Form 991

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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. Inspection For the 2022 calendar year, or tax year beginning 07-01 , 2022, and ending 06-30 ,2023 B Check if applicable: C Name of organization PARALYZED VETERANS OF AMERICA, CAL-DIEGO CHAPTER **Employer identification number** Address change Doing business as 95-3691162 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return 3350 LA JOLLA VILLAGE DRIVE 1A118 (858) 450-1443 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return SAN DIEGO, CA 92161 345,415 Application pending F Name and address of principal officer: BRIAN DELANEY H(a) Is this a group return for subordinates? X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No X 501(c)(3) Tax-exempt status: 501(c) () (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions Website: WWW.CALDIEGOPVA.ORG H(c) Group exemption number 1317 Form of organization: Corporation Trust X Association L Year of formation: 1981 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE FOR US MILITARY VETERANS AND OTHERS WHO HAVE SPINAL CORD DYSFUNCTION THROUGH THE USE OF EDUCATION, ADVOCACY, Activities & Governance RESEARCH, SPORTS AND RECREATION. Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Current Year** Contributions and grants (Part VIII, line 1h) 271,565 290,071 34,863 24,000 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 49,558 31,344 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 355,986 345,415 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 184,501 203,511 Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 164,415 168,473 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 348,916 371,984 19 7,070 (26,569)**Beginning of Current Year End of Year** 20 1,036,610 1,050,795 21 Net A 25,534 19,761 22 Net assets or fund balances. Subtract line 21 from line 20 1,011,076 1,031,034 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. BRIAN DELANEY Sign Signature of officer Date Here BRIAN DELANEY, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid Daniel Balley 11-13-2023 self-employed **XXXXX8591 Preparer** Firm's name DANIEL P BALLEY, CPA, Firm's EIN **Use Only** Firm's address 500 N Central Expy Suite 500 Phone no. Plano TX 75074 469-750-2123 May the IRS discuss this return with the preparer shown above? See instructions

X Yes

	m 990 (2022) PARALYZED VETERANS OF AMERICA, CAL-DIEGO CHAPTER 95-3691162	
P	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	П
1	accounts the organizations mission:	
	TO IMPROVE THE QUALITY OF LIFE FOR US MILITARY VETERANS AND OTHERS WHO HAVE SPINAL CORD	
	DYSFUNCTION THROUGH THE USE OF EDUCATION, ADVOCACY, RESEARCH, SPORTS AND RECREATION.	
2	Did the organization undertake any circlificant	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	Services?	CT
	If "Yes," describe these changes on Schedule O.	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$348,857 including grants of \$) (Revenue \$	
	THE ASSOCIATION REIMBURSED MEMBER PARTICIPATION IN MOTORSPORTS ACTIVITIES, THE REMOTE CO)
	MOTORSPORTS ACTIVITY, SPORTS FISHING AND CULTURAL EVENTS, AND VARIOUS SERVICES BENEFITING	ONTROL
	ESTIMATED 300 MEMBERS WITH SPINAL CORD INJURIES DURING THE FISCAL YEAR THE ASSOCIATION	DROWTDED
	FOOD AND RECREATION TO AN ESTIMATED 100 PATIENTS IN THE VA HOSPITAL SCI UNIT. THE ASSOCIATION TO AN ESTIMATED 100 PATIENTS IN THE VALUE OF THE ASSOCIATION TO AN ESTIMATED 100 PATIENTS IN THE VALUE OF THE ASSOCIATION TO AN ESTIMATED 100 PATIENTS IN THE VALUE OF THE	ATTON
	REIMBURSED THE PRICE OF TICKETS TO SPORTING EVENTS TO AN ESTIMATED 20 MEMBERS. THE ASSOCIATION OF THE ASSOCI	TATTON
	PROVIDED A SCHOLARSHIP TO TWO STUDENT CHILDREN OF MEMBERS. THE ASSOCIATION PROVIDED GRAN	ITS FOR
	ONGOING SPINAL CORD RESEARCH. THE ASSOCIATION PUBLISHED 6 EDITIONS OF ITS BEACHCOMBER	
	PUBLICATION.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
		/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		/
-		
ld	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
le	Total program service expenses 348,857	

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 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 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c 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 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 11f X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, b fundraising, business, investment, and program service activities outside the United States, or aggregate 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 X

PARALYZED VETERANS OF AMERICA, CAL-DIEGO CHAPTER 95-3691162 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 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 23 X 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 24a X Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.I............ 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 X Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 28 Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X 28b X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c X 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 31 X 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 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 35a 35a X 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 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 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, Part VI. 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 2 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

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Statements, filed for the celebraty were enday with or within the year covered by this return 2 a 4 b 1 statements, filed for the celebrated year enday with or within the year covered by this return 2 a 4 b 1 statement with the comparison of the control of the comparison of the com	-	IT V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If a least one is reported on line 2a, did the organization file all irequired federal employment tax returns? 2a Did the organization have unreturated business gross income of \$1000 or more during the year? 5a Did the organization and unreturned business gross income of \$1000 or more during the year? 5a Did the "Yes," has it filed a Form 990-T for this year? If "Wo To June 3a, provide an explanation or Schedule O. 3a At any time during the calendary year, did the organization have an interest in, or a signature or other time-cultivity over, a financial account in a foreign country (such as a bank account, securities account; or other financial account)? 4a If "Yes," enter the name of the foreign country 5a If "Yes," enter the name of the foreign country 5a Was the organization a party to a prohibited tax chelter transaction at any time during the tax year? 5a Uses the organization a party to a prohibited tax chelter from 8868-T? 5b Did any textible party nority the organization file Form 8868-T? 5c Does the organization have a rangel gross receipts that are normally greater than \$100,000, and did the organization have a rangel gross receipts that are normally greater than \$100,000, and did the organization that were not tax deductible as cheritable contributions? 5c Does the organization receive a payment in excess of \$75 made party to a contribution and party for goods and services provided to the payor? 7a If "Yes," indicate the number of Form 8828 21 filed during the year. 10 If Wes, "indicate the number of Form 8828 22 filed during the year. 10 If the organization receive a payment in excess of \$75 made party to a porture benefit contract? 17 If yes, "indicate the number of Forms 8282 filed during the year. 10 If the organization receive a payment in excess of \$75 made party the gross of the payment in excess of the payment in excess of \$75 made party the gross of the payment in excess of t	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	140
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38 Ut the organization have unrelated business gross income of \$1,000 or more during the year?. 39 If "Yes", has filled a Form 990-Tor this year? I" "Not " to line 30, provide an explanation on Schodule O. 30 As A lary 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 county (such as a bank account, securities account, or other financial accounty?? 40 If "Yes", other the name of the foreign county. 51 See Instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 52 Was the organization aparty to a prohibited tex efeater transaction at any time during the tax year? 53 Did any baseble party notify the organization that it was or is a party to a prohibited tex shelter transaction? 54 Did any baseble party notify the organization to tex deductible as charitable contributions? 55 Did "Yes" of the organization include with every scilicitation an express statement that such contributions or gifts were not tex deductibles on tex deductibles charitable contributions? 55 Did the organization shart may receive deductible contributions under section 170(c). 56 Did the organization shart may receive deductible contributions under section 170(c). 57 Organizations that may receive deductible contributions under section 170(c). 58 Did the organization shart may receive deductible contributions under section 170(c). 59 Dif the organization shart may receive deductible contributions under section 170(c). 50 Dif the organization shart may receive deductible contributions under section 170(c). 50 Dif the organization shart may receive deductible contributions under section 170(c). 50 Dif the organization shart may receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract? 50 Diff the organization shart may receive deductible contribution or shart passed passed on the passed passed of the passed passed of the passed passed passed passe	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ж	
b in "Res," has it filled a Form 990-T for this year? If "Not" to line 3b, provide an explanation on schedule O. 39 At any time during the celendary year, dit the organization have an inherest in, or a signature or other authorny over, a financial account in a froeign country. Such as a bank account, securities account, or other financial account)? 59 If "Yes" enter the name of the foreign country. Such as a bank account, securities account, or other financial account)? 50 If "Yes" to line account in a protification for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 50 Did any tiscelible party norify the organization file Form 8886-7? 51 Did any tiscelible party norify the organization file Form 8886-7? 52 Did security of the South of St. (In the organization file Form 8886-7) 53 Did any tiscelible party norify the organization file Form 8886-7? 54 Did security of the organization file Form 8886-7? 55 Did security of the organization file for security of the organization self-1 any contributions that were not tex deductible or organization self-1 any contributions that were not tex deductible organization include with every collication an express statement that such contributions or gifts were not tex deductible or include with every collication and express statement that such contributions or gifts were not tex deductible or organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor? 50 Did the organization receive a payment in excess of \$75 made party as a contribution and parity for goods and services provided to the payor? 51 Press, "Indicate the number of Forms 8282 filed during the year. 52 Did the organization receive a contribution of the value of the goods or services provided? 53 Did the separatization receive a contribution of qualified intellectual property, did the organization file Form 8282. 54 If the organization receive and contribution of qualified intellectual property in the contri	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
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a intancel account in a foreign country (such as a bank account, securities account, or other financial account)? a intancel account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization part to a prohibited two shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tex shelter transaction? 5b Did sny taxable party notify the organization file Form 8886-7? 5c Does the organization activities that are normally greater than \$100,000, and did the organization to include with every solicitation an express selament that such contributions or gifts were not tax deductible? 6c Does the organization to include with every solicitation an express selament that such contributions or gifts were not tax deductible? 6c Did the organization to notify the chorn of the value of the goods or services provided for organization provided to the payor? 6c Did the organization rotely as payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 6c Did the organization rotely as payment in excess of \$75 made partly as a contribution of undersective or the value of the goods or services provided? 7d Did the organization rotely as payment in excess of \$75 made partly as a contribution or quite services provided? 7required for Form 8282 filed during the year. 6c Did the organization rotely as or purpose of transition property for which it was required to file Form 8282 filed during the year. 7d Did the organization rotely as or purpose of transition file as form 198-0.7 7required for Form 8282 filed during the year. 8 Did the sponsaction good and contribution or quite formities, did the organization file a form 198-0.7 7required for formities or the payment of the organization file form 198-0.7 7required f	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over.	0.0		
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			0.000		
			17		
11 100, complete term coop.		If "Yes," complete Form 6069.			

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

Se	ection A. Governing Body and Management			X
d			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		ж
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
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			
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
<u> 260</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	District the second sec		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe on Schedule O how this was done	12c		Х
14	Did the organization have a written whistleblower policy?	13	X	
15	Did the organization have a written document retention and destruction policy?	14	х	
19	Did the process for determining compensation of the following persons include a review and approval by			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
b	The organization's CEO, Executive Director, or top management official	15a		X
N	Other officers or key employees of the organization	15b		X
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
100	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		X
D	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			
Sec	organization's exempt status with respect to such arrangements?	16b		
17	Park to the transfer of the tr			
18				***************************************
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19				
- •	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	JOHN POIL TIT (858) 450-1443 3350 13 TOTAL TITLES OF PRINTING AND ADDITIONS BOOKS and records.			

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PARALYZED VETERANS OF AMERICA, CAL-DIEGO CHAPTER

(F)

Part VII

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

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

- Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one

Name and title	Average hours per week	box	, unles	s per	rson i	s both ar r/trustee)		Reportable compensation from the	Reportable compensation from related		coi	ated amount of other npensation
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-M 1099-NI	ISC/	orga	rom the nization and i organizations
(1) BILL PALMER	2.00			\neg			\dashv					
DIRECTOR		x						0		0		0
(2) BUDDY WACHTSTETT	2.00											
DIRECTOR		х						0		0		0
(3) DARIUS JONES	2.00											
DIRECTOR		Х						0		0		0
(4) DAVID SMITH DIRECTOR	2.00	x						0			2 222 0 227	
(5) JUSTIN ASHBAUGH	2.00	Α.		\dashv	\dashv		\dashv	0		0		0
DIRECTOR	2.00	х						0		0		0
(6) DUANE NORMAN	2.00						\dashv					
DIRECTOR		х						0		0		0
(7) JEFF_MCCAFFREY	2.00			\neg			\neg					
VICE PRESIDENT		ж		x				0		0		0
(8) BRIAN DELANEY	5.00											Patential Control of the Control of
PRESIDENT		Х		Х				0		0		0
(9) JOHN SCHULTZ	4.00											
SECRETARY		X		X				0		0		0
(10)JOHN POU III	5.00					1						
TREASURER		Х		X	_		_	0		0		0
(11) PETER BALLANTYNE	50.00											
EXECUTIVE DIRECTOR (12)			-		Х		\dashv	0		0		0
1.57												
(13)				1			1					
(14)				1					***************************************			

Pai	t VII Section A. Officers Directors 3	Tructese	KICA	1, (CAL	,-D:	LEGO	CH	APTER	95-369:	1162		Page 8
	t VII Section A. Officers, Directors, 1	rustees,	ney	EM	pio	yee	es, a	nd I	Highest Comp	ensated Empl	oyees	(cor	ntinued
	(A) Name and title	(B) Average hours per week (list any	box	, unle	Po neck r ss pe	rson i	han one s both a r/trustee	ın	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	co	(F) Estimated amou of other compensation	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	rignest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	from the inization d organ	
<u>(15)</u>													
<u>(16)</u> _										***************************************	**************************************		
(17)_													
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(20)_													
(21)_													No. of Contract of
(22)_													hand de la companya d
(23)_				+							***************************************		***************************************
(24)				1				1					
(25)								\dashv					
1b	Subtotal							.			•		
d	Total (add lines 1b and 1c)			• •		• •		٠	0		- Market programme to the constant		
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those li	sted at	ove) wh	o re	ceived	l mo	re than \$100,000 o	0 f			0
3	Did the organization list any former officer, direct	or tructes le										Yes	No No
	employee on line 1a? If "Yes," complete Schedule	or, trustee, k a J for such i	ey em Individi	pioyi Jal.	ee, e	or ni	gnest	com	pensated		3		v
4	For any individual listed on line 1a, is the sum of re	portable com	pensa	tion a	and	othe	r com	pens	sation from the		3		X
	organization and related organizations greater that	an \$150,000°	? If "Ye	es," c	com	plete	Sche	dule	J for such				
5	individual										4		х
3	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,	compensation	n from	any i	unre	late	d orga	niza	tion or individual				
Secti	on B. Independent Contractors	complete	ocneuu	ile J	101 3	Sucri	perso)// .		6 6 6 6 6 6	5		<u>X</u>
1	Complete this table for your five highest compensate	ed independe	ent con	tract	tors	that	receiv	ed n	nore than \$100,000) of			***************************************
	compensation from the organization. Report compe	ensation for th	ne cale	ndaı	r yea	ar en	ding v	vith o	or within the organi	zation's tax year.			0.000
	(A) Name and business address	ı							(B) Description of services	3	(C) Compensa	tion	
							-						-

2	Total number of independent contractors (including	hut not limit	ed to the	2000	امنا	od -1	20::5						
	received more than \$100,000 of compensation from	the organiz	ation	1056	HSU	su di	Jove)	WIIO					

Part VIII Statement of Revenue

		Check if Schedule O cont	ae a 100pono	011	ote to any mie m th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue	(D) e excluded tax under ns 512-514
	1a	Federated campaigns		1a					300001	13 012-014
10	b			1b						
Contributions, Giffs, Grants and Other Similar Amounts	C			1c						
2 5	d			1d	166,086					
ifts,	e	_		1e	100,000					
a, G	f	2.12		-10						
Sign		and similar amounts not incl		1f	100 005					
but	q			11	123,985					
ĘÖ	3	lines 1a-1f		4						
a C	h			1g						
	110	Total. Add lines 1a-1f .				290,071		- P. C. C. C. C.		
	22	CDECTAT ENTENDO			Business Code					
Program Service Revenue	b	SPECIAL EVENTS			900099	24,000	24,000			
	C									
	d									
5	е	A.D								***************************************
0		All other program service rev								-
-	9	Total. Add lines 2a-2f				24,000				
	3	Investment income (including	dividends, inte	rest, a	ind					
		other similar amounts)		• • •		31,344	31,344			
	4	Income from investment of tax								
	5	Royalties								
			(i) Real		(ii) Personal					
	1	Gross rents 6	a							
	1	Less: rental expenses 6	b							
	1	Rental income or (loss) 6	С							
	d	Net rental income or (loss)								
	7a	Gross amount from	(i) Securitie	s	(ii) Other					
		sales of assets				200				
		other than inventory 78	а			All charters of the second				
	b	Less: cost or other basis								
9		and sales expenses 71	b							
evenue	C	Gain or (loss) 70	С							
2	d	Net gain or (loss)					***************************************			
Other R		Gross income from fundraising					No. of the second			
8		events (not including \$								
		of contributions reported on lir	ne					and the second second		
		1c). See Part IV, line 18		8a						
	b	Less: direct expenses		8b						
		Net income or (loss) from fund					According to the following the con-			
		Gross income from gaming								1.002
		activities, See Part IV, line 19		9a						
		Less: direct expenses		9b						
		Net income or (loss) from garr								10 May 10 Ma
	1	Gross sales of inventory, less								
		returns and allowances		10a			GENERAL PROPERTY.		ng Mag	
		Less: cost of goods sold		10a			tan ne ha marana analam			
		Net income or (loss) from sale		-						
·····		moonid or (1035) HOIII Sale	o or inventory	• • 1	Business Code					
Ø	11a				DUSINESS CODE					
Jour Jour Jour Jour Jour Jour Jour Jour	b									
lar	C									
Rev		All other revenue								
Miscellanous Revenue										
		Total. Add lines 11a-11d .								
	16	Total revenue. See instructio	IIS	4 14 1		345 415	55 344	0		^

Part IX Statement of Functional Expenses

Sec	ction 501(c)(3) and 501(c)(4) organizations must complete all of	columns. All other organ	nizations must comple	to column (A)	
-	Check if Schedule O contains a response or note to	any line in this Part IX			
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		одроносо	general expenses	expenses
	and domestic governments. See Part IV, line 21			or and the second	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			- C. M. P. L. M	
	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	92,379	84,989		7 200
6	Compensation not included above to disqualified		01,303		7,390
	persons (as defined under section 4958(f)(1)) and		Transaction of the state of the		
	persons described in section 4958(c)(3)(B)	2			
7	Other salaries and wages	97,729	92,845		4,884
8	Pension plan accruals and contributions (include		22,010		4,004
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	13,403	12,465		938
11	Fees for services (nonemployees):				936
а	Management				
b	Legal				
C	Accounting	7,790		7,790	*
d	Lobbying			1,130	
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)		70		
12	Advertising and promotion				<u> </u>
13	Office expenses	609	609		
14	Information technology				
15	Royalties				
16	Occupancy	14,889	14,889		
17	Travel				· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	21			
19	Conferences, conventions, and meetings	30,508	30,508		-
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,180	5,180		
23	Insurance				
24	Other expenses. Itemize expenses not covered	e egint. Vi verili erinin in in			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)		The second secon		
a	AWARDS AND GRANTS	65,392	65,392		
b	PRINTING AND PUBLICATIONS	19,594	19,594		
C	EVENT EXPENSES	22,566	20,441		2,125
d	POSTAGE	1,945	1,945		2,22
е	All other expenses		= , = . =		
25	Total functional expenses. Add lines 1 through 24e	371,984	348,857	7,790	15,337
26	Joint costs. Complete this line only if the			.,,	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here 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) Beginning of year End of year 1 Cash - non-interest-bearing 1 2 119,407 2 101,443 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 92,379 10b 40,354 47,071 10c 52,025 11 Investments - publicly traded securities 870,132 11 897,327 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,036,610 16 1,050,795 17 12,979 17 7,206 18 18 19 12,555 19 12,555 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 25,534 26 19,761 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances Net assets without donor restrictions 27 1,011,076 27 1,031,034 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 1,011,076 32 1,031,034 Total liabilities and net assets/fund balances 33 1,036,610 33 1,050,795

	m 990 (2022) PARALYZED VETERANS OF AMERICA, CAL-DIEGO CHAPTER	05 36	01160	١.	
Pa	Reconciliation of Net Assets	95-36		-	Page 12
	Check if Schedule O contains a response or note to any line in this Part XI				
1	(mace odder i dit viii, coldiiii (A), iiile (Z)	1			
2	rotal expenses (must equal Part IX, column (A), line 25)	2			,415
3	Revenue less expenses. Subtract line 2 from line 1	3	***************************************		,984
4	Net assets of fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-		,569)
5	Net unrealized gains (losses) on investments	5		,011	
6	Donated services and use of facilities	6		40	,527
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	-			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9			0
	32, column (B))	40			
Pa	rt XII Financial Statements and Reporting	10	1	,031	,034
	Check if Schedule O contains a response or note to any line in this Part XII				
	and the state of t			1	- !
1	Accounting method used to prepare the Form 990: Cash Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	Michigan pagagon			
	Schedule O.				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		. <u>2a</u>		X
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Ware the organizations for an interest and separate basis				policies from
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		. 2b	X	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		7.11.00 E		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit review or compilation of its financial statement.				
	If the organization changed either its oversight process or selection process during the tax year, explain on		. <u>2c</u>	X	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				energy on
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		. 3a		<u> </u>
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
EEA	and a describe any steps taken to undergo such audits				
			Forr	n 990 (2022)