Form **990**

** PUBLIC DISCLOSURE COPY ** 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.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Form 990 (2023)

Department of the Treasur

A For the 2023 calendar year, or tax year beginning and ending D Employer identification number C Name of organization SPINA BIFIDA ASSOCIATION OF AMERICA Name change **-***2181 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 202-618-4750 Final 800 1600 WILSON BLVD. 3,458,122. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return ARLINGTON, VA 22209 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SARA STRUWE Yes X No for subordinates? 1600 WILSON BOULEVARD, SUITE 800, ARLINGTON H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) __ 501(c) (4947(a)(1) or If "No," attach a list. See instructions (insert no.) HTTPS://WWW.SPINABIFIDAASSOCIATION.ORG/ H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1973 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE SPINA BIFIDA 1 ASSOCIATION IS TO BUILD A BETTER AND BRIGHTER FUTURE FOR ALL THOSE Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 14 3 Number of voting members of the governing body (Part VI, line 1a) 14 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 680 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 2,092,167. 2,142,601. 8 Contributions and grants (Part VIII, line 1h) Revenue 67,671. 623,689. 9 Program service revenue (Part VIII, line 2g) 3,478.30,106. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 38,114. 20,115. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,834,510. 2,183,431. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 37,427. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 . Benefits paid to or for members (Part IX, column (A), line 4) 1,352,048. 1,567,126. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 916,339. 1,608,424. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,175,550. 2,305,814. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -122,383. -341,040. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,417,977. 403,752. 1,019,508. 20 Total assets (Part X. line 16) 315,468. 21 Total liabilities (Part X, line 26) let ,014,225. 704,040. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer 2024 Sign SARA STRUWE, PRESIDENT AND CEO Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name P01822536 ADRIEL HENRIQUEZ BAI 10/25/24 ADRIEL HENRIQUEZ BAIRES, Paid self-employed Firm's EIN **-**8950 RENNER AND COMPANY CPA, P.C. Preparer 700 NORTH FAIRFAX STREET SUITE 400 Use Only Firm's address Phone no. (703) 535-1200 ALEXANDRIA, VA 22314 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

4d Other program services (Describe on Schedule O.)

(Expenses \$ 272,920 • including grants of \$

2,685,297.

) (Revenue \$ 330,443.)

4e Total program service expenses 4,685,4

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Part IV 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," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	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	X	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		Х
С	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		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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		X

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Pai	rt IV 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			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	l		1 37
	Schedule K. If "No," go to line 25a	24a		X
	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		
	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	05.0		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See 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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
34	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		X
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	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?			
De	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		 T	
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 46 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b	_		
b	Enter the Hamber of Forms W Za moladed of line 1d. Enter of mole dephiloable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

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

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	15					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	•	2b	Х			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	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 A	ccour	its (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
b	, , , , , , , , , , , , , , , , , , , ,							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r 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 ser	vices	provided to the payor?	7a		X		
b				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			37		
	to file Form 8282?	 I	 I	7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7e		Х		
_	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 							
f	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
Ü	sponsoring organization have excess business holdings at any time during the year?							
9	9 Sponsoring organizations maintaining donor advised funds.							
	a Did the sponsoring organization make any taxable distributions under section 4966?							
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b	•					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a				
	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
р	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1					
_	organization is licensed to issue qualified health plans	13c						
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		Х		
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			1 1 D				
excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		X		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		х		
. •	If "Yes," complete Form 4720, Schedule O.			-				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management			21					
	tion / it deverting body and management		Yes	No					
19	Enter the number of voting members of the governing body at the end of the tax year 14		163	IVO					
ıu	If there are material differences in voting rights among members of the governing body, or if the governing	4							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14								
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		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4									
5									
6	Did the organization have members or stockholders?	6	Х						
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	Х						
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	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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 on Schedule O	9		X					
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	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	X						
11a		11a	Х						
b									
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		37						
	on 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	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?	45-	Х						
	The organization's CEO, Executive Director, or top management official	15a	Λ	x					
D	Other officers or key employees of the organization	15b		A					
160	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
104		16a		Х					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		-25					
b	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	100							
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, IL, KS, KY, MD	, MA	MI	MN					
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)								
	for public inspection. Indicate how you made these available. Check all that apply.	,)							
	X Own website X Another's website X 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, an	d finan	cial						
	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								
	THE ASSOCIATION - 202-618-4750								
	1600 WILSON BLVD., 800, ARLINGTON, VA 22209								
332006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)					

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.

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

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

(A) Name and title	(B) Average hours per	(do box	not c	Posi heck i ss per	ition	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru stee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SARA STRUWE	37.50								_	
PRESIDENT AND CEO				Х				141,598.	0.	21,879.
(2) GLENRAE BROWN	37.50	-								
CHIEF FINANCIAL OFFICER				Х				114,488.	0.	21,709.
(3) MICHAEL WOOD	37.50	-								
CHIEF OPERATING OFFICER				Х				113,221.	0.	21,709.
(4) MARIA BOURNIAS, ESQ, CPA	5.00	l								
CHAIR		Х		Х			_	0.	0.	0.
(5) MICHAEL HARTY, JR	2.00	ļ								_
IMMEDIATE PAST CHAIR		Х		Х			_	0.	0.	0.
(6) NANCY GORE	2.00	ļ								_
CHAIR-ELECT		Х		Х			_	0.	0.	0.
(7) ANSHUL VARMA	2.00	1								
SECRETARY/TREASURER		Х		Х			_	0.	0.	0.
(8) ROBIN M BOWMAN, MD	2.00	4								
DIRECTOR		Х					_	0.	0.	0.
(9) DOUG BURNS	2.00	ļ								_
DIRECTOR		Х					_	0.	0.	0.
(10) ELLEN FREMION, MD, FAAP, FACP	2.00	ļ								
DIRECTOR		Х					_	0.	0.	0.
(11) TRACY DINUNZIO	2.00	1								
DIRECTOR		Х					_	0.	0.	0.
(12) CHASE PHILLIPS	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(13) KATHRYN ANN NAVARETTE SMITH, RN	2.00	ļ								_
DIRECTOR		Х						0.	0.	0.
(14) ERIC TOBIN	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(15) BRYAN VODICKA	2.00								_	_
DIRECTOR	0.00	Х			_	_	<u> </u>	0.	0.	0.
(16) DAWNE WIDENER-BURROWS	2.00								_	_
DIRECTOR	0 00	Х			_	_	<u> </u>	0.	0.	0.
(17) JOHN WIENER, MD	2.00								_	_
DIRECTOR 332007 12-21-23		X			<u> </u>		<u> </u>	0.	0.	0 • Form 990 (2023)

332007 12-21-23

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	330 (2020) DI IIII DII						_	_	1111111111111				ugo -
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable	Estimated		ed
	rame and the	hours per		(do not check more than one box, unless person is both an					compensation	compensation		nount	
		week		officer and a director/trustee)					from	from related		other	
		(list any	tor						the	organizations	com	npensa	
		hours for	direc				- -		organization	(W-2/1099-MISC/	fı	rom th	е
		related	ee 01	stee			nsate		(W-2/1099-MISC/	1099-NEC)	org	ganizat	ion
		organizations	trust	al tru		yee	ad m		1099-NEC)	,	an	d relat	ed
		below	Individual trustee or director	nstitutional trustee	l la	Key employee	est co	er			orga	anizati	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
									260 207				07
	Subtotal								369,307.	0.	ь	5,2	
	Total from continuation sheets to Part VI								0.	0.			0.
_d	Total (add lines 1b and 1c)								369,307.	0.	6	5,2	<u>97.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100,	000 of reportable			
	compensation from the organization												3
												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	gme	oye	e, or	hia	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for s	-		•		•		•	·	•	3		х
4	For any individual listed on line 1a, is the su												
7	•	•							•	•	4	Х	
_	and related organizations greater than \$150										4	Λ	
5	Did any person listed on line 1a receive or a	ccrue compen	ısati	on fr	om	anv	unre	elate	ea organization or individ	lual for services		1	

rendered to the organization? *If "Yes," complete Schedule J for such person*Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LOEWS HOTEL & CO FINANCIAL SVS LVC HOTEL LL 455 DUKE DRIVE SUITE 103, FRANKLIN, TN 3706	CONFERENCE HOTEL	240,953.
DAVINCI DIRECT INC	FUNDRAISING CONSULTANT	130,229.
P.O. BOX 1640, PLYMOUTH, MA 02362 VENABLE LLP	GOVERNMENT RELATIONS	,
P.O. BOX 62727, BALTIMORE, MD 21264	CONSULTANT	108,500.
 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 	l above) who received more than	

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Х

Form 990 (2023) SPINA B
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		•	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a	70,003.				
ant		Membership dues 1b	, 0 , 0 0 0 0				
9		Fundraising events 1c					
fts,		Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			921,475.				
Sir.		Government grants (contributions) All other contributions gifts grants and	J21, 1 13•				
a tio	Ţ	All other contributions, gifts, grants, and	151 100				
^듩			<u>,151,123.</u>				
ont	_	Noncash contributions included in lines 1a-1f		2 142 601			
O g	n	Total. Add lines 1a-1f	Business Code	2,142,601.			
		COMPEDENCE AND MERELIN		221 260	221 260		
<u>e</u>		CONFERENCE AND MEETIN	541800	331,360.			
Program Service Revenue	b	SPECIAL EVENTS	900099	292,329.	292,329.		
ı S.	С						
ran Sev	d						
F	е						
<u>a</u>	f	All other program service revenue					
	g			623,689.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		15,488.			15,488.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 638,230	,				
	b	Less: cost or other basis					
<u>o</u>		and sales expenses 76 623,612	,				
Revenue	c	Gain or (loss) 7c 14,618.					
Şe.		Net gain or (loss)		14,618.			14,618.
her F		Gross income from fundraising events (not					
Ğ	0 4	including \$ of					
Ŭ		contributions reported on line 1c). See					
		Part IV, line 18					
	h	Less: direct expenses 8t					
		Net income or (loss) from fundraising events	<u> </u>				
		Gross income from gaming activities. See					
	e a	Part IV, line 19 92	,				
	h	Less: direct expenses 9t					
		Net income or (loss) from gaming activities	,				
	ю а	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold 10	•				
\rightarrow	С	Net income or (loss) from sales of inventory					
ပ္ခ		OMUED INCOME	Business Code	20 11/	20 11/		
eor re	11 a	OTHER INCOME	900099	38,114.	38,114.		
Miscellaneous Revenue	b						
Se.	С.						
Σ̈́	d	All other revenue		20 114			
	е	Total. Add lines 11a-11d		38,114.	661 002	^	20 106
	12	Total revenue. See instructions		2,834,510.	661,803.	0.	30,106.

	Check if Schedule O contains a respons		this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising 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				
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	441,149.	365,978.	21,737.	53,434
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	757,510.	634,197.	37,561.	85,752
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	260,073.	209,541.	12,359.	38,173
0	Payroll taxes	108,394.	90,373.	5,562.	12,459
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	75,927.		75,927.	
d	Lobbying	47,956.	47,956.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,780.		1,780.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	675,164.	661,265.	7,230.	6,669
2	Advertising and promotion	4,306.	4,306.		
3	Office expenses	163,485.	137,115.	8,849.	17,521
4	Information technology	2,698.	2,224.	237.	237
5	Royalties				
6	Occupancy	32,479.	22,088.	6,231.	4,160
7	Travel	127,187.	119,880.	2,109.	5,198
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	324,687.	323,766.	542.	379
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	7,359.		7,359.	
3	Insurance	11,549.	8,057.	1,746.	1,746
4	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 0.)				
а	BANK FEES	48,243.	28,952.	9,710.	9,581
b	MISCELLANEOUS	43,614.	1,379.	42,069.	166
С	EQUIPMENT RENTAL AND MA	22,016.	15,991.	2,986.	3,039
d	FILING REGISTRATION	8,693.	6,718.	320.	1,655
е	All other expenses	11,281.	5,511.	5,352.	418
5	Total functional expenses. Add lines 1 through 24e	3,175,550.	2,685,297.	249,666.	240,587
3	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)				

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Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			297,686.	1	298,258
	2	Savings and temporary cash investments			292,412.	2	
	3	Pledges and grants receivable, net		193,502.	3	225,711	
	4	Accounts receivable, net			4	21,774	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B) L		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			126,268.	9	36,941
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	233,328.			
	b	Less: accumulated depreciation		230,896.	9,119.	10c	2,432 401,165
	11	Investments - publicly traded securities			440,670.	11	401,165
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			58,320.	15	33,227
	16	Total assets. Add lines 1 through 15 (must eq		1	1,417,977.	16	1,019,508
	17	Accounts payable and accrued expenses			73,910.	17	192,466
	18	Grants payable			151,928.	18	
	19		d revenue mpt bond liabilities				20,890
	20						
	21	Escrow or custodial account liability. Complete		1		21	
ဖွ	22	Loans and other payables to any current or for	mer offic	er, director,			
<u> </u>		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ons		22	
Ĕ	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p	ayables ·	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D		L	177,914.	25	102,112
	26	Total liabilities. Add lines 17 through 25			403,752.	26	315,468
		Organizations that follow FASB ASC 958, ch	neck here	e X			
Se		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			774,316.	27	360,402
g	28	Net assets with donor restrictions			239,909.	28	343,638
밀		Organizations that do not follow FASB ASC					
ᇍᅵ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,014,225.	32	704,040
-	33	Total liabilities and net assets/fund balances			1,417,977.	33	1,019,508

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Pa	rt XI Reconciliation of Net Assets				<u> </u>			
ı u								
	Check if Schedule O contains a response or note to any line in this Part XI							
	T. 1. (A) 1. (A) 1. (A)		2 02	1 E	1 /			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,83					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,17					
3								
4	3							
5	Net unrealized gains (losses) on investments	5	3	J , 8	<u>55.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			4,0				
	column (B))							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:	, a.c.,						
	X 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	х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
20		dule U.						
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		0-	Х				
1-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Λ				
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?			v				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	I			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	SPIN	A BIFIDA A	SSOCIATION OF	AMEF	RICA		*	*-***2181			
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions					
The organ	ization is not a private found										
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental un	t describe	ed in			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 🗌	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	and-grant	college			
	or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of tl	ne college	or			
	university:										
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, an	d gross receipts from			
	activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	after June 30, 1975.			
	See section 509(a)(2). (Con	mplete Part III.)									
11 📙	An organization organized a	•	•	•							
12	An organization organized a	•	•	•			•				
	more publicly supported or	•						Check the box on			
	lines 12a through 12d that	* *					-				
a		· · · · · · · · · · · · · · · · · · ·	•	•	-						
	the supported organization			majority o	the direc	tors or trustees	s of the su	ipporting			
	organization. You must o						<i>,</i> , , ,				
b		•				-	•	•			
	control or management o			ame perso	ns that co	ntroi or manage	e the supp	оопеа			
	organization(s). You mus			in connect	م طائند موند	and functionally	, into avata	ad with			
C	Type III functionally inte its supported organization	-				-	rinegrate	eu wiiii,			
d 🗆	Type III non-functionally		·				ad organi:	zation(s)			
u	that is not functionally int						-				
	requirement (see instructi	•	• ,	•		•	arr atternit	7011033			
e \square	Check this box if the orga	•					Type III				
	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , p				
f Ente	er the number of supported o		, 3	5 5							
g Pro	vide the following informatior	about the supporte	d organization(s).								
((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of r	•	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)			
Total											

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1718305.	1460028.	2139236.	2092167.	2142601.	9552337.
2	Tax revenues levied for the organ-						
	ization'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	1718305.	1460028.	2139236.	2092167.	2142601.	9552337.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						9552337.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1718305.	1460028.	2139236.	2092167.	2142601.	9552337.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	21,806.	14,227.	7,879.	1,808.	15,488.	61,208.
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.)	25.	8,850.	20,114.	28,995.	38,114.	96,098.
11	Total support. Add lines 7 through 10				,		9709643.
	Gross receipts from related activities,	etc. (see instruction	ins)			12	331,360.
	First 5 years. If the Form 990 is for the	•	,			01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	98.38 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	98.97 %
	33 1/3% support test - 2023. If the					ore, check this box	c and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
b	10% -facts-and-circumstances test	-		• • •	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
			,,	, ,,	,		(Form 990) 2023

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
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3b		
_		
3c		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
36		
00		
9c		
10a		
10b		

	dule A (Form 990) 2025 STINA BIFIDA ADDOCTATION OF AMERICA	210	⊥ Pċ	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	Hon B. Type I Supporting Organizations		\ \ \ \ \ \	·
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
566	Hon O. Type it oupporting Organizations		\ \ \ \ \ \	·
_	Manager and the state of the st		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			V	
4	Did the expenientian provide to each of its supported expenientians, but he lost day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	امر	
2	Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> La</u>		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	Z.U		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	i		-	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 332025 12-21-23 Schedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990) 2023

e Excess from 2023

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), of	r (6) organizat	ions: Complete Part III.			_	
Name of organization						er identification number
		IFIDA ASSOCIATIO				**-***2181
Part I-A Complete	e if the org	anization is exempt und	er section 501(c)	or is a section 52	27 orga	nization.
2 Political campaign act	ivity expendit	ation's direct and indirect politic ures gn activities				
Part I-B Complete	e if the org	anization is exempt und	er section 501(c)(3).		
		incurred by the organization und			\$	
		incurred by organization manag				
		n 4955 tax, did it file Form 4720				
b If "Yes," describe in Pa	art IV.					
Part I-C Complete	e if the org	anization is exempt und	er section 501(c),	except section (501(c)(3	3).
1 Enter the amount direct	ctly expended	by the filing organization for se	ction 527 exempt funct	tion activities	\$	
2 Enter the amount of the	ne filing organ	ization's funds contributed to ot	ther organizations for se	ection 527		
exempt function activi	exempt function activities\$					
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,						
		1120-POL for this year?				
		nployer identification number (E	•	~		
· •	-	tion listed, enter the amount pai				· · · · · · · · · · · · · · · · · · ·
	•	omptly and directly delivered to additional space is needed, prov		•	eparate s	egregated fund or a
	1166 (1 AO). 11				. 1	
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organization		(e) Amount of political ontributions received and
				funds. If none, ent		promptly and directly
				,		delivered to a separate
						political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Sch	nedule C (F		ON OF AMERIC		**2181 F			
Pi	art II-A	Complete if the org	janization is exen	npt under section	1 501(c)(3) and file	ed Form 5768 (ele	ction under	
		section 501(h)).						
Α	Check	if the filing organiza	ation belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,	
		expenses, and sha	re of excess lobbying e	expenditures).				
<u>B</u>	Check	if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.	Γ	Г	
			its on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated of totals	group
1	a Total lob	obying expenditures to infl	uence public opinion (g	grassroots lobbying)		45,686.		
	b Total lob	obying expenditures to infl	uence a legislative bod	ly (direct lobbying)		159,496.		
		obying expenditures (add li				205,182.		
	d Other ex	kempt purpose expenditure	es			2,968,588.		
	e Total ex	empt purpose expenditure	es (add lines 1c and 1d))		3,173,770.		
	f Lobbyin	g nontaxable amount. Ent	er the amount from the	following table in both	n columns.	308,689.		
	If the am	ount on line 1e, column (a) c	or (b) is: The lob	bying nontaxable am	ount is:			
	not over	\$500,000,	20% of t	the amount on line 1e.				
	over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000.							
	over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000.			ess over \$1,000,000.				
	over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.			ss over \$1,500,000.				
	over \$1	7,000,000,	\$1,000,0	000.				
	g Grassroots nontaxable amount (enter 25% of line 1f)					77,172.		
	h Subtrac	t line 1g from line 1a. If zer	o or less, enter -0-			0.		
		t line 1f from line 1c. If zero	,			0.		
	-	is an amount other than ze g section 4911 tax for this		line 1i, did the organiza		Г	Yes	No
	торогин	g section 40 ff tax for time		eraging Period Under				
		(Some organizations t	hat made a section 50		nave to complete all o	of the five columns be	low.	
			Lobbying Exper	nditures During 4-Yea	r Averaging Period			
		Calendar year al year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
		g nontaxable amount	252,712.	251,651.	265,291.	308,689.	1,078,3	343.
	,	g ceiling amount If line 2a, column(e))					1,617,5	515.
					l			

141,188. 159,288. 75,988. 205,182. 581,646. c Total lobbying expenditures 63,178. 62,913. 66,323. 77,172. 269,586. d Grassroots nontaxable amount e Grassroots ceiling amount 404,379. (150% of line 2d, column (e)) 5,775. 6,000. 30,659. 45,686. 88,120. f Grassroots lobbying expenditures

Schedule C (Form 990) 2023 SPINA BIFIDA ASSOCIATION OF AMERICA **-***21

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1(c)(5), or se	r section Yes 1	mount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	1 2	Yes	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? eart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Cart III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?	1 2	Yes	
Were substantially all (90% or more) dues received nondeductible by members?	2	1	
	2		T N
	2		+-
			+
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	r vear? 3	3	+
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes." 1 Dues, assessments and similar amounts from members			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
expenses for which the section 527(f) tax was paid).			
a Current year			
<i>f</i>	2a	2 a	
	<u>2b</u>	2b	
b Carryover from last year c Total	2b 2c	2b 2c	
b Carryover from last year c Total	2b 2c 3	2b 2c	
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2b 2c 3	2b 2c	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 	2b 2c 3	2b 2c 3	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions 	2b 2c 3	2b 2c 3 4	
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 	2b 2c 3	2b 2c 3 4	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer identification number**

Par		Funds or Other Similar Fund	s or Account	S. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line		4)= 1		
	<u> </u>	(a) Donor advised funds	(b) Fund:	s and other accounts	
1	Total number at end of year		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 we				
	are the organization's property, subject to the organization's ex			Yes No	
6	Did the organization inform all grantees, donors, and donor adv				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring		
Dav				Yes No	
Par			, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	`			
	Preservation of land for public use (for example, recreation	· —	-	nportant land area	
	Protection of natural habitat	Preservation	of a certified histo	oric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form			
	day of the tax year.		-	leld at the End of the Tax Year	
а			2a		
b					
С	c Number of conservation easements on a certified historic structure included on line 2a 2c				
d	Number of conservation easements included on line 2c acquire	•			
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	ne organization di	uring the tax	
	year				
4	Number of states where property subject to conservation ease		_		
5	Does the organization have a written policy regarding the period	- · · · · · · · · · · · · · · · · · · ·	f		
	violations, and enforcement of the conservation easements it h				
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing co	nservation easem	ents during the year	
7	Amount of expanses incurred in manitoring inspecting bondlin		vation accoments	during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and emorcing conserv	ation easements	during the year	
8	Does each conservation easement reported on line 2d above s	atisfy the requirements of section 170	(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial state	ments that descri	bes the	
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or C	Other Similar	Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement	and balance she	et works	
	of art, historical treasures, or other similar assets held for publi $% \left(1\right) =\left(1\right) \left(1\right$	c exhibition, education, or research in	furtherance of pu	ıblic	
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these ite	ms.		
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and	d balance sheet w	orks of	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	therance of publi	c service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
	(ii) Assets included in Form 990, Part X		\$		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	ial gain, provide		
	the following amounts required to be reported under FASB AS	C 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$		
	Assets included in Form 990, Part X				

332051 09-28-23

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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				
c Leasehold improvements		132,484.	132,484.	0.
d Equipment		57,100.	55,121.	1,979.
e Other		43,744.	43,291.	453.
Total. Add lines 1a through 1e. (Column (d) must equa	2.432.			

Complete if the organization answered "Yes" of	on Form 990, Part 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 valuation: Cost or	end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			-
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(0)			
(9)			
(9) Cotal (Col. (b) must equal Form 900, Part V, line 13, col. (B.)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) I		11d. See Form 990, Part X, line 15.	(b) Book value
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otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
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otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a)	Description (B))		
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability	Description (B))		25.
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description (B))		25. (b) Book value
Other Assets Complete if the organization answered "Yes" (a) [4] [5] [6] [6] [7] [8] [9] [7] [7] [8] [9] [7] [7] [7] [8] [9] [7] [7] [7] [7] [8] [7] [7] [7] [7] [7] [7] [7] [7] [7] [7	Description (B))		25.
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3)	Description (B))		25. (b) Book value
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otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) (4) (5) (6)	Description (B))		25. (b) Book value

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

-*21	181 Page 4
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Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Rever	nue 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	2,863,585.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	30,855.	
b	Donated services and use of facilities		
С			
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	30,855.
3	Subtract line 2e from line 1	3	2,832,730.
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	1,780.	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	1,780. 2,834,510.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,834,510.
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,173,770.
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 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,173,770.
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	1,780.	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	1,780.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,175,550.
Par	rt XIII Supplemental Information		
Provi	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	X, line 2; Part XI,
lines	${\it 2d} \ and \ 4b; \ and \ Part \ XII, \ lines \ 2d \ and \ 4b. \ Also \ complete \ this \ part \ to \ provide \ any \ additional \ information.$		
PAF	RT V, LINE 4:		
THE	E PERMANENT ENDOWMENT FUNDS ARE USED TO FUND SCHOLAR	SHIPS WITH	PEOPLE
<u>WI</u>	TH SPINA BIFIDA, FUND GRANTS TO PROMOTE THE PREVENTI	ON AND SCI	ENTIFIC
UNI	DERSTANDING OF SPINA BIFIDA, AND TO IMPROVE THE LIVE	S OF THOSE	LIVING

PART X, LINE 2:

WITH SPINA BIFIDA.

THE ASSOCIATION EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED DECEMBER 31, 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX EXEMPT STATUS.

Schedule D (Form 990) 2023	SPINA	BIFIDA	ASSOCIATION	OF	AMERICA	**-***2181	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	mation /ss	ntinal)					·g
Turt XIII Cuppiementai iiioi	mation (co	ntinuea)					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

SPINA BIFIDA ASSOCIATION OF AMERICA

Employer identification number **-**2181

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) SARA STRUWE	(i)	141,598.	0.	0.	0.	21,879.	163,477.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Internal Revenue Service

Name of the organization

SPINA BIFIDA ASSOCIATION OF AMERICA

Employer identification number **-***2181

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IMPACTED BY SPINA BIFIDA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATE AND TRAIN THE PROFESSIONALS INVOLVED IN THE TREATMENT OF SPINA
BIFIDA.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
NATIONAL SPINA BIFIDA PATIENT REGISTRY (NSBPR). THE SPINA BIFIDA
COLLABORATIVE CARE NETWORK PRODUCED GUIDELINES FOR THE CARE OF PEOPLE
LIVING WITH SPINA BIFIDA WHICH INCLUDED RESEARCH FROM NSBPR. IN 2023
THE WORLD CONGRESS ON SPINA BIFIDA RESEARCH AND CARE HOSTED 100 HEALTH
AND RESEARCH INSTITUTES, FROM 18 COUNTRIES AND 35 STATES WITHIN THE
U.S. AND THE DISTRICT OF COLUMBIA.
FORM 990, PART VI, SECTION A, LINE 6:
EACH CHAPTER OF THE ASSOCATION WHICH MEETS THE AFFILIATION STANDARDS OF THE
ASSOCIATION AND IS IN GOOD STANDING AT THE TIME OF EACH RELEVENT MEETING IS
REFERRED TO AS A MEMBER.
FORM 990, PART VI, SECTION A, LINE 7A:
DELEGATES ARE APPOINTED BY EACH CHAPTER. THESE DELEGATES APPROVE THE SLATE
OF BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

LHA 332211 11-14-23

ANY CHANGES IN THE ASSOCIATION'S BYLAWS AND ARTICLES OF INCORPORATION ARE

Schedule O (Form 990) 2023 Page 2

Name of the organization

SPINA BIFIDA ASSOCIATION OF AMERICA

Employer identification number **-***2181

REQUIRED TO BE APPROVED BY A MAJORITY OF THE CHAPTER DELEGATES PRESENT AT THE ANNUAL BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE DRAFT VERSION OF THE FEDERAL FORM 990 IS REVIEWED BY THE PRESIDENT AND CEO AS WELL AS THE CHIEF FINANCIAL OFFICER. IT IS THEN GIVEN TO THE AUDIT COMMITTEE FOR REVIEW, DISCUSSION, AND APPROVAL. A COPY OF THE DRAFT FEDERAL FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL WRITTEN CONFIRMATION IS REQUIRED FROM ALL BOARD MEMBERS WHO IDENTIFY
ANY POTENTIAL CONFLICTS OF INTEREST. THE CONFIRMATION FORM STATES THAT
BOARD MEMBERS FOR WHOM THERE IS A CONFLICT ON A GIVEN ISSUES WILL NOT BE
INVOLVED IN ANY DISCUSSIONS NOR VOTES ON AREAS OF CONFLICT. THE ANNUAL
CONFLICT OF INTEREST (COI) STATEMENTS ARE REVIEWED BY THE BOARD CHAIR AND
THE CEO AND, IF ANY COI ITEMS ARE IDENTIFIED, THEY WILL BE BROUGHT TO THE
BOARD FOR REVIEW. IN ADDITION, BOARD MEMBERS ARE EXPECTED TO IDENTIFY ANY
POTENTIAL CONFLICTS OF INTEREST THAT MAY ARISE THROUGHOUT THE YEAR AND
AFTER THE COI STATEMENTS ARE SIGNED.

FORM 990, PART VI, SECTION B, LINE 15A:

THERE IS A FORMAL REVIEW OF THE CHIEF EXECUTIVE OFFICER'S (CEO)

COMPENSATION BY THE BOARD OF DIRECTORS. A FORMAL REVIEW IS MADE BY THE CEO

FOR ALL OTHER EMPLOYEES. THE BOARD OF DIRECTORS EMPLOYS A COMBINATION OF

PERFORMANCE EVALUATION AND REVIEW OF BOTH LOCAL AND NATIONAL COMPENSATION

SURVEYS TO ESTABLISH THE COMPENSATION OF THE CEO. SIMILARLY, THE CEO

EMPLOYS PERFORMANCE REVIEWS AND DOCUMENTATION ON REGIONAL COMPENSATION

Schedule O (Form 990) 2023

Name of the organization

SPINA BIFIDA ASSOCIATION OF AMERICA

SPINA BIFIDA ASSOCIATION OF AMERICA

STUDIES TO REVIEW ALL STAFF INCLUDING THE CONTROLLER. ALL STAFF PERFORMANCE

REVIEWS AND COMPENSATION CHANGES ARE PRESENTED TO THE CEO PRIOR TO

FINALIZING FOR WRITTEN APPROVAL. THE COMPENSATION STUDY LAST TOOK PLACE

DURING DECEMBER 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI, SC, TN, UT

VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES 661,265.

MANAGEMENT AND GENERAL EXPENSES 7,230.

FUNDRAISING EXPENSES 6,669.

TOTAL EXPENSES 675,164.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 675,164.

PART XII LINE 2C

THE ASSOCIATION HAS NOT CHANGED THE OVERSIGHT OR SELECTION PROCESS OF THE AUDIT COMMITTEE.

FORM 990, PART I, LINE 5 & PART V, LINE 2A

THE ASSOCIATION HAS CONTRACTED WITH A PROFESSIONAL EMPLOYER

Schedule O (Form 990) 2023	Page 2
Name of the organization SPINA BIFIDA ASSOCIATION OF AMERICA	Employer identification number
ORGANIZATION, COADVANTAGE, TO SERVE AS THE EMPLOYER OF REC	CORD FOR THE
ASSOCIATION'S EMPLOYEES. AS SUCH COADVANTAGE IS RESPONSIBL	LE FOR TAX
FILINGS RELATED TO EMPLOYEES. COADVANTAGE ISSUED 15 W-2 FC	DRMS IN 2023
FOR THE ASSOCIATION EMPLOYEES.	

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ne Una lo. Cost	adjusted Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LEASEHOLD IMPROVEMENTS	05/31/14	SL	10.83	1	6 13	2,484.				132,484.	132,484.		0.	132,484.
	* 990 PAGE 10 TOTAL -					13	2,484.				132,484.	132,484.		0.	132,484.
2	CABLE - 1600 WILSON	05/12/14	SL	5.00	1	6	5,410.				5,410.	5,410.		0.	5,410.
3	OFFICE FURNITURE	03/31/14	SL	5.00	1	6	916.				916.	916.		0.	916.
4	FURNITURE MODULAR 6 STATIONS	05/30/14	SL	5.00	1	6 2	0,032.				20,032.	20,032.		0.	20,032.
5	FURNITURE MODIFICATIONS - 1600 WILSON	06/30/14	SL	5.00	1	6	600.				600.	600.		0.	600.
6	CONFERENCE ROOM UPGRADE	01/02/19	SL	5.00	1	6	1,150.				1,150.	920.		230.	1,150.
7	CONFERENCE ROOM UPGRADE	01/24/19	SL	5.00	1	6	2,599.				2,599.	2,036.		563.	2,599.
8	FURNITURE MODULAR 4 STATIONS	03/15/19	SL	5.00	1	6 1	3,930.				13,930.	10,808.		3,122.	13,930.
9	FURNITURE MODULAR MODIFICATION	04/04/19	SL	5.00	1	6	2,663.				2,663.	1,997.		666.	2,663.
	* 990 PAGE 10 TOTAL -					4	7,300.				47,300.	42,719.		4,581.	47,300.
10	(D)COMPUTER - DELL LATITUDE E6430	04/29/14	SL	5.00	1	6	1,508.				1,508.	1,508.		0.	1,508.
11	(D)SBA-CA EQUIPMENT	10/10/14	SL	5.00	1	6	1,542.				1,542.	1,542.		0.	1,542.
12	(D)DELL LATITUDE E5440	02/26/15	SL	5.00	1	6	1,578.				1,578.	1,578.		0.	1,578.
13	(D)DELL E5550/24'' LED MONITOR	07/31/15	SL	5.00	1	6	1,609.				1,609.	1,609.		0.	1,609.
16	(D)COMPUTER - DELL LATITUDE 5580 BTX	12/18/17	SL	5.00	1	6	1,545.				1,545.	1,545.		0.	1,545.
17	(D)COMPUTER - DELL LATITUDE 5580 BTX	04/12/18		5.00	1		1,448.				1,448.	1,448.		0.	1,448.
	COMPUTER - DELL LATITUDE 5590	03/09/19		3.00	1		1,424.				1,424.	1,424.		0.	1,424.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

										*					
Asset No.	Description	Date Acquired	Method	Life	C o n v	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
22	COMPUTER - DELL LATITUDE 5590 (D)COMPUTER - DELL LATITUDE	03/09/19	SL	3.00	1	L6	733.				733.	733.		0.	733.
23	5591	05/20/19	SL	3.00	1	L6	1,487.				1,487.	1,487.		0.	1,487.
24	(D)COMPUTER - DELL XPS 17	02/03/20	SL	3.00	1	L 6	2,140.				2,140.	2,140.		0.	2,140.
25	COMPUTER - DELL XPS 13	08/27/21	SL	3.00	1	L6	1,707.				1,707.	1,707.		0.	1,707.
26	COMPUTER - HP ENVY	03/02/22	SL	3.00	1	L 6	725.				725.	725.		0.	725.
27	COMPUTER - LENOVO IDEAPAD	03/08/22	SL	3.00	1	L6	616.				616.	616.		0.	616.
28	COMPUTER - 2022 HP	05/03/22	SL	3.00	1	L 6	540.				540.	540.		0.	540.
29	COMPUTER - HP FHD	08/18/22	SL	3.00	1	16	500.				500.	500.		0.	500.
30	SP OWL CONFERNCE MODULE	08/28/22	SL	3.00	1	L 6	1,471.				1,471.	1,471.		0.	1,471.
34	(D)DELL LATITUDE E5520	04/30/17	SL	5.00	1	L6	1,627.				1,627.	1,627.		0.	1,627.
35	(D)EQUIPMENT - PHONE SYSTEM (1502)	02/28/16	SL	5.00	1	L 6	1,613.				1,613.	1,613.		0.	1,613.
36	(D)EQUIPMENT - PHONE SYSTEM (1502)	02/28/16	SL	5.00	1	16	1,613.				1,613.	1,613.		0.	1,613.
37	(D)SERVER UP-GRADE RACK & SWITCH (1502)	09/30/16	SL	5.00	1	L 6	10,886.				10,886.	10,886.		0.	10,886.
38	DELL XPS 15	11/27/23	SL	3.00	1	L6	2,083.				2,083.			58.	58.
	* 990 PAGE 10 TOTAL -						38,395.				38,395.	36,312.		58.	36,370.
32	MIP SOFTWARE - UPGRADE	03/14/19	SL	5.00	1	L6	13,600.				13,600.	10,427.		2,720.	13,147.
33	OTHER SOFTWARE	04/29/14	SL	3.00	1	L 6	30,144.				30,144.	30,144.		0.	30,144.
	* 990 PAGE 10 TOTAL -						43,744.				43,744.	40,571.		2,720.	43,291.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR						261,923.				261,923.	252,086.		7,359.	259,445.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						259,840.			0.	259,840.	252,086.			259,387.
	ACQUISITIONS						2,083.			0.	2,083.	0.			58.
	DISPOSITIONS/RETIRED						28,596.			0.	28,596.	28,596.			28,596.
	ENDING BALANCE						233,327.			0.	233,327.	223,490.			230,849.
	ENDING ACCUM DEPR LESS DISPOSITIONS											230,849.			
	ENDING BOOK VALUE											2,478.			

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone