### 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)

2017

OMB No. 1545-0047

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 :	2017 calend	lar year, or tax year begir	ning		, 2017, and	ending		, 20
В	Chec	k if ap	plicable:	C Name of organization SPI	NA BIFIDA ASS	OCIATION OF N	ORTH TEXAS,	INC.		D Employer identification no.
	Addre	ess ch	nange	Doing business as						23-7399498
	Name	char	nge	Number and street (or P.O. b	ox if mail is not delivered to	street address)		Room/suite		E Telephone number
	Initial	returi	n	801 AVENUE H E	AST SUITE 10	1				·
$\overline{\Box}$	Final	returr	n/terminated	City or town, state or province				•		G Gross receipts
П	Amer	nded r	eturn	ARLINGTON, TX						\$ 119,422
Ī			pending	F Name and address of princip				H(a) Is this a	aroup retur	n for subordinates? Yes X No
_			, J							ates included? Yes No
$\overline{}$	Tax-e	xemp	t status: X	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527			ch a list. (see instructions)
J	Webs		_	N.SPINABIFIDANT.C	<u> </u>					on number
K					sociation Other		L Year of formation:			egal domicile: <b>TX</b>
	art I		Summar					2373	Otato of it	222
-	$\overline{}$			ribe the organization's miss	ion or most significa	nt activities: THE	MISSION OF	THE CDIN	A RTE	IDA ASSOCIATION
•			•	I TEXAS (SBANT) I	•					
Activities & Governance				ALL AFFECTED.	5 TO PROMOTE	THE PREVENTION	ON OF SPINA	BIFIDA AN	<u>D 10</u>	ENHANCE THE
naı			TIAES OF	ALL AFFECIED.						
Ve		2	Chook this h	oox ▶ ☐ if the organizatio	discontinued its on	orations or disposed	of more than 25%	of its not asse	to	
ဗ္ဗ					•	•			1	3   10
∞				oting members of the gove					-	
ijes				ndependent voting membe	-	• , ,			-	
ΞΞ				r of individuals employed in						
Act				r of volunteers (estimate if	• ,				_	
				red business revenue from					7	<u>.                                    </u>
	-	b	Net unrelate	d business taxable income	from Form 990-1, lii	ne 34 • • • • •				<u>'b</u> 0
		_						Prior Y		Current Year
4				s and grants (Part VIII, line	*				105,2	51 109,434
ž			-	rvice revenue (Part VIII, lin	= :				11,0	9,983
Revenue	1	0	Investment in	ncome (Part VIII, column (	A), lines 3, 4, and 7c	)				5 5
æ	1	1 (	Other revenu	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10	c, and 11e) • • •			(4,6	05) (7,267)
	1	2	Total revenu	e - add lines 8 through 11	must equal Part VIII	, column (A), line 12)	)	:	111,6	67 112,155
	1	3	Grants and s	similar amounts paid (Part	IX, column (A), lines	1-3)			6,9	44 6,400
	1	4	Benefits paid	d to or for members (Part I	X, column (A), line 4	)				0
ģ	1	5	Salaries, oth	er compensation, employe	e benefits (Part IX, o	column (A), lines 5-10	0)		30,8	97 29,622
Expenses	1	6a	Professional	I fundraising fees (Part IX,	column (A), line 11e)					0
per	.	b ·	Total fundrais	sing expenses (Part IX, co	lumn (D), line 25)	<b>&gt;</b>	12,224			
ŭ	1	7	Other expen	ises (Part IX, column (A), li	nes 11a-11d, 11f-24e	e)			70,9	13 63,753
	1	8	Total expens	ses. Add lines 13-17 (must	equal Part IX, colun	nn (A), line 25) •			108,7	54 99,775
	1	9	Revenue les	s expenses. Subtract line	18 from line 12 •				2,9	12,380
ō	Ses							Beginning of C	urrent Yea	er End of Year
Net Assets or		0	Total assets	(Part X, line 16)					147,1	158,248
Ass	<u> </u>   2	1 '	Total liabilitie	es (Part X, line 26)					9	82 836
Net	듄 2	2	Net assets o	or fund balances. Subtract	line 21 from line 20				146,1	61 157,412
Pa	art I	I	Signatu	ıre Block						
				eclare that I have examined this ret				y knowledge and	oelief, it is	
true	e, com	eci, ar	па сотпрівтв. Бе	eclaration of preparer (other than o	incer) is based on an infor	mation of which preparer h	ias any knowledge.			
			ELAI	NE PARHAM						
Sig	gn		Signatur	re of officer					D	Pate
He	re		ELAI	NE PARHAM, TREAS	JRER					
			Type or	print name and title						
			Print/Type pre	eparer's name	Preparer's signature		Date	Check	if	PTIN
Pa	id			Snapp EA	Byron Snapp	EA			mployed	P01509510
		parer Firm's name Tax Savvy Inc Firm's Pare Firm's name								
	e O				wy 78 Ste 121			Phone no.		
_	_	,	5 444763	Wylie T	=				972-	-442-5226
140	, +b.o	IDC	diaguag thia	roturn with the property of		otructions)			J12	-442-3220 ∇ Vae

Checklist of Required Schedules

Part IV

SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 2 2 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III 8 Χ 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Χ 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," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Χ **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 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b 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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Χ 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Χ 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19

Part IV

Checklist of Required Schedules (continued)

SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Χ 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 Χ 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 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 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? 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .......... Χ 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ С An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Χ 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, 37 Χ 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

17) SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.
Statements Regarding Other IRS Filings and Tax Compliance Part V

	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	Χ	
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	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		Χ
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		<b></b>
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?	70		37
h	and services provided to the payor?	7a 7b		Х
b		76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		$\overline{}$
e	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		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		71
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<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 1/10	Enter the amount of reserves on hand	1/10		V
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		i

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		169	140
	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 in 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		Χ
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		Х
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			
	one or more members of the governing body?	7a		Χ
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		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
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		Χ
b	Describe in 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	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in 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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	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 (or 1024 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.			
40	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
00	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:			

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-om	990	(20)	<b> </b> /

SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.

23-7399498

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# 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 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(i) SANDY HALL DIRECTOR 1.00 DIRECTOR 2.1.00 DIRECTOR 2.1.00 DIRECTOR 2.1.00 DIRECTOR 2.1.00 DIRECTOR 3.3.00 DIRECTOR 3.00 DIRECTOR 3.00 DIREC					(	C)					
Name and Title	(A)	(B)					(D)	(E)	(F)		
Veck (Stary hours for related or other related or programs and the progr	Name and Title	Average		,				Reportable			
Companisation   Companisatio			offic	officer and a director/trustee)			)				
Companies   Comp											
Companies   Comp			Indi or di	Insti	Offic	Key	High	Forr		(W-2/1099-MISC)	
[1] SANDY HALL DIRECTOR    1.00			idua rectc	utior	ër	emp	lest c	ner	(W-2/1099-WI3C)		
[1] SANDY HALL DIRECTOR    1		line)	l trus or	nal tr		loye	omp				organizations
(1) SANDY HALL DIRECTOR DIRECT			tee	ustee		U	ensa				
DIRECTOR				W.			ated				
DIRECTOR											
C  RACHEL HORSLEY	(1) SANDY HALL	1.00									
DIRECTOR	DIRECTOR		Χ						0	0	0
3  JEFFREY CARTER	(2) RACHEL HORSLEY	1.00									
DIRECTOR	DIRECTOR		Χ						0	0	0
(4) WENDY_HARVEY	(3) JEFFREY CARTER	1.00									
DIRECTOR	DIRECTOR		Χ						0	0	0
Signe   Color   Colo	(4) WENDY HARVEY	1.00									
DIRECTOR			Х						0	0	0
CHAIR		1.00									
CHAIR			X						0	0	0
Total Control Contro		30_0_									
IMMEDIATE PAST CHAIR					Χ				0	0	0
(8) BETH WYNN 3.00 X 0 0 0 0 (9) KATHERINE GRESBACK 3.00 X 0 0 0 0 (10) ELAINE PARHAM 3.00 X 0 0 0 0 (11) ROBIN LEE 20.00 X 0 0 0 (12) (13)		3 .00_			3.7						
VICE-CHAIR       X       0       0       0         (9) KATHERINE GRESBACK       3.00       X       0       0       0         SECRETARY       X       0       0       0       0         (10) ELAINE PARHAM       3.00       X       0       0       0         TREASURER       X       0       0       0       0         (11) ROBIN LEE       20.00       X       0       0       0         (12)       X       0       0       0       0         (13)       (13)       X       0       0       0					X				0	0	0
(9) KATHERINE GRESBACK 3.00 X 0 0 0 0 (10) ELAINE PARHAM 3.00 X 0 0 0 0 (11) ROBIN LEE 20.00 X 0 0 0 (12) X 0 0 0 0 (13)		3 .00_			v				•		•
SECRETARY   X		2 00			Λ				0	0	<u> </u>
10 ELAINE PARHAM		3 .00_			v				0		0
TREASURER	(10)====================================	3 00			Λ				0	0	
(11)ROBIN_LEE     20.00       EXECUTIVE DIRECTOR     X       (12)     0       (13)     0		3 .00-			x				0	_	0
EXECUTIVE DIRECTOR	(11) DODIN THE	20 00			21					•	<u> </u>
(12)		20.00				Х			0	0	0
(13)										, and the second	
	÷										
	(13)										
(14)											
	(14)										

EEA

99498 Page	8
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Fait	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	na r	ugne	est	Comp	ensa	itea Employees (	continuea)		
					(C							
(A)			Position (do not check more than one						(D)	(E)		(F)
	Name and title	Average		box, unless person is both an				Reportable	Reportable		stimated	
		hours per week (list any	office	r and	a dire	ector/	/trustee)		compensation from	compensation from related	ar	nount of other
		hours for	악교	Ins	♀	₹ 6	en H	Fo	the	organizations	com	pensation
		related	direc	stitut	Officer	<ey employee<="" td=""><td>ghes</td><td>Former</td><td>organization</td><td>(W-2/1099-MISC)</td><td></td><td>rom the</td></ey>	ghes	Former	organization	(W-2/1099-MISC)		rom the
		organizations	ual t	iona		oldu	/ee	_	(W-2/1099-MISC)		1	janization d related
		below dotted line)	Individual trustee or director	nstitutional trustee		yee	mpe				I	anizations
			ď	tee			Highest compensatec employee					
							ed					
(15)												
(16)												
(17)_		L										
(18)		L										
(19)												
(20)												
<u>(21)</u>												
(22)												
<u>(23)</u>												
(24)												
(25)												
1b	Sub-total			• •	• •	• •		▶				
C	Total from continuation sheets to Part VII, Section			• •	• •	• •		▶		_		
d	Total (add lines 1b and 1c)							<b></b>	0	0		0
2	Total number of individuals (including but not limited	to those liste	ed abov	ve) v	vno i	ece	eived m	ore	than \$100,000 of	_		
	reportable compensation from the organization									0		Yes No
3	Did the organization list any former officer, director	or truotoo ka	ov omr	alov (c		r bio	shoot o	omn	anastad			res No
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i>			-		_		-	ensaleu 		3	Х
4	For any individual listed on line 1a, is the sum of rep										3	Λ
•	organization and related organizations greater than	-										
	individual · · · · · · · · · · · · · · · · · · ·										4	Х
5	Did any person listed on line 1a receive or accrue co										-	Λ
·	for services rendered to the organization? <i>If "Yes," o</i>			-			-				5	Х
Section	on B. Independent Contractors	ompiete ceri	- Cauro	0 101	ouo	pc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					21
1	Complete this table for your five highest compensate	ed independe	ent con	tract	tors	that	receiv	ed m	nore than \$100,000	) of		
	compensation from the organization. Report compe	-										
	year.				,							
-	(A)								(B)			(C)
	Name and business address								Description of	services		ensation
2	Total number of independent contractors (including l	out not limited	d to the	ose I	istec	abo	ove) w	ho				
	received more than \$100,000 of compensation from	the organiza	tion	•								

23-7399498

Form 990 (2017) SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or no	ote to any line in this	Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
yy	1a	Federated campaigns	1a					
unt	b	Membership dues	1b					
ב ה ה	С	Fundraising events • • • • • • •	1c	49,030				
ar A	d	Related organizations • • • • • •	1d	,				
S,E	е	Government grants (contributions) • •	1e					
n Si	f	All other contributions, gifts, grants,						
ib C		and similar amounts not included above	1f	60,404				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a	-1f: \$	,				
g g	h	Total. Add lines 1a-1f			109,434			
				Business Code				
une	2a	FAMILY WEEKEND CAMP		900099	3,028	3,028		
3eve	b	SUMMER CAMP FEES		900099	3,605	3,605		
Program Service Revenue		EDUCATION DAYS		900099	108	108		
Serv	d	HISPANIC FAMILY CAMP		900099	2,950	2,950		
E	е	ADULT RETREAT		900099	292	292		
oge	f	All other program service revenue	<del></del>					
Δ.	g	Total. Add lines 2a-2f			9,983			
	3	Investment income (including dividends, interest and other similar amounts)			5			5
	4	Income from investment of tax-exempt bond		+	3			<u>5</u>
	5	Royalties	•	+				
		(i) Rea		(ii) Personal				
	6a		1	(II) Fersonal				
		Less: rental expenses • • • •						
		Rental income or (loss)						
		Net rental income or (loss)						
		` ′		(ii) Other				
	/a	Gross amount from sales of assets other than inventory (i) Securiti	es	(II) Other				
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)		<del> ▶</del>				
<u>e</u>		Gross income from fundraising						
enne		events (not including \$ 49,03	20					
Other Rev		of contributions reported on line 1c).	<u>,,,</u>					
e.		See Part IV, line 18 · · · · · · · · · ·	. а					
듣	b	Less: direct expenses		7,267				
Ū		Net income or (loss) from fundraising event			(7,267)			(7,267
		Gross income from gaming activities.			(1,201)			(1,201
		See Part IV, line 19	. а					
	b	Less: direct expenses						
		Net income or (loss) from gaming activities						
		Gross sales of inventory, less						
	IUa	returns and allowances	. а					
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inventory						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d		▶				
		Total revenue. See instructions		t	112.155	9.983	0	(7.262

Part IX

23-7399498

# 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 a	any line in this Part IX		<u>.</u>	🛚
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,400	6,400		
3	Grants and other assistance to foreign				
	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	27,517	23,389	1,376	2,752
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	2,105	1,789	105	211
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	750		750	
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	2,534	2,534		
13	Office expenses	4,685	461	281	3,943
14	Information technology	6,240	1,875	563	3,802
15	Royalties				
16	Occupancy	9,856	8,377	493	986
17	Travel	583		583	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	298	146	152	
23	Insurance	6,285	4,085	2,200	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	SUMMER CAMP	8,815	8,815		
b	FAMILY WEEKEND CAMP	6,571	6,571		
С	NEWLETTER	4,820	4,338		482
d	CHRISTMAS PARTY	4,300	4,300		
е	All other expenses	8,016	5,192	2,776	48
25	Total functional expenses. Add lines 1 through 24e -	99,775	78,272	9,279	12,224
26	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				
	following SOP 98-2 (ASC 958-720)			1	

Form 990 (2017) SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 1 Cash - non-interest-bearing 143,606 155,009 2 2 3 3 Pledges and grants receivable, net ......... 4 4 Accounts receivable. net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L ....... Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . 10a 28,690 b Less: accumulated depreciation . . . . . . . . . . . . 10b 10c 28,243 745 447 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 2,792 15 2,792 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 147,143 158,248 17 Accounts payable and accrued expenses ......... 17 18 18 19 Deferred revenue .............. 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 982 836 26 Total liabilities. Add lines 17 through 25 ....... 982 26 836 Organizations that follow SFAS 117 (ASC 958), check here 

and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets ......... 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds . . . . . .

Total net assets or fund balances ..........

Total liabilities and net assets/fund balances ......

Paid-in or capital surplus, or land, building, or equipment fund

158,248 Form **990** (2017)

157,412

157,412

30 31

32

33

34

146,161

146,161

147,143

30

31

32

33

34

		23-739949	8	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>- 🗌</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	1	12,1	.55
2	Total expenses (must equal Part IX, column (A), line 25)			99,7	775
3	Revenue less expenses. Subtract line 2 from line 1	- 3		12,3	380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1	46,1	.61
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments	- 8		(1,1	L29)
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	1	57,4	12
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. L</u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 📗 Accrual 📙 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	ĺ			
	Schedule O.	ĺ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:	ĺ			
	Separate basis Consolidated basis Both consolidated and separate basis	ĺ			
b	Were the organization's financial statements audited by an independent accountant?		2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ĺ			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				

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

Form 990 (2017)

### **SCHEDULE A**

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

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.

Employer identification number

OMB No. 1545-0047 2017

**Open to Public** Inspection

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

Name of the organization

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

SPI	NA	BIFIDA ASSOCIATION OF NO	RTH TEXAS, I	NC.			23-73994	98	
Pa	rt I	Reason for Public Charit	<b>y Status</b> (All or	ganizations must c	omplete	this par	t.) See instructio	ns.	
The	orga	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check only	one box.)				
1		A church, convention of churches, or	association of churc	ches described in <b>sectio</b>	n 170(b)(1	)(A)(i).			
2	Ц	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3	Ц	A hospital or a cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(i	ii).			
4	Ш	A medical research organization oper	ated in conjunction	with a hospital described	in <b>section</b>	າ 170(b)(1)	(A)(iii). Enter the		
		hospital's name, city, and state:							
5	Ш	An organization operated for the bene	-	niversity owned or operat	ed by a go	vernmenta	al unit described in		
_		section 170(b)(1)(A)(iv). (Complete F							
6		A federal, state, or local government of	· ·			` ,			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
	П	described in section 170(b)(1)(A)(vi)							
8	H	A community trust described in <b>section</b>					h - lawdtllaw	_	
9	Ш	An agricultural research organization						9	
		or university or a non-land-grant colleguniversity:	ge of agriculture (se	ee instructions). Enter the	riame, cit	y, and State	e of the college of		
10									
	ш	receipts from activities related to its ex	` '			•	, ,	o .	
		support from gross investment income	·						
		acquired by the organization after Jun		,		,			
11		An organization organized and operat	•	( / ( / ( )		,			
12		An organization organized and operat	ed exclusively for th	ne benefit of, to perform t	he function	ns of, or to	carry out the purpose	es	
		of one or more publicly supported org	anizations describe	d in <b>section 509(a)(1)</b> or	section 5	<b>09(a)(2)</b> . S	See <b>section 509(a)(3</b> )	).	
		Check the box in lines 12a through 12	2d that describes the	e type of supporting orga	nization an	d complete	e lines 12e, 12f, and	12g.	
	а	Type I. A supporting organization	operated, supervis	ed, or controlled by its su	ipported or	ganization	(s), typically by giving	J	
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dir	ectors or tr	rustees of the		
		supporting organization. You must	st complete Part I\	/, Sections A and B.					
	b								
		control or management of the sup		•	sons that o	control or n	nanage the supported	d	
		organization(s). You must comp							
	С	Type III functionally integrated.						٦,	
	a	its supported organization(s) (see		•				(a)	
	d	Type III non-functionally integrated.							
		requirement (see instructions). Yo				-	t and an attentivenes	5	
	е	Check this box if the organization	•				Type II Type III		
	-	functionally integrated, or Type III				α . , po ., .	., po		
	f	Enter the number of supported organi	· · · · · · · · · · · · · · · · · · ·						
	g	Provide the following information about	ut the supported org	ganization(s).					
	<b>(</b> i	i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum	ir governing	support (see instructions)	other support (see instructions)	
				above (see instructions))	docum	iont:	mandenons)	matructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									

990 or 990-EZ) 2017 SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. 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 unde
Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

Sec	tion A. Public Support									
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	<b>(e)</b> 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	141,425	124,425	124,637	105,251	109,434	605,172			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3 · · · · ·	141,425	124,425	124,637	105,251	109,434	605,172			
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)						109,334			
Sec	Public support. Subtract line 5 from line 4 · · · stion B. Total Support						495,838			
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	141,425	` '			109,434				
8	Gross income from interest, dividends,	141,423	124,425	124,037	103,231	105,454	003,172			
	payments received on securities loans, rents, royalties and income from									
	similar sources	45	55	6	5	5	116			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	(16,880	) (10 <i>,</i> 916	) (7,304	) (4,605	) (7,267	) (46,972			
11	Total support. Add lines 7 through 10 •						558,316			
12	Gross receipts from related activities, etc. (s	ee instructions)				12				
13	First five years. If the Form 990 is for the or organization, check this box and stop here						▶□			
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •		n)		44	22 21 2/			
14	Public support percentage for 2017 (line 6, c	* *	•			14	88.81 % 90.75 %			
15	Public support percentage from 2016 Sched 33 1/3% support test - 2017. If the organization					L	90.75 %			
IUa	box and <b>stop here</b> . The organization qualifie									
b	33 1/3% support test - 2016. If the organization									
~	this box and <b>stop here.</b> The organization qu			-	· ·		▶ □			
17a	10%-facts-and-circumstances test - 2017.									
	10% or more, and if the organization meets	ŭ			•					
	Part VI how the organization meets the "fact				•					
	organization						▶ □			
b	10%-facts-and-circumstances test - 2016.						_			
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b>									
	Explain in Part VI how the organization meet				•	ly				
	supported organization				•	•	▶ 🔲			
18	<b>Private foundation.</b> If the organization did r	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		_			
	instructions	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>	▶ □			

### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number 23-7399498 SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ............ Yes and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	Complete if the organization answered the officer of the first see Form 990, Fait A, line to.							
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment		19,747	19,300	447			
ее	Other		8,943	8,943				
Total	I. Add lines 1a through 1e. (Column (d) must equal For	m 990, Part X, column (B	), line 10c.)		447			

EEA Schedule D (Form 990) 2017

Part VII	Investments - Other Securities.	ADDOCIATION OF NORTH	IBARO, INC. 23 73	77470 rago
	Complete if the organization answe	red "Yes" on Form 990, P	art IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	red "Vee" as Ferm 000 D	aut IV line 11 a Cae Faum 000	Dort V. line 10
	Complete if the organization answe	red res on Form 990, P	an IV, line IIC. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year market	
(1)				
(2)			-	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n) must equal Form 990, Part Y col. (R) line 13.)			
Part IX	o) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
I dit ix	Complete if the organization answe	red "Yes" on Form 990 P	art IV line 11d See Form 990	Part X line 15
		Description	41.11, 1110 114. 000 1 0111 000	(b) Book value
(1) DEBOS	IT ON OFFICE	Description		(b) BOOK Value
	LL PAYMENT HELD BY PROCESSOR			1,99
(3)	THE PROPERTY OF THE PROPERTY O			1,33
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum Part X	on (b) must equal Form 990, Part X, col. (B) line to Other Liabilities.  Complete if the organization answe		art IV line 11e or 11f See For	2,79 m 990 Part X
	line 25.	100 100 0111 01111 000, 1	41117, 1110 110 01 111. 000 1 01	
1.	(a) Description of liability	(b) Book value		
- : :	income taxes			
	LL LIABILITIES	836		
(3)				
<u>(4)</u>				
(5)				
(6)				
(7) (8)				
(9)				
(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

836

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

Pa	Reconciliation of Revenue per Audited Financial Statements with Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, 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:		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)         2d           Add lines 2a through 2d         2d	- 00	
e	Subtract line 2e from line 1	2e 3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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		
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.)	_	
_C	Add lines 4a and 4b	4c	
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  **T XIII Supplemental Information.	5	
	ide 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	Y line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	A, IIIIe	
2,10	art XI, lines 20 and 4b, and 1 art XII, lines 20 and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2017

### **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.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

varile of the organization					'	imployer iden	itilication number
SPINA BIFIDA ASSOCIATION OF	NORTH TEXA	S, INC.				23-739	99498
Part I Fundraising Activities	Complete if	the organ	ization an	swered "Yes" on	Form 990	, Part IV,	line 17.
Form 990-EZ filers are no	•	•	•				
1 Indicate whether the organization rais	ed funds through	_	_				
a Mail solicitations				of non-government gra	ants		
<b>b</b> Internet and email solicitations		f 🗌	Solicitation of	of government grants			
c Phone solicitations		д □	Special fund	draising events			
d In-person solicitations		• -	•	Ŭ			
2a Did the organization have a written or	oral agreement w	ith any indivi	idual (includi	na officers directors	truetaae		
or key employees listed in Form 990,	-	-				☐ Ye	s 🗆 No
	, .			-		_	5   110
<b>b</b> If "Yes," list the 10 highest paid individ		muraisers) p	ursuant to a	greements under which	in the fundral	ser is to be	
compensated at least \$5,000 by the o	rganization.						
			1	1	( ) 4		
(i) Name and address of individual			draiser have	(iv) Gross receipts	( <b>v)</b> Amour (or retair		(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser		(or retained by) organization
		COTILID	iulions:		col.	(i)	Organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
•							
8							
•							
9							
9							
10							
10							
Total			▶				
3 List all states in which the organization	is registered or lic	censed to so	licit contribut	ions or has been notif	ied it is exem	pt from	
registration or licensing.							
				<u> </u>			

SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.

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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through WALK-N-ROLL NONE col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . . . . . . 49,030 49,030 Less: Contributions 49,030 49,030 Gross income (line 1 minus Cash prizes Noncash prizes Rent/facility costs . . . . . . . 2,585 2,585 Expenses Food and beverages 738 Direct Entertainment Other direct expenses . . . . . 3,944 3,944 Direct expense summary. Add lines 4 through 9 in column (d) 7,267 Net income summary. Subtract line 10 from line 3, column (d) (7, 267)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 Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:

EEA Schedule G (Form 990 or 990-EZ) 2017

### **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. ► Attach to Form 990.

2017 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, 23-7399498 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (a) Description of (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant (book, FMV, appraisal, noncash assistance or government (if applicable) grant cash assistance or assistance other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

.............

Part III Grants and Other Assistance to De Part III can be duplicated if additiona		-	e organization ans	wered "Yes" on Form 99	0, Part IV, line 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
1 SCHOLARSHIP FOR EDUCATIONAL STUDY	4	6,000			
2 EMERGENCY ASSISTANCE TO CLIENTS	1	400			
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	e the information re	equired in Part I, lin	ie 2; Part III, colun	nn (b); and any other add	ditional information.
01. Monitoring procedures (Par		•			
APPLICATIONS ARE AVAILABLE ON OUR WEBS:	ITE (SEE BELOW)	OR CAN BE EMAI	LED DIRECTLY TO	O YOU IF YOU ARE UNA	ABLE TO DOWNLOAD THE
APPLICANTS MUST BE BORN WITH SPINA BIF	IDA AND BE A LE	EGAL RESIDENT OF	THE STATE OF	TEXAS. SCHOLARSHIPS	S ARE BASED ON FINANCIAL
NEED, ACADEMIC RECORD, COMMUNITY SERVI	CE, WORK HISTOR	RY, LEADERSHIP A	ND OTHER INFOR	MATION PROVIDED ON T	THE APPLICATIONS.
APPLICATIONS ARE ACCEPTED EACH YEAR FRO	OM JANUARY 1-AP	PRIL 15 BY THE S	CHOLARSHIP COM	MITTEE.	
THE APPLICATIONS ARE REVIEWED BY A COM	MITTEE WHO DETE	ERMINES SCHOLARS	HIP AWARDEES.	STUDENT MUST PRESEN	NT SCHOLARSHIP COMMITTEE
PROOF OF ADMISSION TO SCHOOL AS WELL AS	S PAST TRANSCRI	IPT.			

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-E2. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 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. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST 03. List of other expenses (Part IX, line 24e) PROGRAM PAYROLL FEES \$22 YOUNG ADULTS GROUP \$422 ADULT RETREAT \$1,842 FAMILY/HISPANIC CAMP \$2,820 EQUIPMENT RENTAL \$86 MANAGEMENT AND GENERAL BOARD MEETINGS \$554 PAYROLL FEES \$1 GIFTS TO BOARD AND OTHERS \$366 BANK CHARGES \$1,856 ROUNDING -\$1 FUNDRAISING PAYROLL FEES \$3 EQUIPMENT RENTAL \$46

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

► Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury

Attachment

		o to www.irs.go	v/Form4562 fc					nation.		Sequence No. 179
Name(	s) shown on return			Business or	r activity to	which th	nis form relates			Identifying number
	INA BIFIDA ASSOCIA				M 99		1			23-7399498
Pa			• •							
	Note: If you have any		•							
1	Maximum amount (see instructions	•							1	
2	Total cost of section 179 property p	laced in service (s	see instructions	s) • •					2	
3	Threshold cost of section 179 proper	erty before reduct	ion in limitation	ı (see inst	ructions)				3	
4	Reduction in limitation. Subtract line	e 3 from line 2. If a	zero or less, er	nter -0-					4	
5	Dollar limitation for tax year. Subtra	ct line 4 from line	1. If zero or les	ss, enter -	0 If mar	ried fi	ling			
	separately, see instructions								5	
6	(a) Description of pro-	roperty		<b>(b)</b> Cost (b)	ousiness us	e only)	(c) Elec	cted cost		
7	Listed property. Enter the amount for	rom line 29 •				7				
8	Total elected cost of section 179 pro	operty. Add amou	nts in column (	c), lines 6	and 7				8	
9	Tentative deduction. Enter the sma	<b>Iller</b> of line 5 or lin	e8 ••••						9	
10	Carryover of disallowed deduction f	from line 13 of you	ur 2016 Form 4	1562 •					10	
11	Business income limitation. Enter the	ne smaller of busi	ness income (r	not less th	an zero)	or line	5 (see instru	ictions)	11	
12	Section 179 expense deduction. Ad	ld lines 9 and 10,	but don't enter	more that	n line 11				12	
13	Carryover of disallowed deduction t	to 2018. Add lines	9 and 10, less	line 12	•	13				
Note	: Don't use Part II or Part III below for	or listed property.	Instead, use P	art V.						
Pa	rt II Special Depreciatio	n Allowance	and Other	Depred	ciation	(Do	<b>n't</b> include l	isted p	opert	y.) (See instructions.)
14	Special depreciation allowance for	qualified property	(other than list	ed proper	ty) placed	d in se	ervice			
	during the tax year (see instructions	s)							14	
15	Property subject to section 168(f)(1	) election • •							15	
16	Other depreciation (including ACRS	8)							16	298
Pa	rt III MACRS Depreciati	on (Don't inc	lude listed pr	operty.)	(See ins	struct	tions.)			
			S	ection A						
17	MACRS deductions for assets place	ed in service in ta	x years beginn	ing before	2017				17	
18	If you are electing to group any ass	ets placed in serv	rice during the	tax year ir	nto one o	r more	e general			
	asset accounts, check here						🕨			
	Section B - Assets F	Placed in Servi	ice During 2	017 Tax	Year U	sing	the Genera	al Depr	eciat	ion System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inves only-see instr	tment use	(d) Reco		e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property		<u> </u>							
f	20-year property									
g	25-year property				25 yr:	s.		S/	L	
h	Residential rental				27.5 y	rs.	MM	S/	L	
	property				27.5 y	rs.	MM	S/	L	
i	Nonresidential real				39 yr:	s.	MM	S/	L	
	property						MM	S/	L	
	Section C - Assets Pla	ced in Service	During 201	7 Tax Ye	ear Usir	ng th	e Alternativ	ve Dep	reciat	tion System
20a	Class life							S/	L	
b	12-year				12 yr:	s.		S/	L	
	40-year				40 yr:		MM	S/	L	
Pa	rt IV Summary (See instr	ructions.)								
21	Listed property. Enter amount from	line 28 • • •	<del></del>						21	
22	<b>Total.</b> Add amounts from line 12, lin	nes 14 through 17	, lines 19 and	20 in colu	mn (g), a	nd line	e 21. Enter			
	here and on the appropriate lines o	f your return. Part	nerships and S	S corporat	ions - see	<u>instr</u>	uctions •		22	298
23	For assets shown above and place	-		-						
	portion of the basis attributable to s					23				

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning

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

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

2017

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

Employer identification number 23-7399498

SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.

ELAINE PARHAM, TREASURER
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### 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, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

	Form 990 check here <b>b b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	112,155
	Form 990-EZ check here <b>b Total revenue</b> , if any (Form 990-EZ, line 9)	
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here <b>b ax based on investment income</b> (Form 990-PF, Part VI, line 5) <b>b</b> Tax based on investment income	
5a	Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) · · · · · · · · · · · · · · · · · · ·	

### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

Χ	I authorize Tax	Savvy	Inc		to enter my PIN	75098	as my signature
			ERO firm n	ame		Enter five numbers, but do not enter all zeros	-
	being filed with a	state ager	ncy(ies) regulati	nically filed return. If I ha ing charities as part of the sure consent screen.			•
		-		r my PIN as my signature copy of the return is being	-	•	•

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

755300	96385	
	Do not enter all zeros	

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

### **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**

2017 PG01

Name(s) as shown on return

SPINA BIFIDA ASSOCIATION OF NORTH TEXAS, INC.

Your Social Security Number

23-7399498

### FORM 990-PART III(A) Statement of Service Accomplishment

Statement #4

PROGRAM SERVICE CODE PROGRAM SERVICE EXPENSES

\$1575

GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE \$400 PROGRAM SERVICES REVENUE

\$0

# **EXPLANATION**

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