Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

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.

Open to Public Inspection

nternal Re				s.gov/rorm990 for msur		, 2017, and end	ling	0	6-30	.2018	
For	the 2	017 calend	ar year, or tax year beginning		The second secon	- Ving a series of the series		Charge Service College Control of the Control of th	1	loyer identification	on no.
3 Chec	ck if app	licable:	C Name of organization Paralyze	d Veterans of Ame	erica, Ca	II-Diedo Ci	apter		1	691162	
7	ress cha		Doing business as								
7	ne chan		Number and street (or P.O. box if mail	is not delivered to street address)			Room/suite			phone number	2
1	al return		3350 La Jolla Vill				1A118	3		3) 450-1443	
ī .		terminated	City or town, state or province, country						1000000	ss receipts	0.4
7	ended r		San Diego, CA 9216						\$	391,13	
_			F Name and address of principal officer:					this a group retur			
] App	lication	pending	Same as C above				H(b) Ar	e all subordina	ates include	ed? Yes	No
		T.7		(insert no.) 4947(a)(1) or	527			If "No," attac	ch a list. (se	ee instructions)	
			301(0)(0)	(insert tio.) 4541 (a)(1) o.			H(c)	Group exempt	ion number	▶ 13	317
	bsite:		.caldiegopva.org	Other N	I Ye	ar of formation: 1!		M State of I			
A	-2000	ganization:	Corporation Trust X Association	Other ►	12.10						
Part	1	Summa	У		Me imp	rove the	malit	v of li	fe fo	r US	
	1	Briefly desc	ibe the organization's mission or	most significant activities:	TO IMP	function t	hroug	h the 11	se of	educatio	n,
		military	veterans and others	who have spinal	cord dys	runction t	nrough	i che u	DC 01	00000	
20		advocacy	, research, sports a	nd recreation.							
L L								4 .	-		
Activities & Governance	2	Check this b	ox ▶ ☐ if the organization disc	ontinued its operations or o	disposed of m	nore than 25% of	of its net	assets.	•		10
ဗိ	3	Number of	oting members of the governing	body (Part VI, line 1a)				• • • •	3		6
මේ	4	Number of	ndependent voting members of t	he governing body (Part V	'l, line 1b) .			• • • •	4		
ties	5	Total numb	er of individuals employed in cale	endar year 2017 (Part V, lir	ne 2a)				5		3
Ţ.	6	Total numb	er of volunteers (estimate if nece	ssary)					6		
Ac	7-	Total uprole	ated business revenue from Part	VIII. column (C), line 12					7a		0
	7a	Total unrea	ed business taxable income from	Form 990-T line 34					7b	1000	0
	b	Net unrelat	ed business taxable income non	Troini odo 1, inio o 1			Pı	rior Year		Current Year	
		2 1 2 2	(D-+)/III line 1b)					246,	166	287	7,708
_	8	Contributio	ns and grants (Part VIII, line 1h)					68,	187	73	3,209
ᆵ	9	Program s	ervice revenue (Part VIII, line 2g)	0.4 4.7-4\				8,	380	30	0,217
Revenue	10	Investment	income (Part VIII, column (A), lir	nes 3, 4, and 70)							0
8	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					322,733		39:	1,134
	12	Total rever	ue - add lines 8 through 11 (mus	t equal Part VIII, column (F	4), line 12)			5227			0
	13	Grants and	similar amounts paid (Part IX, c	olumn (A), lines 1-3)			in the second				0
	14	Benefits pa	aid to or for members (Part IX, co		167,061		17	2,795			
	15	Salaries, c	ther compensation, employee be		107,	061		0			
Expenses	16a	Profession	al fundraising fees (Part IX, colu	mn (A), line 11e)							
e G	b	Total fund	aising expenses (Part IX, colum	n (D), line 25) ▶		12,904	TENERS IN	4.70	1.46	17	7,542
X	17	Other eve	enses (Part IX column (A), lines	11a-11d, 11f-24e)				170,			
	18	Total expe	nses. Add lines 13-17 (must equ	25)			337				
	19	Revenue	ess expenses. Subtract line 18 f	rom line 12				(14	,474)		0,797
	_	Trovoltao	SOC ON PONICO				Beginnin	g of Current	Year	End of Year	
Net Assets or Fund Balances	00	Tatal acco	ts (Part X, line 16)					801	,863		7,058
sset	20		ities (Part X, line 26)								4,918
a A P	21	I otal liabi	or fund balances. Subtract line	21 fmm line 20				801	,863	86	2,140
				21 11011111110 20 1111							
	rt II		declare that I have examined this return, in	actuding accompanying schedules	and statements,	and to the best of my	y knowledge	e and belief, it	is		
Unde	er pena	ties of perjury,	declare that I have examined this return, in Declaration of preparer (other than officer)	is based on all information of which	ch preparer has a	ny knowledge.					
uue,	Correct	, and complete.	,								
		DU.	ANE NORMAN						Date		
Sig	n	Sign	ature of officer								
Hei	re	DU	ANE NORMAN, PRESIDENT	1							
			e or print name and title					Τ		,	
-		Print/Typ	preparer's name	reparer's signature		Date		Check	if PTII		
Pai	id		al Balley) 		09-24-2018		self-employ	ed	P01488591	
DOM				BALLEY, CPA, PC			Firm's	EIN ▶			
	epar		0440 7 11	oa Avenue Suite 3	10		Phone				
US	e Or	Ily Firm's ac	San Diego		pagga ka min					7-7230	
	100		San Diego	un above? (see instructions	s)					X Yes	☐ No
May	y the I	RS discuss	this retum with the preparer show	vii above: (see ilisii uctioni	0,					Form 99	90 (2017

rm Q	0 (2017) Paralyzed Veterans of	America, Cal-Diego Chapter	95-3691162 Page 2
art	II Statement of Program Service	e Accomplishments	_
		se or note to any line in this Part III	
В	riefly describe the organization's mission:		
T	o improve the quality of life	for US military veterans and others	who have spinal cord
ġ	ysfunction through the use of	education, advocacy, research, spor	ts and recreation.
p	id the organization undertake any significant prior Form 990 or 990-EZ?	ogram services during the year which were not listed on	the Yes X No
5	id the organization cease conducting, or make	significant changes in how it conducts, any program	Yes 🗓 No
[escribe the organization's program service ac	complishments for each of its three largest program serv nizations are required to report the amount of grants and	rices, as measured by d allocations to others,
	he association reimbursed mem porting activities, a freedom members with spinal cord injur	325,446 including grants of \$	cultural events, 4 ongoing efiting an estimated 300 ociation provided food and
	eimbursed the price of ticket	patients in the VA Hospital SCI units to sporting events to an estimated	d 20 members. The
	ssociation provided a scholar	ship to a student child of a member	. The association provided
	grants for ongoing spinal cord	research. The association published	d 6 editions of its
	BeachComber publication.		
	CCCO.TOO.TOO		
b	Code: \ (Expenses \$	including grants of \$) (Revenue \$)
	Соде		
	tachar a		
С	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	The state of the s		
4d	Other program services (Describe in Schedul		
2200	(Expenses \$ include	ling grants of \$) (Revenue :	\$)
40	Total program service expenses ▶	325,446	

95-3691162 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, X 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 X 6 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 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 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a 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 X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

18

19

X

X

18

19

Checklist of Required Schedules (continued) Part IV No Yes Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) C was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 34 X 35a 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 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 X 38 19? Note. All Form 990 filers are required to complete Schedule O. Form 990 (2017)

Paralyzed Veterans of America, Cal-Diego Chapter
Statements Regarding Other IRS Filings and Tax Compliance 95-3691162 Page 5 Form 990 (2017) Part V

	Check if Schedule O contains a response or note to any line in this Part V		• •	Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		57	
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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	-	3.7	R PET
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-5149
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	40		X
	account)?	4a		Λ
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	5a		X
5a	Was the digalization a party to a prohibited tax shorter transdation at any time daming the	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		- 21
С	11 100 to mio od or objain the organization	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
2	organization solicit any continuations that were not tax academic as characters.	-		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	2	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
С	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		222
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	14a		X
14a	Did the oldanization receive any paymone for maser taxing	-		- 21
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	T-10	_	1 (2017

Page 6 95-3691162 Paralyzed Veterans of America, Cal-Diego Chapter Form 990 (2017) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 10 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 6 Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a X X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X

Did the organization have a written document retention and destruction policy?

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?

The organization's CEO, Executive Director, or top management official

Dother officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement

with a taxable entity during the year?

If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed

California

-c	ction o. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed California
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.
20	State the name address, and telephone number of the person who possesses the organization's books and records:

State the name, address, and telephone number of the person who possesses the organizations books and records.

Brian Delaney (858) 450-1443, 3350 La Jolla Village Drive 1A118, San Diego, CA 92161

Form 990 (2017)	Paralyzed Veterans of P	merica, Cal-Diego Chapter	95-369116	2 Page
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

Check this box if neither the organization not any relate	u organization	oomp	0.100				1			
(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Duane Norman	5.00									
President		X		X				(0	0
(2) Justin Ashbaugh	2.00									20042
Vice President		X		X	in the second				0	0_
(3) Brian Delaney	5.00									
Treasurer		X		X					0 0	0_
(4) William McLeroy	4.00									
Secretary		X		X					0 0	0
(5) Richard Johnson	2.00									
Director		X							0 0	0
(6) Bill Palmer	2.00				-					
Director		X							0 0	00
(7) Jim Russell	2.00									
Director		X							0 0	00
(8) Darius Jones	2.00									_
Director		X							0 0	0
(9) Buddy Wachtstetter	2.00								200	_
Director		X							0 0	00
(10)Christopher Griswold	2.00									
Director		X					_		0 0	0
(11) Peter Ballantyne, 4. Key emp	50.00									
Executive Director					X	ζ		71,99	3 0	0
(12)									8	
(13)										
(14)										Form 990 (2017)
	WALLES TO THE RESERVE OF THE PARTY OF THE PA									Form 000 (2017)

	(B) Average hours per week (list any	(do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	Es:			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	comp fr orga and	other bensatio om the anization d related anization	1
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>											36,000		
<u>(19)</u>													
(20)											13		
(21)													
(22)													
(23)													
(24)												111-20-2-11790	
(25)													
с То	ub-total							>	71,993	0			0
2 To	otal number of individuals (including but not limited									8			
re	portable compensation from the organization	W								0		Yes	No
	id the organization list any former officer, directorn mployee on line 1a? If "Yes," complete Schedule				_						3		Х
	or any individual listed on line 1a, is the sum of rep										3		Λ
	rganization and related organizations greater that				- 3								37
	dividual										4		X
fo	or services rendered to the organization? If "Yes,"										5		Χ
	B. Independent Contractors complete this table for your five highest compensate	nd independe	nt cont	ract	ore f	hat :	receive	ad m	ore than \$100 000	of			
co	ompensation from the organization. Report compensar.	- 65											
	(A) Name and business address									services		(C) ensation	n
2 -21-21-21-21-21-21-21-21-21-21-21-21-21-	una saumos dadross										- 34		
3 													
	otal number of independent contractors (including eceived more than \$100,000 of compensation from				liste	d at	oove)	who					

95-3691162 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (A) Revenue excluded from tax Unrelated Total revenue Related or exempt function business revenue under sections 512-514 revenue Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues c Fundraising events 1c 1d 158,927 d Related organizations Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 128,781 g Noncash contributions included in lines 1a-1f: \$ 287,708 Total. Add lines 1a-1f **Business Code** 73,209 73,209 900099 Program Service Revenue 2a Special Events b f All other program service revenue 73,209 Investment income (including dividends, interest, 23,117 23,117 and other similar amounts) Income from investment of tax-exempt bond proceeds . . . ▶ 5 (i) Real 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . (ii) Other 7a Gross amount from sales of 7,100 assets other than inventory b Less: cost or other basis and sales expenses 7,100 c Gain or (loss) 7,100 7,100 8a Gross income from fundraising Revenue events (not including \$ of contributions reported on line 1c). Other See Part IV, line 18 a c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue 11a e Total. Add lines 11a-11d ▶

103,426

391,134

95-3691162

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, 7b, Fundraising Management and Program service expenses general expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 5,521 1,426 67,492 74,439 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,173 84,713 85,886 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 478 11,992 12,470 10 Fees for services (non-employees): 11 Legal..... b 5,605 5,605 C d Professional fundraising services. See Part IV, line 17 . e f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 29 3,234 3,263 13 14 15 454 29,347 29,801 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 15,204 15,204 Conferences, conventions, and meetings 19 20 21 3,300 12,710 9,410 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 4,333 75,643 79,976 Awards and grants 15,343 15,343 Printing and publications 2,572 11,292 13,864 Event expenses 1,776 1,776 d Postage All other expenses 12,904 11,987 325,446 Total functional expenses. Add lines 1 through 24e 350,337 Joint costs. Complete this line only if the 26 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)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	73,910	2	71,718
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	3	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	U	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	-	Notes and loans receivable, net		7	
Sts	7	Inventories for sale or use		8	
Assets	8	Prepaid expenses and deferred charges	6,155	9	6,155
Q	9				
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 63,634			
		Less: accumulated depreciation	26,490	10c	27,280
		Investments - publicly traded securities	695,308	11	761,905
	11	Investments - other securities. See Part IV, line 11	000,000	12	
	12	Investments - other securities. See Part IV, line 11		13	
	13			14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	801,863	16	867,058
	16	Total assets. Add lines 1 through 15 (must equal line 34)	001,005	17	4,918
	17	Accounts payable and accrued expenses		18	-70-0
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			
Liabilities	22	Loans and other payables to current and former officers, directors,			
iii		trustees, key employees, highest compensated employees, and		22	
Lia		disqualified persons. Complete Part II of Schedule L		23	
	23	Secured mortgages and notes payable to unrelated third parties		24	
	24	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
		of Schedule D	0	26	4,918
	26	Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.	801,863	27	862,140
anc	27	Unrestricted net assets	002/003	28	
Ba	28	Temporarily restricted net assets		29	
Net Assets or Fund Balances	29	Permanently restricted net assets		-	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
30		complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Net	32	Retained earnings, endowment, accumulated income, or other funds	801,863	33	862,140
	33	Total net assets or fund balances		34	867,058
Name and Address	34	Total liabilities and net assets/fund balances	001,003	J +	Form 990 (2017

orm	990 (2017) Paralyzed Veterans of America, Cal-Diego Chapter 95-3691162		ra	ge 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	7.5	91,1	Contra 201 - 10
2	Total expenses (must equal Part IX, column (A), line 25)		50,3	
3	Revenue less expenses. Subtract line 2 from line 1		40,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		01,8	
5	Net unrealized gains (losses) on investments		19,4	80
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	8	62,1	.40
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	page		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
5770.70	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			1
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		EST	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		Billion	
3=	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
	regular manager and an array of the second s	Form	990	(2017)

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