the control of	
hat I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) In	formation for Authorized
RS e-file Providers for Business Returns.	

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Statement of Program Service Accomplishments 2020 PG01 Your Social Security Number SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 23-7399498

FORM 990-PART III(A)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$1240
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$0
PROGRAM SERVICES REVENUE \$0

EXPLANATION

PROVIDE EMERGENCY AND INCONTINENCE SUPPLIES TO ASSIST INDIVIDUALS AND FAMILIES LIVING WITH SPINA BIFIDA