### Form **990**

Department of the Treasury

#### **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. D Employer identification number Address change Doing business as 23-7399498 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 801 AVENUE H EAST SUITE 101 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return ARLINGTON, TX 76011 128,051 X No Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: WWW.SPINABIFIDANT.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 1973 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO BUILD A BETTER AND BRIGHTER FUTURE FOR ALL THOSE IMPACTED BY SPINA BIFIDA Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ............. 3 17 Number of independent voting members of the governing body (Part VI, line 1b) ...... 4 16 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... 1 Total number of volunteers (estimate if necessary) 6 166 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) ....... 106,314 122,693 Revenue 2,004 4,215 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 10 230 123 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . (3,522 (4,036)Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 105,026 122,995 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ........ 4,500 6,174 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 42,507 25,454 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 54,689 69,853 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 84,643 118,534 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . 20,383 4,461 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 204,412 205,754 21 Total liabilities (Part X, line 26) . . . . . . . 8,541 3,011 Net assets or fund balances. Subtract line 21 from line 20 195,871 202,743 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge HOWARD HONG Sign Signature of officer Date Here HOWARD HONG, 2023 TREASURER Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check **Paid** Byron Snapp EA self-employed P01509510 **Preparer** Firm's name Tax Savvy Inc Firm's EIN **Use Only** 611 S Hwy 78 Ste 121 Firm's address Phone no. Wylie TX 75098 972-442-5226

May the IRS discuss this return with the preparer shown above? See instructions

Yes

X 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 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 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . . . . . . . . . . 5 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 X 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 X 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 X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c 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 х 14a Did the organization maintain an office, employees, or agents outside of the United States? .............. 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . . . . . . 21 x

Part IV

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SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 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		Х
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		Х
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		Х
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		Х
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%			
07	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			
00	persons? If "Yes," complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see the 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	200		
_	"Yes," complete Schedule L, Part IV.	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	"Yes," complete Schedule L, Part IV	28c		37
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Х
30	conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization required, terminate, or dissolve and cease operations: " " res, complete schedule N, rattr	31		
32	complete Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
00	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,	- 55		Λ
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		х
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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
-	19? <b>Note</b> : 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 Forms 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	

Pai	rt 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	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
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				
	required to file Form 8282?	'	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.	· · · · '	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	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				
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?	1	l2a		
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?	1	l3a		
	<b>Note:</b> 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				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	_	4a		Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	1	4b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		,,		
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	• • •	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities		_		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

23-7399498

Part VI

Se	ction A. Governing Body and Management			
4-	Enter the number of veting members of the governing hady at the and of the toy year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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	-		
2	any other officer, director, trustee, or key employee?	2		v
3	Did the organization delegate control over management duties customarily performed by or under the direct			Х
3		3		v
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization have any significant changes to its governing documents since the prior room 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	0		Х
<i>1</i> a	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/a		Х
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		^
Ü	the year by the following:			
2	The governing body?	8a	x	
a b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	Α.	
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Λ
	The cooling to the cooling to the cooling the cooling to the cooli		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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 on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		х
14	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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	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			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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  Another's website  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,			
	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.			
	HOWARD HONG (214)728-9294, 801 AVENUE H EAST SUITE 101, ARLINGTON, TX 76011			

**Part VII** 

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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)		Position				(D)	(E)	(F)	
Name and title	Average	(do not check more than one box, unless person is both an			•	Reportable	Reportable	Estimated amount		
. tane and the	hours		officer and a director/trustee)				compensation	compensation	of other	
	per week		orga		from the organization (W-2/	from related organizations (W-2/	compensation from the			
	(list any hours for	or d		1099-MISC/	1099-MISC/	organization and				
	related	direc	titutio	cer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	al tru	onal		ploy	e com				
	below	ıstee	trust		Эе	pens				
	dotted line)		ее			sated				
(1) AMY HENSARLING, DR	1.00									
DIRECTOR		Х						0	0	0
(2) JULIE COUNTS	1.00									
DIRECTOR		Х						0	0	0
(3) CHRISTINA NASON	1.00									
DIRECTOR		Х						0	0	0
(4) JESSICA BASS	1.00									
DIRECTOR		Х						0	0	0
(5) ALEJANDRA SALAZAR	1.00									
DIRECTOR		Х						0	0	0
(6) MEGAN WILLIAMS	1.00									
DIRECTOR		Х						0	0	0
(7) CLARICE SINN	1.00									
DIRECTOR		Х						0	0	00
(8) KATY_BROADBENT	1.00									
DIRECTOR		X						0	0	0
(9) TRESA BROADBENT	1.00									
DIRECTOR		X						0	0	0
(10)JORDAN LEE	1.00									
EX OFFICIO		Х						0	0	0
(11)JONATHAN_KAYE	1.00									
DIRECTOR		X						0	0	0
(12)CORTNEY WOLFE-CHRISTENSEN	1.00									
DIRECTOR		X						0	0	0
(13)KATIE_SHEPPARD	1.00									
DIRECTOR		x						0	0	0
(14)MARGARITA PEREZ	1.00									
DIRECTOR		х						0	0	0
EEA										Form <b>990</b> (2022)

Form 990 (2022) EEA

23-7399498

Part VI	Section A. Officers, Directors, T	rustees,	Key I	Emp	oloy	/ee	s, an	d H	ighest Comp	ensated Empl	oyees	(cont	inued)
					(	C)							
	(A) Name and title	(B) Average hours per week	box,	, unles	eck m ss per	son is	nan one s both an /trustee)		(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	cor	(F) nated am of other mpensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	nization d organiz	
(15)MEGA	N MATTINGLY	3.00	)		х				0	0			0
(16)JULI CHAIR	E CARTER	3.00			x				0	0			0
(17)ELAI	NE PARHAM	3.00											
	RD HONG	3.00	)		х				0	0			0_
2023 TR (19)ROBI	REASURER N LEE	25.00	)		Х				0	0			0_
(00)	VE DIRECTOR					х			0	0			0_
<u>(21)</u>													
(22)													
(23)													
(24)													
<u>(25)</u>													
	ubtotal						 	· +					
	otal (add lines 1b and 1c)								0	0			0
	otal number of individuals (including but not limit portable compensation from the organization	ted to those I	isted a	bove	e) wh	no re	eceived	l mo	re than \$100,000	of			0
<b>3</b> Di	d the organization list any <b>former</b> officer, direc	ctor. trustee.	kev en	volan	/ee.	or h	iahest	com	pensated			Yes	No
en	nployee on line 1a? If "Yes," complete Schedu	le J for such	individ	dual .							3		x
	or any individual listed on line 1a, is the sum of reganization and related organizations greater th												
	dividual										4		х
fo	r services rendered to the organization? If "Yes	•		-			-				5		х
	B. Independent Contractors  omplete this table for your five highest compensa	ated independ	lent co	ntrac	otore	that	receiv	od r	nore than \$100.00	10. of			
	empensation from the organization. Report comp												
	(A)				-				(B)		(C)	ation	
	Name and business addres	55							Description of service	co	Compens	auuri	
	otal number of independent contractors (includin	-			e lis	ted a	above)	who	)				

Part \		Statement of Revenue	CIATIO	ON OF NORT	H TEXAS, IN	C.	23-7399	498 Page 9
rait	V 111	Check if Schedule O contains a response of	or note t	o any line in this	Part VIII			Г
		Chicaria Conicada Caranta a responso o	<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
<b>(0</b>	b		1b					
ants ınts	С	Fundraising events	1c	77,374				
ָם פֿ פֿ	d	Related organizations	1d					
ifts ar A	е	Government grants (contributions)	1e	6,711				
inis, G	f	All other contributions, gifts, grants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	1f	38,608				
g g	g	Noncash contributions included in						
ind it			1g \$					
	h	Total. Add lines 1a-1f	· · · ·		122,693			
			В	usiness Code				
Q)		SUMMER CAMP FEES		0099	3,640	3,640		
e K		FAMILY WEEKEND CAMP FEE		0099	379	379		
- Se euu	_	ADULT GROUP FEE	_ 900	0099	196	196		
ran Sev	d		_					
Program Service Revenue	e	All other program convice revenue	_					
<u> С</u>		All other program service revenue			4,215			
					4,215			
	3	Investment income (including dividends, interestother similar amounts)			123			123
	4	Income from investment of tax-exempt bond pr		_	123			123
	5	Royalties						
		(i) Real	<del>`                                    </del>	(ii) Personal				
	6a	Gross rents 6a		(ii) i diddiidii				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		Gross amount from (i) Securities		(ii) Other				
	l a	sales of assets						
		other than inventory <b>7a</b>						
	b	Less: cost or other basis						
ā		and sales expenses 7b						
en (	С	Gain or (loss) 7c						
Other Revenue	d	Net gain or (loss)						
ē	8a	Gross income from fundraising						
₹		events (not including \$ 77,374						
		of contributions reported on line						
		1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b	5,056				
	С	Net income or (loss) from fundraising events			(5,056)			(5,056
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
		Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities .						
	10a	Gross sales of inventory, less	_					
		<u> </u>	10a	149				
	l .		10b					
	С	Net income or (loss) from sales of inventory .			149	149		
				usiness Code				
iscellanous Revenue	_	CC REWARDS		0099	871	871		
lan. Shu	b		-					
e ≷e¥	C	All other revenue	-					
<u></u>	ı a	All other revenue	•	1		1		1

871 122,995

5,235

0

e Total. Add lines 11a-11d

**12 Total revenue.** See instructions . . . . . . .

#### 23-7399498

#### 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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 6,174 6,174 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, trustees, and key employees ...... 3<u>,</u>949 39,486 33,563 1,974 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 . . . . . . . . . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 151 3,021 2,568 302 11 Fees for services (nonemployees): b 1,600 1,600 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 14 14 Office expenses .......... 13 4,313 3,494 334 485 14 11,512 9,785 576 1,151 15 16 13,634 11,589 1,363 682 17 107 3,375 3,053 215 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 314 110 94 110 20 21 22 Depreciation, depletion, and amortization . . . . . . 23 4,634 3,012 1,622 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.) SUMMER CAMP 17,265 17,265 XMAS PARTY 4,400 4,400 838 838 С ADULT GROUP d WALK N ROLL PROGRAM PORTION 4,522 4,522 90 е All other expenses 3,432 908 2,434 Total functional expenses. Add lines 1 through 24e. . 25 118,534 101,295 9,574 7,665 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 (2022) Part X

**Balance Sheet** 

		Check if Schedule O contains a response or note to any line	in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		78,785	1	79,804
	2	Savings and temporary cash investments		124,826	2	125,149
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director				
		trustee, key employee, creator or founder, substantial contributor, or 3	5%			
					5	
	6	Loans and other receivables from other disqualified persons (as define	ed			
		under section 4958(f)(1)), and persons described in section 4958(c)(3			6	
	7	Notes and loans receivable, net	/ ` /		7	
ets	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges	<b>-</b>		9	
•	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	28,690			
	b	Less: accumulated depreciation	28,690		10c	
	11	Investments - publicly traded securities	, , , , , ,		11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	801	15	801	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	F	204,412	16	205,754
	17	Accounts payable and accrued expenses		2017112	17	2037731
	18	Grants payable			18	
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	F		21	
	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 3:	5%			
ΞĘ					22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	<b>-</b>		23	
	24	Unsecured notes and loans payable to unrelated third parties	_		24	
	25	Other liabilities (including federal income tax, payables to related third	<u> </u>			
		parties, and other liabilities not included on lines 17-24). Complete Pa				
		of Schedule D		8,541	25	3,011
	26	Total liabilities. Add lines 17 through 25	-	8,541	26	3,011
		Organizations that follow FASB ASC 958, check here		0,511		3,011
		and complete lines 27, 28, 32, and 33.				
Ses	27	Net assets without donor restrictions			27	
<u>a</u> n	28	Net assets with donor restrictions	F		28	
Ва		Organizations that do not follow FASB ASC 958, check here				
ဋ		and complete lines 29 through 33.	]			
ŕ	29	Capital stock or trust principal, or current funds			29	
ts o	30				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	<b>-</b>	195,871	31	202,743
ξĂ	32	Total net assets or fund balances	_	195,871	32	202,743
<u>8</u>	33	Total liabilities and net assets/fund balances	-	204,412	33	202,743
		Total nabilities and not assets/fund balances		204,412	55	205,154

Form **990** (2022) EEA

2c

3a

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

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.

#### **SCHEDULE A** (Form 990)

#### **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name	of ti	ne organization					Employer identification	n number					
SPIN	<b>A</b> :	BIFIDA ASSOCIATION OF N	ORTH TEXAS,	INC.			23-739949	8					
Par		Reason for Public Char			t comple	ete this p	art.) See instruction	ons.					
The o	rgar	ization is not a private foundation be	cause it is: (For lin	nes 1 through 12, check of	only one bo	x.)	•						
1		A church, convention of churches,	or association of cl	hurches described in sec	ction 170(	b)(1)(A)(i)							
2		A school described in section 170(	<b>b)(1)(A)(ii).</b> (Attac	h Schedule E (Form 990	0).)								
3		A hospital or a cooperative hospital	service organizati	ion described in section	170(b)(1)	(A)(iii).							
4	$\Box$	A medical research organization or	erated in conjunct	tion with a hospital descr	ibed in <b>se</b>	ction 170(	(b)(1)(A)(iii). Enter the						
	hospital's name, city, and state:												
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
-	section 170(b)(1)(A)(iv). (Complete Part II.)												
6	section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	x	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> X An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
•													
8	П	described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	H	An agricultural research organization			nerated in	conjunctio	n with a land-grant coll	ana					
3	Ш	or university or a non-land-grant col				•	_	ege					
			lege of agriculture	(See Instructions). Linter	uie name,	city, and si	late of the college of						
40		university:	(4) then	00 4/00/ of the accompant for		.4:							
10	Ш	An organization that normally receive receipts from activities related to its	es: (1) more than a exempt functions.	subject to certain except	tions: and	(2) no mor	e than 33 1/3% of its	58					
		support from gross investment incor					) from businesses						
	$\Box$	acquired by the organization after J	•	` , ` , ` `	•	,	11						
11	Н	An organization organized and ope	•	•				,					
12	Ш	An organization organized and oper	•	•									
		one or more publicly supported org		` ` ` `		` , ` ,		3). Check					
		the box on lines 12a through 12d the	• •			•	•						
а		Type I. A supporting organizati		•		•	. ,	ving					
		the supported organization(s) the		• • • • • • • • • • • • • • • • • • • •		directors	or trustees of the						
		supporting organization. You n	-										
b		Type II. A supporting organizat	ion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g					
		control or management of the si	upporting organiza	tion vested in the same p	persons tha	t control o	r manage the supporte	d					
		organization(s). You must con	nplete Part IV, Se	ctions A and C.									
С			<b>d.</b> A supporting or	rganization operated in c	onnection	with, and	functionally integrated	with,					
		its supported organization(s) (s	ee instructions). Y	ou must complete Part	t IV, Section	ons A, D,	and E.						
d		Type III non-functionally inte	<b>grated.</b> A supporti	ng organization operated	d in conne	ction with i	its supported organizat	tion(s)					
		that is not functionally integrated	d. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivenes	S					
		requirement (see instructions).	You must comple	ete Part IV, Sections A	and D, an	d Part V.							
е		Check this box if the organization	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III						
		functionally integrated, or Type	III non-functionally	integrated supporting or	rganization								
f	Е	nter the number of supported organi	zations										
g	Р	rovide the following information abou	t the supported or	ganization(s).									
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of					
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)					
				asovo (see manuentis))	docum	J. 11.	inoti dottorio)	11101110110110)					
					Yes	No							
(A)													
(~)													
(B)													
(0)													
(C)													
(C)													
(D)													
(D)													
(E)													
(E)													
Total													

Part II

23-7399498 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	106,687	101,350	73,945	106,314	122,693	510,989
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	106,687	101,350	73,945	106,314	122,693	510,989
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)						141,824
6	Public support. Subtract line 5 from line 4.						369,165
Secti	on B. Total Support						•
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	106,687	101,350	73,945	106,314	122,693	510,989
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	778	1,169	450	230	123	2,750
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						<del></del>
	loss from the sale of capital assets						
	(Explain in Part VI.)	(8,480)	(8,054)	(831)	(3,522)	(4,036)	(24,923
11	<b>Total support.</b> Add lines 7 through 10	` '	` .	Ì	` '		488,816
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the or					a section 501(c	:)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	rt Percentage	•				
14				1, column (f))		14	75.52 %
15	Public support percentage from 2021 Sch					15	76.57 %
16a	33 1/3% support test - 2022. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ	ization did not	check a box o	n line 13 or 16a	a, and line 15 is	s 33 1/3% or m	
	this box and stop here. The organization	qualifies as a p	ublicly suppor	ted organizatio	n		
17a	10%-facts-and-circumstances test - 202	22. If the organ	ization did not	check a box or	n line 13, 16a,	or 16b, and lin	
	10% or more, and if the organization mee	ts the facts-and	d-circumstance	es test, check tl	his box and <b>st</b>	<b>op here.</b> Expla	in in
	Part VI how the organization meets the fa						
	organization			-	· -		
b	10%-facts-and-circumstances test - 202						_
	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the					-	•
	organization			-	-		-
18	Private foundation. If the organization di						
	instructions						

Schedule A (Form 990) 2022 EEA

# Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization **Employer identification number** SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 23-7399498 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.

Employer identification number

23-7399498

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	AUSTIN BAKER IV MEMORIAL FUND  701 REGENCY CT  DENTON TX 76210	\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	MATHY AND ROYCE CRAIG  PO BOX 67  WOLFFORTH TX 79382	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NEURO ASSISTANCE FOUNDATION  2320 BRIDGEWOOD DR  ROANOKE TX 76262	\$5,212	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Name o	the organization			Employer identification number
SPINA	BIFIDA ASSOCIATION OF NORTH TEXAS, IN	rc.		23-7399498
Pai	t I Organizations Maintaining Donor Advised	Funds or Other Si	milar Funds or Ac	counts.
	Complete if the organization answered "Yes"	on Form 990, Part	V, 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 advised	I
	funds are the organization's property, subject to the organiz	ation's exclusive legal	control?	
6	Did the organization inform all grantees, donors, and donor	advisors in writing that	grant funds can be us	sed
	only for charitable purposes and not for the benefit of the do	onor or donor advisor, o	or for any other purpos	e
	conferring impermissible private benefit?			
Part	II Conservation Easements.			
	Complete if the organization answered "Yes"			
1	Purpose(s) of conservation easements held by the organization	ation (check all that app	oly).	
	Preservation of land for public use (for example, recreati	on or education)		historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation con	ribution in the form of	a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			2b
С	Number of conservation easements on a certified historic st	tructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	d after July 25, 2006, a	nd not on a	
	historic structure listed in the National Register $\ \ldots \ \ldots$			
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by the	organization during the
	tax year			
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe		_	
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring inspecting hope	dling of violations, and	anforcing concernation	n cocomonto during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	ulling of violations, and	emorcing conservatio	n easements duling the year
8	Does each conservation easement reported on line 2(d) about	ove satisfy the require	ments of section 170/h	5)(4)(B)(i)
Ū	and section $170(h)(4)(B)(ii)$ ?			
9	In Part XIII, describe how the organization reports conserva			
J	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	ioto to the organizatio	To illianolar olatomoria	o that docomboo the
Part		of Art, Historica	I Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its	revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, educat	ion, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its rev	enue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for publi			
	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 tro			gain, provide the
	following amounts required to be reported under FASB ASO			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
b	Assets included in Form 990, Part X			

Par	III Organizations Maintaining	Collections of	Art, Hi	storical T	reasures,	or Oth	ner Similar As	sets (c	ontir	nued)
3	Using the organization's acquisition, access	sion, and other record	ls, check	any of the fo	llowing that m	nake sigi	nificant use of its	•		ĺ
	collection items (check all that apply):									
а	☐ Public exhibition		d	Loan o	exchange pr	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generations									_
4	Provide a description of the organization's of	collections and explai	n how th	ey further the	organization	's exem	ot purpose in Part			
	XIII.									
5	During the year, did the organization solicit	or receive donations	of art, his	storical treas	ures, or other	similar				
	assets to be sold to raise funds rather than	to be maintained as I	part of th	e organizatio	on's collection	12		.   Ye	s	No
Part										_
	Complete if the organization	•	on Fo	rm 990, P	art IV, line	9, or re	eported an am	ount on	Forr	m
	990, Part X, line 21.			,	,	ŕ	•			
1a	Is the organization an agent, trustee, custod	lian or other intermed	iary for c	ontributions	or other asset	ts not				
	included on Form 990, Part X?								s	No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	ollowing t	able:				_	_	
	, ,	•	Ü				Am	ount		
С	Beginning balance					. 1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F						/?	☐ Ye	s	No
b	If "Yes," explain the arrangement in Part XII								_	j
Part		0001	- Aprica local		p. 0 11 a 0 a 0					
	Complete if the organization	answered "Yes"	on Fo	rm 990. P	art IV. line	10.				
		(a) Current year		Prior year	(c) Two years		(d) Three years back	(e) Fou	r vears	back
1a	Beginning of year balance	(a) carrons your	(2)	1101 your	(6) 1 110 ) 64.10	Buon	(a) Theo years back	(0) : 00	. youro	buon
b	Contributions									
C	Net investment earnings, gains, and									
·	losses									
d	Grants or scholarships							+		
e	Other expenditures for facilities and									
-	·									
	programs									
t	Administrative expenses									
g	End of year balance	ront year and balana	o (lino 1	a column (a)	) hold oo:					
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	"" " " " " " " " " " " " " " " " " " "	e (iiile i (	y, coluitiii (a)	) Helu as.					
a										
b		)								
С		auld agual 1000/								
20	The percentages on lines 2a, 2b, and 2c sho		ation the	t ara hald an	d administara	d for the				
3a	Are there endowment funds not in the poss	session of the organiz	ation tha	it are neid an	a aaministere	a for the			Vaa	Nia
	organization by:							0-(1)	Yes	No
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations							_ · ·		
b	If "Yes" on line 3a(ii), are the related organi						• • • • • • • •	. 3b		
4	Describe in Part XIII the intended uses of the		owment	funds.						
Part			– .	000 D	( IV / - P	44 - 0		D ( ) /	P	40
	Complete if the organization					11a. S	ee Form 990,	Part X,	line	10.
	Description of property	(a) Cost or other		' '	r other basis		ccumulated	( <b>d</b> ) Boo	k value	•
		(investme	ent)	- (0	other)	de	preciation			
1a	Land	• •								
b	Buildings									
С	Leasehold improvements	• •								
d	Equipment				19,747		19,747			
е	Other				8,943		8,943			

Schedule D (Fori	·	OF NORTH	TEXAS, IN	<u>C. 23-</u>	7399498	Page 3
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Yes" or	n Form 990,	Part IV, line	11b. See Form	990, Part X, I	ine 12.
	(a) Description of security or category (including name of security)	(b) E	Book value		ethod of valuation: d-of-year market value	
(1) Financial d	erivatives					
(2) Closely-he	Id equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	(h) must sound Form 000. Part V sol (P) line 12.)		-			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)	• •				
I alt VIII	Complete if the organization answered "Yes" or	Form 990	Part IV line	11c See Form	990 Part X I	ine 13
-						1110 10.
	(a) Description of investment	(b) E	Book value	, ,	thod of valuation: d-of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	(I)					
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	• •				
Part IA	Complete if the organization answered "Yes" or	Form 990	Part IV line	11d Soo Form	000 Part Y	ina 15
	(a) Description	11 01111 990,	raitiv, iiie	Tiu. See Foili	(b) Book	
(1bepostr	ON OFFICE				(b) BOOK V	801
(2)	0.1 011101					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · · · · · · · · · · · · · · ·			801
Part X	Other Liabilities.	- F 000	Dant IV/ En a	44446 0	- F 000 D	V
	Complete if the organization answered "Yes" or line 25.	n Form 990,	Part IV, line	11e or 11t. See	∍ Form 990, P	art X,
1.	(a) Description of liability (b)	Book value				
(1) Federal in	ncome taxes					
	LIABILITIES	3,01	.1			
	N NOT FORGIVEN AT END OF YEA					
(4)						
(5)						
(6)						
(7) (8)						
(0)						

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. . . . . .

3,011

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

Schedu	e D (Form 990) 2022 SPINA BIFIDA ASSOCIATION OF NORTH TEXAS,	INC.		23-73	99498	Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Stateme	nts \	With Revenue per	r Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV	<sup>7</sup> , line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
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.)	4b				
С	Add lines 4a and 4b			4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Part	Reconciliation of Expenses per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990, Pa			oer Re	turn.	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 000 Part IV line 25 but not on line 1:					

1	l otal expenses and losses per audited financial statements	1	
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	3	
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		
Provid	e 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; F	Part X,	line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

2; Part 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) 2022

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization SPINA 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. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid t (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							
tal							
3	List all states in which the organization registration or licensing.				tions or has been no	tified it is exempt from	

8

If "No," explain:

9

Schedule G (Form 990) 2022 SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 23-7399498 Part II Fundraising 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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through WALK-N-ROLL GOLF TOURN 1 col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . . . . 1 36,605 150 36,346 73,101 2 Less: Contributions . . . . . 36,346 36,605 4,423 77,374 3 Gross income (line 1 minus line 2) . . . . . . . . . . . . . . (4,273)(4,273)Cash prizes ...... 4 5 Noncash prizes 6 Rent/facility costs . . . . . . . 3,189 3,189 Direct Expenses Food and beverages . . . . . 348 348 8 Entertainment . . . . . . . . Other direct expenses . . . . 9 985 534 1,519 10 Direct expense summary. Add lines 4 through 9 in column (d) ............. 5,056 11 Net income summary. Subtract line 10 from line 3, column (d) (9,329)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . . 2 Cash prizes . . . . . . . . . Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses No 6 Volunteer labor No 7 

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

Enter the state(s) in which the organization conducts gaming activities:

EEA Schedule G (Form 990) 2022

#### **SCHEDULE I** (Form 990)

# 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.

2022

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

	<del>-</del>						1 -	
SPIN	A BIFIDA ASSOCIATION OF NO						23-7399498	
Par	t I General Information on (	<b>Grants and Assis</b>	stance					
1	Does the organization maintain records to	substantiate the amou	ınt of the grants or assi	istance, the grantees' el	igibility for the grants or	assistance, and		
	the selection criteria used to award the gr	rants or assistance?						. X Yes No
	Describe in Part IV the organization's pro							
Par					nts. Complete if the o	organization answered	"Yes" on Form 990	).
	Part IV, line 21, for any recipi					~		,
1	(a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation	(g) Description of	(h) Purpose of grant
-	or government	(-)	(if applicable)	grant	noncash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)			, ,			otrier)		
(')								
(2)								
(2)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
` ,								
(10)								
()								
2	Enter total number of section 501(c)(3) ar	I nd anvernment organiz:	ations listed in the line	 1 table		1		1
	Enter total number of other organizations	0						

art III Grants and Other Assistance to Do Part III can be duplicated if additional		iis. Complete ii the	organization ansv	wered res on rollingso	r, Part IV, IIIIe 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP FOR EDUCATIONAL STUDY	5	5,500		CASH	
EMERGENCY ASSISTANCE TO INDIVIDUALS					
WITH SPINA BIFIDA	2	674		CASH	
rt IV Supplemental Information. Provide	the information re	quired in Part I. line	e 2: Part III. colum	n (b): and any other addi	tional information.

#### SCHEDULE L (Form 990)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 23-7399498 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Description of transaction (a) Name of disqualified person (b) Relationship between disqualified person and (d) Corrected? organization Yes No (1) (2) (3) 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ........... Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the agreement? with organization principal amount by board or loan organization? committee? Yes Yes No Yes No (1) (2) (3) (4) (5) **Total** Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Type of assistance (e) Purpose of assistance assistance person and the organization NON-VOTING BOARD (1) JORDAN LEE 1,000 COLLEGE SCHOLARSHIP HIGHER EDUCATION MEMBER (2)

(3)

(4)

		ASSOCIATION OF NOR		23-7399498	F	Page 2
Part IV				201 00		
	Complete if the organization ar	nswered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sha	
		interested person and the	transaction			ization's
		organization				nues?
					Yes	No
(1)						
(-/						
(2)						
(3)						
(3)						
(4)						
(E)						
(5) Part V	Supplemental Information.					
	Provide additional information	for responses to questions	on Schedule L (see	instructions).		
_						
<u>.</u>						

EEA Schedule L (Form 990) 2022

# SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

23-7399498 SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 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 WALK EVENT AWARENESS \$535 MEALS \$307 PUBLIC AWARENESS \$45 PAYROLL FEES \$21 MANAGEMENT AND GENERAL BANK CHARGES \$2,177 BOARD MEETINGS \$235 MEALS \$18 OTHER \$2

## Form **8879-TE**

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

, 20

Department of the Treasury

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

	Revenue Service	Go to www.irs.gov/For	rm88791E for th	e latest information	on.	
Name of	f filer				EIN or SSN	
	A BIFIDA ASSOCIATION OF not title of officer or person subject to tax				23-7399498	
HOWAR	D HONG. 2023 TREASURER					
Part						
8038-C 3a, 4a, 3b, 4b, applica	P and Form 5330 filers may enter 5a, 6a, 7a, 8a, 9a, or 10a below, a 5b, 6b, 7b, 8b, 9b, or 10b, whiche ble line below. Do not complete m	dollars and cents. For all other and the amount on that line for ever is applicable, blank (do note than one line in Part I.	er forms, enter wher the return being of enter -0-). But	nole dollars only. If filed with this form , if you entered -0-	you check the box on was blank, then lead on the return, then	on line <b>1a, 2a,</b> ave line <b>1b, 2b,</b> enter -0- on the
1a		=	• ,	, ,	*	
2a			-			
3a						41
4a					. ,	
5a						
6a				•		
7a						
8a						
9a		_				-
10a Part						100
						respect to (name
of entity	1 , ,,		•		•	. ,
acknow the date (direct of return, a 1-888-3 process the pay	rledgement of receipt or reason for e of any refund. If applicable, I auth debit) entry to the financial institution and the financial institution to debit to 353-4537 no later than 2 business of sing of the electronic payment of tax	rejection of the transmission orize the U.S. Treasury and it in account indicated in the tax the entry to this account. To redays prior to the payment (set tes to receive confidential info	, (b) the reason for significant designated Final preparation software to be a payment, thement) date. I all primation necessarias	or any delay in pro ancial Agent to initi- are for payment of I must contact the Uso so authorize the fin y to answer inquiri-	cessing the return o ate an electronic fun the federal taxes ow J.S. Treasury Finand ancial institutions inves and resolve issue	r refund, and (c) ds withdrawal ed on this cial Agent at volved in the es related to
PIN: ch	eck one box only					
χI	authorize <b>Tax Savvy Inc</b>			to enter my PIN	75098	as my signature
		ERO firm name				,
a re	gency(ies) regulating charities as petum's disclosure consent screen.	FIDA ASSOCIATION OF NORTH TEXAS, INC.  23-7399498  ONGR, 2023 TREASURER  Type of Return and Return Information  xx for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form of form 5330 fliers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1s, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1s, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1s, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1sh, 7a, 8b, 9b, 7b, 8b, 9b, 7b, 7b, 9b, 7b, 9b, 7b, 7b, 7b, 9b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7b, 7	ny PIN on the			
fi	led retum. If I have indicated within	this return that a copy of the I	retum is being file	d with a state ager		
Signatur	e of officer or person subject to tax				Date	
Part	III Certification and Aut	thentication			<u> </u>	
	EFIN/PIN. Enter your six-digit elec	tronic filing identification				
number	(EFIN) followed by your five-digit s	eir-seiected Pilv.	_ 75	5300 9638	5	<u></u>
				Do not ente	er all zeros	
am sub						
ERO's s	ignature			Date		
	Do Not					

# Statement of Program Service Accomplishments Name(s) as shown on return SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 2022 PG01 Your Social Security Number 23-7399498

FORM 990-PART III(A)

Statement #4

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES \$2362

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

#### \* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

#### **Depreciation Detail Listing**

Program Services

(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Name(s) as shown on return

Social security number/EIN

	SPINA BIFIDA ASSOCIATIO								23-7399498						
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	PORTABLE SOUND SYSTEM	11062014	351		100.00			351	5		0	351		351	
2	LAPTOP FOR EDUCTION	10072014	379		100.00			379	5		0	379		379	
	Totals		730					730				730		730	

#### \* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

#### **Depreciation Detail Listing**

Management & General

(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Name(s) as shown on return

Social security number/EIN

			Basis	Business	Section	Bonus	Depreciable				Prior	Current	Accumulated	AM
Description	Date	Cost	Adjustment	percentage	179	depreciation	Basis	Life	Method	Rate	Depreciation	Depreciation	Depreciation	Curre
COMPUTER AND PROGRAMS	02072014	762		100.00			762	5		0	762		762	
											1			