

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 10/01, 2018, and ending 9/30, 2019

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization

**Paralyzed Veterans of America, Inc.
North Central Chapter**

Employer identification number

46-0359947

Name and title of officer

**Perry Grimme
President**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	240,041
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Grant and Williams, Inc to enter my PIN 59947 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **01/13/20**

Part III Certification and Authentication

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

46102119626

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Rose Grant, CPA, MST, CGMA

Date ▶ **01/13/20**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.



CLIENT'S COPY

Grant and Williams, Inc
312 S Conklin Ave
Sioux Falls, SD 57103

**Paralyzed Veterans of America, Inc.
North Central Chapter
209 N Garfield Avenue
Sioux Falls, SD 57104-5601**

Grant and Williams, Inc
312 S Conklin Ave
Sioux Falls, SD 57103
605-274-2163

January 16, 2020

CONFIDENTIAL

Paralyzed Veterans of America, Inc.
North Central Chapter
209 N Garfield Avenue
Sioux Falls, SD 57104-5601

Dear Board Members:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Grant and Williams, Inc.
Grant and Williams, Inc



3 §

Filing Instructions

**Paralyzed Veterans of America, Inc.
North Central Chapter**

Exempt Organization Tax Return

Taxable Year Ended September 30, 2019

Date Due: February 18, 2020

Remittance: None is required. Your Form 990 for the tax year ended 9/30/19 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Grant and Williams, Inc
312 S Conklin Ave
Sioux Falls, SD 57103

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.



Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 10/01, 2018, and ending 9/30 20 19

2018

Department of the Treasury
Internal Revenue Service

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Name of exempt organization **Paralyzed Veterans of America, Inc.
North Central Chapter**

Employer identification number
46-0359947

Name and title of officer
**Perry Grimme
President**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>240,041</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Grant and Williams, Inc to enter my PIN 59947 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 01/13/20

Part III Certification and Authentication

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

46102119626

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Rose Grant, CPA, MST, CGMA Date ▶ 01/13/20

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Paralyzed Veterans of America, Inc. Doing business as North Central Chapter Number and street (or P.O. box if mail is not delivered to street address) Room/suite 209 N Garfield Avenue City or town, state or province, country, and ZIP or foreign postal code Sioux Falls SD 57104-5601	D Employer identification number 46-0359947 E Telephone number 605-336-0494 G Gross receipts \$ 240,041
F Name and address of principal officer: Perry Grimme		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ www.ncpva.org		L Year of formation: 1964
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: SD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Services to Veterans		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,391
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	231,785	196,684
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,699	13,255
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	84,427	30,102
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	286	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	333,197	240,041
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	24,055	12,283
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	142,376	148,386
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,391	152,584	147,480
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	319,015	308,149
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,182	-68,108
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,074,507	1,013,512
	20 Total assets (Part X, line 16)	18,401	25,510
	21 Total liabilities (Part X, line 26)	1,056,106	988,002
22 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.

Sign Here	Signature of officer Perry Grimme	Date			
	Type or print name and title President				
Paid Preparer Use Only	Print/Type preparer's name Rose Grant, CPA, MST, CGMA	Preparer's signature Rose Grant, CPA, MST, CGMA	Date 01/16/20	Check <input type="checkbox"/> if self-employed	PTIN P00290085
	Firm's name ▶ Grant and Williams, Inc	Firm's EIN ▶ 47-1690352			
	Firm's address ▶ 312 S Conklin Ave Sioux Falls, SD 57103	Phone no. 605-274-2163			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
Services to Veterans

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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 \$ **103,102** including grants of \$ **9,533**) (Revenue \$)
Handicapped & paralyzed veterans benefit information & application assistance, medical equipment & supplies, newsletter

4b (Code:) (Expenses \$ **130,658** including grants of \$ **500**) (Revenue \$)
Public affairs, legislation for handicapped needs, veterans benefits, removal of handicapped barriers, sport opportunities for the handicapped, public awareness

4c (Code:) (Expenses \$ **2,250** including grants of \$ **2,250**) (Revenue \$)
Research & education, nursing scholarships, grants to rehabilitation units, seminars for doctors & nurses

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **236,010**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
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	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, Part III		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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		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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

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	3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
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?		
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 sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	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:		
a	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	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Form 990 (2018) **Paralyzed Veterans of America, Inc. 46-0359947**

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

Section A. Governing Body and Management

	1a	9	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 in Schedule O.		9		
b Enter the number of voting members included in line 1a, above, who are independent	1b	8		
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?				
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			2	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			3	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			4	X
6 Did the organization have members or stockholders?			5	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			6	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?			7a	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			7b	X
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	X

Section 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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X
a The organization's CEO, Executive Director, or top management official		
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **None**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 **Lisa Cummings**
209 N Garfield Avenue
Sioux Falls

Form 990 (2018) **Paralyzed Veterans of America, Inc. 46-0359947**
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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Diane Beesley Director	0.00 0.00	X						0	0	0
(2) Duane Biesboer Director	0.00 0.00	X						0	0	0
(3) Charles Doom Director	0.00 0.00	X						0	0	0
(4) Leon Leborgne Director	0.00 0.00	X						0	0	0
(5) Casey Davidson VP	0.00 0.00	X		X				0	0	0
(6) Greg Brandner Secretary	0.00 0.00			X				0	0	0
(7) Perry Grimme President	0.00 0.00			X				0	0	0
(8) Gene Murphy Treasurer	0.00 0.00			X				0	0	0
(9)										
(10)										
(11)										

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns				
	b Membership dues	1,400			
	c Fundraising events				
	d Related organizations	146,990			
	e Government grants (contributions)				
	f All other contributions, gifts, grants, and similar amounts not included above	48,294			
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		196,684		
	Program Service Revenue	2a Registration fees	11,864		
b Newsletter advertising		511190	1,391	1,391	
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f			13,255		
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		30,102	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents				
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis & sales exps.				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	b Less: direct expenses				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19				
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue					
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		240,041	0	1,391	41,966

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	12,283	12,283		
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				
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	127,583	95,686	25,517	6,380
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,264	1,697	453	114
9 Other employee benefits	8,828	6,621	1,765	442
10 Payroll taxes	9,711	7,284	1,942	485
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,553		11,553	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,198		7,198	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,226	1,996		230
12 Advertising and promotion	5,245	3,965		1,280
13 Office expenses	12,835	4,175	110	8,550
14 Information technology	6,631	5,970	661	
15 Royalties				
16 Occupancy	18,812	17,633	1,179	
17 Travel	15,769	15,769		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,169	13,169		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,678	6,508	1,735	435
23 Insurance	1,000		1,000	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Member events	38,350	38,350		
b Telephone	2,899	2,609	290	
c Postage	2,891	2,295	121	475
d Bank Charges	224		224	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	308,149	236,010	53,748	18,391
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 <input type="checkbox"/> 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		(B) End of year
Assets	1	Cash—non-interest bearing		1
	2	Savings and temporary cash investments	30,478	2 55,786
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	830	4
	5	Loans and other receivables from current and former officers, directors, 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 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
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	7,007	8 5,186
	9	Prepaid expenses and deferred charges	6,460	9 2,481
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 446,292	
	b	Less: accumulated depreciation	10b 261,071	10c 185,221
	11	Investments—publicly traded securities	193,901	11 764,838
	12	Investments—other securities. See Part IV, line 11	835,831	12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,074,507	16 1,013,512	
Liabilities	17	Accounts payable and accrued expenses	17,941	17 25,120
	18	Grants payable		18
	19	Deferred revenue	460	19 390
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	Total liabilities. Add lines 17 through 25	18,401	26 25,510
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	1,051,926	27 982,050
	28	Temporarily restricted net assets	4,180	28 5,952
	29	Permanently restricted net assets		29
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	1,056,106	33 988,002	
34	Total liabilities and net assets/fund balances	1,074,507	34 1,013,512	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	240,041
2	Total expenses (must equal Part IX, column (A), line 25)	2	308,149
3	Revenue less expenses. Subtract line 2 from line 1	3	-68,108
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,056,106
5	Net unrealized gains (losses) on investments	5	
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 in Schedule O)	9	4
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	988,002

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Paralyzed Veterans of America, Inc. North Central Chapter	Employer identification number 46-0359947
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B**.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C**.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E**.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V**.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test—2018; b 33 1/3% support test—2017; 17a 10%-facts-and-circumstances test—2018; b 10%-facts-and-circumstances test—2017; 18 Private foundation.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	249,416	242,469	258,866	231,785	188,427	1,170,963
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	8,532	12,164	15,684	16,985	14,854	68,219
3 Gross receipts from activities that are not an unrelated trade or business under section 513					11,864	11,864
4 Tax revenues levied for the organization'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	257,948	254,633	274,550	248,770	215,145	1,251,046
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						
8 Public support. (Subtract line 7c from line 6.)						1,251,046

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	257,948	254,633	274,550	248,770	215,145	1,251,046
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					30,102	30,102
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					30,102	30,102
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,200	300				1,500
13 Total support. (Add lines 9, 10c, 11, and 12.)	259,148	254,933	274,550	248,770	245,247	1,282,648
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	97.54%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	87.75%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	2%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	11%

- 19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, IRS status, foreign organizations, and excess business holdings.

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		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 the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		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 in (2), 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 supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, 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 these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part III, Line 12 - Other Income Detail

Miscellaneous	\$	1,500
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Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Name of the organization
Paralyzed Veterans of America, Inc.
North Central Chapter

Employer identification number
46-0359947

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **Paralyzed Veterans of America, Inc.** Employer identification number **46-0359947**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Paralyzed Veterans of America 801 Eighteenth Street, NW Washington DC 20006	\$ 146,990	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

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

- ▶ 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.

Department of the Treasury
Internal Revenue Service

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), or (6) organizations: Complete Part III.

Name of organization **Paralyzed Veterans of America, Inc.** Employer identification number **46-0359947**
North Central Chapter

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ Yes No
- 4 Did the filing organization file Form 1120-POL for this year?
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of 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.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of 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.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		750
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i		X	750
2a Did the activities in line 1 cause the organization to be not 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), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1

Attended several legislative round table discussions to talk about bills the Chapter was supporting in the upcoming state legislative session.

Attended a legislative breakfast to meet state representatives and discuss bills the chapter was supporting in the upcoming state legislative session.

Attended several legislative sessions and provided testimony before

Part IV Supplemental Information *(continued)*

**legislative committees regarding bills the Chapter was supporting this
state legislative session.**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Paralyzed Veterans of America, Inc. North Central Chapter

Employer identification number

46-0359947

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property... [Yes/No], 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [Yes/No], 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [Yes/No], 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ %
 - b Permanent endowment ▶ %
 - c Temporarily restricted endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		42,600		42,600
b Buildings		329,142	186,580	142,562
c Leasehold improvements				
d Equipment		646	646	
e Other		73,904	73,845	59
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				185,221

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" 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)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	240,041
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	240,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	240,041

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	308,151
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	2	
e	Add lines 2a through 2d		2e	2
3	Subtract line 2e from line 1		3	308,149
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	308,149

Part XIII Supplemental Information.

Provide 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 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Book / Tax Depreciation Difference \$ **2**

[The main body of the page is a grid of horizontal dotted lines, indicating a form structure for supplemental information. No text is present in these lines.]

**SCHEDULE I
Form 990**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
 Attach to Form 990.

OMB No. 1545-0047

2018
Open to Public
Inspection

Name of the organization

**Paralyzed Veterans of America, Inc.
North Central Chapter**

Employer identification number

46-0359947

Part I General Information on Grants and Assistance
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
 3 Enter total number of other organizations listed in the line 1 table
 or Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018) Paralyzed Veterans of America, Inc. 46-0359947

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Memberships and benefits		9,533			
2 Research	2	2,250			
3 Public Affairs		500			
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Paralyzed Veterans of America, Inc.
North Central Chapter**

Employer identification number
****-***9947**

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents

The Organization adopted new Chapter election policies on April 25, 2019, to go to a mail in ballot. All ballots must have a self addressed return envelope and a postmark, or hand delivered to the chapter in the self addressed envelope in a timely manner. Ballots will be mailed out a minimum of 30 days before the election, and will be retained for a minimum of 90 days after the election.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

As of September 30, 2019 the Chapter has 182 regular members and 90 associate members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Officers and the board of directors are elected by members of the Chapter. The organization has gone to a mail ballot wherein all members are mailed a ballot a minimum of 30 days before the election date. All ballots are retained for a minimum of 90 days after the election for review.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Chapter e-mails the 990 to each board member for review. If they have any questions, they direct them to the executive director who then makes inquiry of the return preparer. When all parties are satisfied, the return preparer will then e-file the return.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization

Employer identification number

Paralyzed Veterans of America, Inc.

-*9947

The Chapter will provide paper copies of its governing documents, conflict of interest policy, and audited financial statements upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Rounding

\$

4

Filing Instructions

**Paralyzed Veterans of America, Inc.
North Central Chapter**

Exempt Organization Business Tax Return

Taxable Year Ended September 30, 2019

Date Due: February 18, 2020

Remittance: None is required. Your Form 990-T for the tax year ended 9/30/19 shows no balance due.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.



Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning **10/01/18**, and ending **09/30/19**

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year 1,013,512</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) Paralyzed Veterans of America, Inc.</p> <p>North Central Chapter</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 209 N Garfield Avenue</p> <p>City or town, state or province, country, and ZIP or foreign postal code Sioux Falls SD 57104-5601</p>	<p>D Employer identification number (Employees' trust, see instructions.) 46-0359947</p> <p>E Unrelated business activity code (See instructions.) 511190</p>
<p>F Group exemption number (See instructions.)</p>		<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Enter the number of the organization's unrelated trades or businesses. **1** Describe the only (or first) unrelated trade or business here: **Newsletter Advertising**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No. If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **Lisa Cummings** Telephone number **605-336-0494**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnership and S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule) See Stmt 1	1,391		1,391
13	Total. Combine lines 3 through 12	1,391		1,391

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		1,484
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		0
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		292
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		1,776
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-385
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income. Subtract line 31 from line 30	32		-385

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date **President** Title

Print/Type preparer's name: **Rose Grant, CPA, MST, CGMA** Preparer's signature: **Rose Grant, CPA, MST, CGMA** Date: **01/16/20** Check if self-employed PTIN: **P00290085**

Paid Preparer Use Only Firm's name: **Grant and Williams, Inc** Firm's EIN: **47-1690352**
 Firm's address: **312 S Conklin Ave**
Sioux Falls, SD 57103 Phone no. **605-274-2163**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Form 990-T (2018) **Paralyzed Veterans of America, Inc. 46-0359947**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional sec. 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total		

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	N/A			
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				
(2)				
(3)				
(4)				
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

Form 990-T (2018) **Paralyzed Veterans of America, Inc. 46-0359947**
Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
N/A					

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10

Totals
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Totals
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Totals
Schedule J - Advertising Income (see instructions)
Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

Part II ^a **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I ▶						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Form 990-T	Schedule M Charitable Contribution and Loss Calculation	2018
Description Unrelated Business Activity		
Name Paralyzed Veterans of America, Inc.		Taxpayer Identification Number 46-0359947
Unincorporated Business Income Tax Code: 511190 Activity: Other publishers (except Internet)		

Worksheet 1 Activity Charitable Contribution Deduction

1	Activity Income (Schedule M, Line 13, col C)	1,391
2	Activity Expense (does not include amount needed for Line 20)	1,776
3	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	0
4	Current activity contribution limit (Multiplier used is 10%)	
5	Current year contributions	0
6	Prior year contributions (corporations only)	
7	Total available contributions (Add lines 5 and 6)	
8	Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	
9	Remaining contributions (subtract line 8 from line 7)	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	
11	Remaining contributions (carried forward for corporations only, See Worksheet 3)	0

Worksheet 2 Activity Losses and Carryforward Amounts

1	Activity losses (do not include amounts before 2018)	
2	Amount of loss used in the current year	0
3	Prior year losses carried over to next year	
4	Losses generated by current year activity	385
5	Total loss carried forward to 2019	385

Worksheet 3 Activity Charitable Contribution Carryforward

Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 09/30/14					
4th 09/30/15					
3rd 09/30/16					
2nd 09/30/17					
1st 09/30/18					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount			0		0
Charitable Contribution Carryover Available To Next Year					0

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

<u>Description</u>	<u>Amount</u>
Newsletter advertising	\$ 1,391
Total	\$ 1,391

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **Paralyzed Veterans of America, Inc.
North Central Chapter**

Identifying number
46-0359947

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	377

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	8,301
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,678
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

PARAVETS Paralyzed Veterans of America, Inc.
 46-0359947
 FYE: 9/30/2019

01/16/2020 5:05 PM

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
2	Office Building	9/01/95	201,732			201,732	39 MMS/L	119,183	5,054
3	Blueprints for Addition	7/15/97	320			320	39 MMS/L	174	8
42	Sound system	3/31/97	1,800			1,800	7 HY 200DB	1,800	0
43	Sound system	9/05/97	1,504			1,504	7 HY 200DB	1,504	0
44	Building addition	6/30/98	102,795			102,795	39 MMS/L	53,484	2,570
45	Blinds	9/15/98	546			546	7 HY 200DB	546	0
48	Office furniture	12/05/97	900			900	7 HY 200DB	900	0
50	Building Addition Final Payment	2/18/99	500			500	39 MMS/L	252	12
51	Ricoh Printer AP-1400	4/10/00	995			995	5 HY 200DB	995	0
54	HP 4550 Color Laser Printer	10/09/01	2,534		X	1,774	5 HY 200DB	2,534	0
55	(2) Aprilaire Humidifiers Installed	4/12/02	714		X	500	7 HY 200DB	714	0
56	Dell Computer	6/02/03	1,280		X	640	5 HY 200DB	1,280	0
57	Camcorder	10/06/03	979		X	490	7 HY 200DB	979	0
58	Gun Safe	6/21/04	800		X	400	7 HY 200DB	800	0
62	AVAYA TELEPHONE SYSTEM FROM J	5/24/05	1,750			1,750	7 HY 200DB	1,750	0
63	AVAYA TELEPHONE SYSTEM FROM J	5/24/05	437			437	7 HY 200DB	437	0
64	GATEWAY MP8708 NOTEBOOK COMP	12/12/06	1,150			1,150	5 HY 200DB	1,150	0
65	TDP-T45U TOSHIBA PROJECTOR	12/12/06	1,000			1,000	5 HY 200DB	1,000	0
69	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	518			518	5 HY 200DB	518	0
70	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	518			518	5 HY 200DB	518	0
71	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	259			259	5 HY 200DB	259	0
72	DYSON ANIMAL DC17 VACUUM CLEA	6/30/07	550			550	7 HY 200DB	550	0
73	HP DX6650US Notebook Computer	10/01/07	869			869	5 HY 200DB	869	0
74	HP DX6650US Notebook Computer	10/01/07	230			230	5 HY 200DB	230	0
75	HUNTING TRAILER	1/12/09	1,000		X	500	5 HY 200DB	1,000	0
76	MAC PROS COMPUTER	1/22/09	1,439		X	719	5 HY 200DB	1,439	0
77	MAC PROS COMPUTER	1/22/09	360		X	180	5 HY 200DB	360	0
78	SPEAKER PHONE AND EXPANSION KI	1/30/09	642		X	321	7 HY 200DB	642	0
79	SPEAKER PHONE AND EXPANSION KI	1/30/09	160		X	80	7 HY 200DB	160	0
80	ROOF REPAIR	6/07/09	13,260			13,260	39 MMS/L	3,159	332
81	CANON REBEL XS BLACK 18-55 IS CA	3/17/10	626		X	313	7 HY 200DB	626	0
82	CANON REBEL XS BLACK 18-55 IS CA	3/17/10	156		X	78	7 HY 200DB	156	0
83	COMPUTER - AMD ATHLONE II/4GB/7	11/02/10	796		X	0	5 HY 200DB	796	0
84	OPTIPLEX 380 DESKTOP/PENTIUM DU	5/04/11	785		X	0	5 HY 200DB	785	0
85	OPTIPLEX 380 DESKTOP/CORE 2 DUO	5/04/11	1,187		X	0	5 HY 200DB	1,187	0
86	REMODEL - 2 NEW OFFICES	1/19/11	6,636			6,636	39 MMS/L	1,312	166
87	OFFICE EQUIPMENT	3/01/11	1,770		X	0	7 HY 200DB	1,770	0
88	ACTION TRACK CHAIR	5/31/11	9,000		X	0	7 HY 200DB	9,000	0
89	2012 VPG MV-1 VEHICLE	9/29/12	27,730		X	13,865	5 HY 200DB	27,730	0
90	MIDWEST ALARM SECURITY SYSTEM	2/11/13	1,190		X	595	7 HY 200DB	1,031	159
			<u>391,417</u>			<u>358,724</u>		<u>243,579</u>	<u>8,301</u>

Other Depreciation:

1	Land	9/01/95	42,600			42,600	0 -- Land	0	0
7	File Cabinet	6/01/81	113			113	15 MO S/L	113	0
9	Chair	6/01/81	110			110	15 MO S/L	110	0
15	Moveable Stand	7/01/88	156			156	7 MO S/L	156	0
17	Vertical blinds	9/01/91	585			585	7 MO S/L	585	0
18	Desk	12/01/91	307			307	7 MO S/L	307	0
22	Pentax camera	9/09/93	0			0	0 HY	0	0
24	Pheasant print	11/16/94	175			175	7 MO S/L	175	0
26	Loader trap	2/02/95	575			575	7 MO S/L	575	0
28	Office chair	4/28/95	149			149	7 MO S/L	149	0
29	Framed mission statement	7/17/95	281			281	7 MO S/L	281	0
30	Painting	9/30/95	159			159	7 MO S/L	159	0
31	Refrigerator	9/01/95	606			606	7 MO S/L	606	0
32	Kitchen appliances	9/01/95	1,520			1,520	7 MO S/L	1,520	0
33	Storage room shelving	8/23/95	129			129	7 MO S/L	129	0
35	Storage cabinets	8/27/95	169			169	7 MO S/L	169	0
36	Two bookcases	8/28/95	125			125	7 MO S/L	125	0
37	Blinds	8/31/95	2,327			2,327	7 MO S/L	2,327	0
38	6 tables	11/30/95	586			586	7 MO S/L	586	0
39	Dictaphone	2/09/96	695			695	5 MO S/L	695	0
91	New building lights	4/22/16	2,639			2,639	7 MO S/L	911	377
92	TV-Vicio	10/17/16	646		X	0	5 MO S/L	646	0

PARAVETS Paralyzed Veterans of America, Inc.

46-0359947

FYE: 9/30/2019

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Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Total Other Depreciation		<u>54,652</u>			<u>54,006</u>		<u>10,324</u>	<u>377</u>
	Total ACRS and Other Depreciation		<u>54,652</u>			<u>54,006</u>		<u>10,324</u>	<u>377</u>
	Grand Totals		446,069			412,730		253,903	8,678
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>446,069</u>			<u>412,730</u>		<u>253,903</u>	<u>8,678</u>

46-0359947

SD Asset Report

FYE: 9/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	SD Prior	SD Current	Federal Current	Difference Fed - SD
Prior MACRS:								
2	Office Building	9/01/95	201,732	201,732	119,186	5,172	5,054	-118
3	Blueprints for Addition	7/15/97	320	320	174	8	8	0
42	Sound system	3/31/97	1,800	1,800	1,800	0	0	0
43	Sound system	9/05/97	1,504	1,504	1,504	0	0	0
44	Building addition	6/30/98	102,795	102,795	53,484	2,636	2,570	-66
45	Blinds	9/15/98	546	546	546	0	0	0
48	Office furniture	12/05/97	900	900	900	0	0	0
50	Building Addition Final Payment	2/18/99	500	500	252	12	12	0
51	Ricoh Printer AP-1400	4/10/00	995	995	995	0	0	0
54	HP 4550 Color Laser Printer	10/09/01	2,534	1,774	2,534	0	0	0
55	(2) Aprilaire Humidifiers Installed	4/12/02	714	500	714	0	0	0
56	Dell Computer	6/02/03	1,280	640	1,280	0	0	0
57	Camcorder	10/06/03	979	490	979	0	0	0
58	Gun Safe	6/21/04	800	400	800	0	0	0
62	AVAYA TELEPHONE SYSTEM FROM J	5/24/05	1,750	1,750	1,750	0	0	0
63	AVAYA TELEPHONE SYSTEM FROM J	5/24/05	437	437	437	0	0	0
64	GATEWAY MP8708 NOTEBOOK COMP	12/12/06	1,150	1,150	1,150	0	0	0
65	TDP-T45U TOSHIBA PROJECTOR	12/12/06	1,000	1,000	1,000	0	0	0
69	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	518	518	518	0	0	0
70	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	518	518	518	0	0	0
71	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	259	259	259	0	0	0
72	DYSON ANIMAL DC17 VACUUM CLEA	6/30/07	550	550	550	0	0	0
73	HP DX6650US Notebook Computer	10/01/07	869	869	869	0	0	0
74	HP DX6650US Notebook Computer	10/01/07	230	230	230	0	0	0
75	HUNTING TRAILER	1/12/09	1,000	500	1,000	0	0	0
76	MAC PROS COMPUTER	1/22/09	1,439	719	1,439	0	0	0
77	MAC PROS COMPUTER	1/22/09	360	180	360	0	0	0
78	SPEAKER PHONE AND EXPANSION KI	1/30/09	642	321	642	0	0	0
79	SPEAKER PHONE AND EXPANSION KI	1/30/09	160	80	160	0	0	0
80	ROOF REPAIR	6/07/09	13,260	13,260	3,159	340	332	-8
81	CANON REBEL XS BLACK 18-55 IS CA	3/17/10	626	313	626	0	0	0
82	CANON REBEL XS BLACK 18-55 IS CA	3/17/10	156	78	156	0	0	0
83	COMPUTER - AMD ATHLONE II/4GB/7	11/02/10	796	0	796	0	0	0
84	OPTIPLEX 380 DESKTOP/PENTIUM DU	5/04/11	785	0	785	0	0	0
85	OPTIPLEX 380 DESKTOP/CORE 2 DUO	5/04/11	1,187	0	1,187	0	0	0
86	REMODEL - 2 NEW OFFICES	1/19/11	6,636	6,636	1,312	170	166	-4
87	OFFICE EQUIPMENT	3/01/11	1,770	0	1,770	0	0	0
88	ACTION TRACK CHAIR	5/31/11	9,000	0	9,000	0	0	0
89	2012 VPG MV-1 VEHICLE	9/29/12	27,730	13,865	27,730	0	0	0
90	MIDWEST ALARM SECURITY SYSTEM	2/11/13	1,190	595	1,110	53	159	106
			391,417	358,724	243,661	8,391	8,301	-90

Other Depreciation:

1	Land	9/01/95	42,600	42,600	0	0	0	0
7	File Cabinet	6/01/81	113	113	113	0	0	0
9	Chair	6/01/81	110	110	110	0	0	0
15	Moveable Stand	7/01/88	156	156	156	0	0	0
17	Vertical blinds	9/01/91	585	585	585	0	0	0
18	Desk	12/01/91	307	307	307	0	0	0
22	Pentax camera	9/09/93	0	0	0	0	0	0
24	Pheasant print	11/16/94	175	175	175	0	0	0
26	Loader trap	2/02/95	575	575	575	0	0	0
28	Office chair	4/28/95	149	149	149	0	0	0
29	Framed mission statement	7/17/95	281	281	281	0	0	0
30	Painting	9/30/95	159	159	159	0	0	0
31	Refrigerator	9/01/95	606	606	606	0	0	0
32	Kitchen appliances	9/01/95	1,520	1,520	1,520	0	0	0
33	Storage room shelving	8/23/95	129	129	129	0	0	0
35	Storage cabinets	8/27/95	169	169	169	0	0	0
36	Two bookcases	8/28/95	125	125	125	0	0	0
37	Blinds	8/31/95	2,327	2,327	2,327	0	0	0
38	6 tables	11/30/95	586	586	586	0	0	0
39	Dictaphone	2/09/96	695	695	695	0	0	0
91	New building lights	4/22/16	2,639	2,639	911	377	377	0
92	TV-Vicio	10/17/16	646	0	646	0	0	0

SD Asset Report

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Basis for Depr</u>	<u>SD Prior</u>	<u>SD Current</u>	<u>Federal Current</u>	<u>Difference Fed - SD</u>
	Total Other Depreciation		<u>54,652</u>	<u>54,006</u>	<u>10,324</u>	<u>377</u>	<u>377</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>54,652</u>	<u>54,006</u>	<u>10,324</u>	<u>377</u>	<u>377</u>	<u>0</u>
	Grand Totals		446,069	412,730	253,985	8,768	8,678	-90
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>446,069</u>	<u>412,730</u>	<u>253,985</u>	<u>8,768</u>	<u>8,678</u>	<u>-90</u>

AMT Asset Report

FYE: 9/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
2	Office Building	9/01/95	201,732			201,732	40 MMS/L	116,206	5,043
3	Blueprints for Addition	7/15/97	320			320	40 MMS/L	170	8
42	Sound system	3/31/97	1,800			1,800	10 HY 150DB	1,800	0
43	Sound system	9/05/97	1,504			1,504	10 HY 150DB	1,504	0
44	Building addition	6/30/98	102,795			102,795	40 MMS/L	52,147	2,570
45	Blinds	9/15/98	546			546	10 HY 150DB	546	0
48	Office furniture	12/05/97	900			900	10 HY 150DB	900	0
50	Building Addition Final Payment	2/18/99	500			500	39 MMS/L	252	12
51	Ricoh Printer AP-1400	4/10/00	995			995	5 HY 150DB	995	0
54	HP 4550 Color Laser Printer	10/09/01	2,534		X	1,774	5 HY 150DB	2,534	0
55	(2) Aprilaire Humidifiers Installed	4/12/02	714		X	500	7 HY 150DB	714	0
56	Dell Computer	6/02/03	1,280		X	640	5 HY 150DB	1,280	0
57	Camcorder	10/06/03	979		X	490	7 HY 150DB	979	0
58	Gun Safe	6/21/04	800		X	400	7 HY 150DB	800	0
62	AVAYA TELEPHONE SYSTEM FROM J	5/24/05	1,750			1,750	7 HY 150DB	1,750	0
63	AVAYA TELEPHONE SYSTEM FROM J	5/24/05	437			437	7 HY 150DB	437	0
64	GATEWAY MP8708 NOTEBOOK COMP	12/12/06	1,150			1,150	5 HY 150DB	1,150	0
65	TDP-T45U TOSHIBA PROJECTOR	12/12/06	1,000			1,000	5 HY 150DB	1,000	0
69	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	518			518	5 HY 150DB	518	0
70	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	518			518	5 HY 150DB	518	0
71	SHARP FAX EXPANSION KIT S/N 6E20	12/19/06	259			259	5 HY 150DB	259	0
72	DYSON ANIMAL DC17 VACUUM CLEA	6/30/07	550			550	7 HY 150DB	550	0
73	HP DX6650US Notebook Computer	10/01/07	869			869	5 HY 150DB	869	0
74	HP DX6650US Notebook Computer	10/01/07	230			230	5 HY 150DB	230	0
75	HUNTING TRAILER	1/12/09	1,000		X	500	5 HY 150DB	1,000	0
76	MAC PROS COMPUTER	1/22/09	1,439		X	719	5 HY 150DB	1,439	0
77	MAC PROS COMPUTER	1/22/09	360		X	180	5 HY 150DB	360	0
78	SPEAKER PHONE AND EXPANSION KI	1/30/09	642		X	321	7 HY 150DB	642	0
79	SPEAKER PHONE AND EXPANSION KI	1/30/09	160		X	80	7 HY 150DB	160	0
80	ROOF REPAIR	6/07/09	13,260			13,260	39 MMS/L	3,159	340
81	CANON REBEL XS BLACK 18-55 IS CA	3/17/10	626		X	313	7 HY 150DB	626	0
82	CANON REBEL XS BLACK 18-55 IS CA	3/17/10	156		X	78	7 HY 150DB	156	0
83	COMPUTER - AMD ATHLONE II/4GB/7	11/02/10	796		X	0	5 HY 150DB	796	0
84	OPTIPLEX 380 DESKTOP/PENTIUM DU	5/04/11	785		X	0	5 HY 150DB	785	0
85	OPTIPLEX 380 DESKTOP/CORE 2 DUO	5/04/11	1,187		X	0	5 HY 150DB	1,187	0
86	REMODEL - 2 NEW OFFICES	1/19/11	6,636			6,636	39 MMS/L	1,312	170
87	OFFICE EQUIPMENT	3/01/11	1,770		X	0	7 HY 150DB	1,770	0
88	ACTION TRACK CHAIR	5/31/11	9,000		X	0	7 HY 150DB	9,000	0
89	2012 VPG MV-1 VEHICLE	9/29/12	27,730		X	13,865	5 HY 150DB	27,730	0
90	MIDWEST ALARM SECURITY SYSTEM	2/11/13	1,190		X	595	7 HY 150DB	971	146
			<u>391,417</u>			<u>358,724</u>		<u>239,201</u>	<u>8,289</u>

Other Depreciation:

1	Land	9/01/95	42,600			42,600	0 -- Land	0	0
7	File Cabinet	6/01/81	113			113	15 MO S/L	113	0
9	Chair	6/01/81	110			110	15 MO S/L	110	0
15	Moveable Stand	7/01/88	156			156	7 MO S/L	156	0
17	Vertical blinds	9/01/91	585			585	7 MO S/L	585	0
18	Desk	12/01/91	307			307	7 MO S/L	307	0
22	Pentax camera	9/09/93	0			0	HY	0	0
24	Pheasant print	11/16/94	175			175	7 MO S/L	175	0
26	Loader trap	2/02/95	575			575	7 MO S/L	575	0
28	Office chair	4/28/95	149			149	7 MO S/L	149	0
29	Framed mission statement	7/17/95	281			281	7 MO S/L	281	0
30	Painting	9/30/95	159			159	7 MO S/L	159	0
31	Refrigerator	9/01/95	606			606	7 MO S/L	606	0
32	Kitchen appliances	9/01/95	1,520			1,520	7 MO S/L	1,520	0
33	Storage room shelving	8/23/95	129			129	7 MO S/L	129	0
35	Storage cabinets	8/27/95	169			169	7 MO S/L	169	0
36	Two bookcases	8/28/95	125			125	7 MO S/L	125	0
37	Blinds	8/31/95	2,327			2,327	7 MO S/L	2,327	0
38	6 tables	11/30/95	586			586	7 MO S/L	586	0
39	Dictaphone	2/09/96	695			695	5 MO S/L	695	0
91	New building lights	4/22/16	2,639			2,639	7 MO S/L	911	377
92	TV-Vicio	10/17/16	0			0	HY	0	0

PARAVETS Paralyzed Veterans of America, Inc.

46-0359947

FYE: 9/30/2019

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AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>54,006</u>				<u>54,006</u>		<u>9,678</u>	<u>377</u>
	Total ACRS and Other Depreciation		<u>54,006</u>				<u>54,006</u>		<u>9,678</u>	<u>377</u>
	Grand Totals		<u>445,423</u>				<u>412,730</u>		<u>248,879</u>	<u>8,666</u>
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>445,423</u>				<u>412,730</u>		<u>248,879</u>	<u>8,666</u>

46-0359947

Bonus Depreciation Report

FYE: 9/30/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
54	HP 4550 Color Laser Printer	10/09/01	2,534	100	0	0	760	1,774
55	(2) Aprilaire Humidifiers Installed	4/12/02	714	100	0	0	214	500
56	Dell Computer	6/02/03	1,280	100	0	0	640	640
57	Camcorder	10/06/03	979	100	0	0	489	490
58	Gun Safe	6/21/04	800	100	0	0	400	400
75	HUNTING TRAILER	1/12/09	1,000	100	0	0	500	500
76	MAC PROS COMPUTER	1/22/09	1,439	100	0	0	720	719
77	MAC PROS COMPUTER	1/22/09	360	100	0	0	180	180
78	SPEAKER PHONE AND EXPANSION KIT	1/30/09	642	100	0	0	321	321
79	SPEAKER PHONE AND EXPANSION KIT	1/30/09	160	100	0	0	80	80
81	CANON REBEL XS BLACK 18-55 IS CAM	3/17/10	626	100	0	0	313	313
82	CANON REBEL XS BLACK 18-55 IS CAM	3/17/10	156	100	0	0	78	78
83	COMPUTER - AMD ATHLONE II/4GB/75C	11/02/10	796	100	0	0	796	0
84	OPTIPLEX 380 DESKTOP/PENTIUM DUA	5/04/11	785	100	0	0	785	0
85	OPTIPLEX 380 DESKTOP/CORE 2 DUO E	5/04/11	1,187	100	0	0	1,187	0
87	OFFICE EQUIPMENT	3/01/11	1,770	100	0	0	1,770	0
88	ACTION TRACK CHAIR	5/31/11	9,000	100	0	0	9,000	0
89	2012 VPG MV-1 VEHICLE	9/29/12	27,730	100	0	0	13,865	13,865
90	MIDWEST ALARM SECURITY SYSTEM	2/11/13	1,190	100	0	0	595	595
Grand Total			53,148		0	0	32,693	20,455

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	2	Office Building	5,054	5,043	11
Page 1	1	3	Blueprints for Addition	8	8	0
Page 1	1	42	Sound system	0	0	0
Page 1	1	43	Sound system	0	0	0
Page 1	1	44	Building addition	2,570	2,570	0
Page 1	1	45	Blinds	0	0	0
Page 1	1	48	Office furniture	0	0	0
Page 1	1	50	Building Addition Final Payment	12	12	0
Page 1	1	51	Ricoh Printer AP-1400	0	0	0
Page 1	1	54	HP 4550 Color Laser Printer	0	0	0
Page 1	1	55	(2) Aprilaire Humidifiers Installed	0	0	0
Page 1	1	56	Dell Computer	0	0	0
Page 1	1	57	Camcorder	0	0	0
Page 1	1	58	Gun Safe	0	0	0
Page 1	1	62	AVAYA TELEPHONE SYSTEM FROM JUNG	0	0	0
Page 1	1	63	AVAYA TELEPHONE SYSTEM FROM JUNG	0	0	0
Page 1	1	64	GATEWAY MP8708 NOTEBOOK COMPUTE	0	0	0
Page 1	1	65	TDP-T45U TOSHIBA PROJECTOR	0	0	0
Page 1	1	69	SHARP FAX EXPANSION KIT S/N 6E207898	0	0	0
Page 1	1	70	SHARP FAX EXPANSION KIT S/N 6E207898	0	0	0
Page 1	1	71	SHARP FAX EXPANSION KIT S/N 6E207898	0	0	0
Page 1	1	72	DYSON ANIMAL DC17 VACUUM CLEANER	0	0	0
Page 1	1	73	HP DX6650US Notebook Computer	0	0	0
Page 1	1	74	HP DX6650US Notebook Computer	0	0	0
Page 1	1	75	HUNTING TRAILER	0	0	0
Page 1	1	76	MAC PROS COMPUTER	0	0	0
Page 1	1	77	MAC PROS COMPUTER	0	0	0
Page 1	1	78	SPEAKER PHONE AND EXPANSION KIT	0	0	0
Page 1	1	79	SPEAKER PHONE AND EXPANSION KIT	0	0	-8
Page 1	1	80	ROOF REPAIR	332	340	0
Page 1	1	81	CANON REBEL XS BLACK 18-55 IS CAMER	0	0	0
Page 1	1	82	CANON REBEL XS BLACK 18-55 IS CAMER	0	0	0
Page 1	1	83	COMPUTER - AMD ATHLONE II/4GB/750G	0	0	0
Page 1	1	84	OPTIPLEX 380 DESKTOP/PENTIUM DUAL C	0	0	0
Page 1	1	85	OPTIPLEX 380 DESKTOP/CORE 2 DUO E840	0	0	-4
Page 1	1	86	REMODEL - 2 NEW OFFICES	166	170	0
Page 1	1	87	OFFICE EQUIPMENT	0	0	0
Page 1	1	88	ACTION TRACK CHAIR	0	0	0
Page 1	1	89	2012 VPG MV-1 VEHICLE	0	0	0
Page 1	1	90	MIDWEST ALARM SECURITY SYSTEM	159	146	13
				<u>8,301</u>	<u>8,289</u>	<u>12</u>

46-0359947

Future Depreciation Report **FYE: 9/30/20**

FYE: 9/30/2019

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
2	Office Building	9/01/95	201,732	5,173	5,043
3	Blueprints for Addition	7/15/97	320	8	8
42	Sound system	3/31/97	1,800	0	0
43	Sound system	9/05/97	1,504	0	0
44	Building addition	6/30/98	102,795	2,636	2,570
45	Blinds	9/15/98	546	0	0
48	Office furniture	12/05/97	900	0	0
50	Building Addition Final Payment	2/18/99	500	13	13
51	Ricoh Printer AP-1400	4/10/00	995	0	0
54	HP 4550 Color Laser Printer	10/09/01	2,534	0	0
55	(2) Aprilaire Humidifiers Installed	4/12/02	714	0	0
56	Dell Computer	6/02/03	1,280	0	0
57	Camcorder	10/06/03	979	0	0
58	Gun Safe	6/21/04	800	0	0
62	AVAYA TELEPHONE SYSTEM FROM JUNC	5/24/05	1,750	0	0
63	AVAYA TELEPHONE SYSTEM FROM JUNC	5/24/05	437	0	0
64	GATEWAY MP8708 NOTEBOOK COMPUTE	12/12/06	1,150	0	0
65	TDP-T45U TOSHIBA PROJECTOR	12/12/06	1,000	0	0
69	SHARP FAX EXPANSION KIT S/N 6E207898	12/19/06	518	0	0
70	SHARP FAX EXPANSION KIT S/N 6E207898	12/19/06	518	0	0
71	SHARP FAX EXPANSION KIT S/N 6E207898	12/19/06	259	0	0
72	DYSON ANIMAL DC17 VACUUM CLEANER	6/30/07	550	0	0
73	HP DX6650US Notebook Computer	10/01/07	869	0	0
74	HP DX6650US Notebook Computer	10/01/07	230	0	0
75	HUNTING TRAILER	1/12/09	1,000	0	0
76	MAC PROS COMPUTER	1/22/09	1,439	0	0
77	MAC PROS COMPUTER	1/22/09	360	0	0
78	SPEAKER PHONE AND EXPANSION KIT	1/30/09	642	0	0
79	SPEAKER PHONE AND EXPANSION KIT	1/30/09	160	0	0
80	ROOF REPAIR	6/07/09	13,260	340	340
81	CANON REBEL XS BLACK 18-55 IS CAMER	3/17/10	626	0	0
82	CANON REBEL XS BLACK 18-55 IS CAMER	3/17/10	156	0	0
83	COMPUTER - AMD ATHLONE II/4GB/750G	11/02/10	796	0	0
84	OPTIPLEX 380 DESKTOP/PENTIUM DUAL C	5/04/11	785	0	0
85	OPTIPLEX 380 DESKTOP/CORE 2 DUO E840	5/04/11	1,187	0	0
86	REMODEL - 2 NEW OFFICES	1/19/11	6,636	170	170
87	OFFICE EQUIPMENT	3/01/11	1,770	0	0
88	ACTION TRACK CHAIR	5/31/11	9,000	0	0
89	2012 VPG MV-1 VEHICLE	9/29/12	27,730	0	0
90	MIDWEST ALARM SECURITY SYSTEM	2/11/13	1,190	0	73
			<u>391,417</u>	<u>8,340</u>	<u>8,217</u>

Other Depreciation:

1	Land	9/01/95	42,600	0	0
7	File Cabinet	6/01/81	113	0	0
9	Chair	6/01/81	110	0	0
15	Moveable Stand	7/01/88	156	0	0
17	Vertical blinds	9/01/91	585	0	0
18	Desk	12/01/91	307	0	0
22	Pentax camera	9/09/93	0	0	0
24	Pheasant print	11/16/94	175	0	0
26	Loader trap	2/02/95	575	0	0
28	Office chair	4/28/95	149	0	0
29	Framed mission statement	7/17/95	281	0	0
30	Painting	9/30/95	159	0	0
31	Refrigerator	9/01/95	606	0	0
32	Kitchen appliances	9/01/95	1,520	0	0
33	Storage room shelving	8/23/95	129	0	0
35	Storage cabinets	8/27/95	169	0	0
36	Two bookcases	8/28/95	125	0	0
37	Blinds	8/31/95	2,327	0	0
38	6 tables	11/30/95	586	0	0
39	Dictaphone	2/09/96	695	0	0
91	New building lights	4/22/16	2,639	377	377

Future Depreciation Report - FYE: 9/30/20

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
92	TV-Vicio	10/17/16	646	0	0
	Total Other Depreciation		<u>54,652</u>	<u>377</u>	<u>377</u>
	Total ACRS and Other Depreciation		<u>54,652</u>	<u>377</u>	<u>377</u>
	Grand Totals		<u>446,069</u>	<u>8,717</u>	<u>8,594</u>

Asset	Description	Date In Service	Cost	SD
Prior MACRS:				
2	Office Building	9/01/95	201,732	5,173
3	Blueprints for Addition	7/15/97	320	9
42	Sound system	3/31/97	1,800	0
43	Sound system	9/05/97	1,504	0
44	Building addition	6/30/98	102,795	2,636
45	Blinds	9/15/98	546	0
48	Office furniture	12/05/97	900	0
50	Building Addition Final Payment	2/18/99	500	13
51	Ricoh Printer AP-1400	4/10/00	995	0
54	HP 4550 Color Laser Printer	10/09/01	2,534	0
55	(2) Aprilaire Humidifiers Installed	4/12/02	714	0
56	Dell Computer	6/02/03	1,280	0
57	Camcorder	10/06/03	979	0
58	Gun Safe	6/21/04	800	0
62	AVAYA TELEPHONE SYSTEM FROM JUNC	5/24/05	1,750	0
63	AVAYA TELEPHONE SYSTEM FROM JUNC	5/24/05	437	0
64	GATEWAY MP8708 NOTEBOOK COMPUTE	12/12/06	1,150	0
65	TDP-T45U TOSHIBA PROJECTOR	12/12/06	1,000	0
69	SHARP FAX EXPANSION KIT S/N 6E207898	12/19/06	518	0
70	SHARP FAX EXPANSION KIT S/N 6E207898	12/19/06	518	0
71	SHARP FAX EXPANSION KIT S/N 6E207898	12/19/06	259	0
72	DYSON ANIMAL DC17 VACUUM CLEANER	6/30/07	550	0
73	HP DX6650US Notebook Computer	10/01/07	869	0
74	HP DX6650US Notebook Computer	10/01/07	230	0
75	HUNTING TRAILER	1/12/09	1,000	0
76	MAC PROS COMPUTER	1/22/09	1,439	0
77	MAC PROS COMPUTER	1/22/09	360	0
78	SPEAKER PHONE AND EXPANSION KIT	1/30/09	642	0
79	SPEAKER PHONE AND EXPANSION KIT	1/30/09	160	0
80	ROOF REPAIR	6/07/09	13,260	340
81	CANON REBEL XS BLACK 18-55 IS CAMER	3/17/10	626	0
82	CANON REBEL XS BLACK 18-55 IS CAMER	3/17/10	156	0
83	COMPUTER - AMD ATHLONE II/4GB/750G	11/02/10	796	0
84	OPTIPLEX 380 DESKTOP/PENTIUM DUAL C	5/04/11	785	0
85	OPTIPLEX 380 DESKTOP/CORE 2 DUO E84	5/04/11	1,187	0
86	REMODEL - 2 NEW OFFICES	1/19/11	6,636	170
87	OFFICE EQUIPMENT	3/01/11	1,770	0
88	ACTION TRACK CHAIR	5/31/11	9,000	0
89	2012 VPG MV-1 VEHICLE	9/29/12	27,730	0
90	MIDWEST ALARM SECURITY SYSTEM	2/11/13	1,190	27
			<u>391,417</u>	<u>8,368</u>

Other Depreciation:

1	Land	9/01/95	42,600	0
7	File Cabinet	6/01/81	113	0
9	Chair	6/01/81	110	0
15	Moveable Stand	7/01/88	156	0
17	Vertical blinds	9/01/91	585	0
18	Desk	12/01/91	307	0
22	Pentax camera	9/09/93	0	0
24	Pheasant print	11/16/94	175	0
26	Loader trap	2/02/95	575	0
28	Office chair	4/28/95	149	0
29	Framed mission statement	7/17/95	281	0
30	Painting	9/30/95	159	0
31	Refrigerator	9/01/95	606	0
32	Kitchen appliances	9/01/95	1,520	0
33	Storage room shelving	8/23/95	129	0
35	Storage cabinets	8/27/95	169	0
36	Two bookcases	8/28/95	125	0
37	Blinds	8/31/95	2,327	0
38	6 tables	11/30/95	586	0
39	Dictaphone	2/09/96	695	0
91	New building lights	4/22/16	2,639	377

PARAVETS Paralyzed Veterans of America, Inc.

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46-0359947

SD Future Depreciation Report

FYE: 9/30/20

FYE: 9/30/2019

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>SD</u>
92	TV-Vicio	10/17/16	<u>646</u>	<u>0</u>
	Total Other Depreciation		<u>54,652</u>	<u>377</u>
	Total ACRS and Other Depreciation		<u>54,652</u>	<u>377</u>
	Grand Totals		<u>446,069</u>	<u>8,745</u>

Two Year Comparison Report

2017 & 2018

Form **990**

For calendar year 2018, or tax year beginning **10/01/18**, ending **09/30/19**

Taxpayer Identification Number

Name
**Paralyzed Veterans of America, Inc.
North Central Chapter**

46-0359947

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants		195,284	195,284
	2. Membership dues and assessments		1,400	1,400
	3. Government contributions and grants			
	4. Program service revenue		13,255	13,255
	5. Investment income		30,102	30,102
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11			240,041
Expenses	13. Grants and similar amounts paid		12,283	12,283
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.		148,386	148,386
	16. Salaries, other compensation, and employee benefits			
	17. Professional fundraising fees		20,977	20,977
	18. Other professional fees		18,812	18,812
	19. Occupancy, rent, utilities, and maintenance			
	20. Depreciation and Depletion	9,306	8,678	-628
	21. Other expenses		99,013	99,013
	22. Total expenses. Add lines 13 through 21	9,306	308,149	298,843
	23. Excess or (Deficit). Subtract line 22 from line 12	-9,306	-68,108	-58,802
Other Information	24. Total exempt revenue		240,041	240,041
	25. Total unrelated revenue		1,391	1,391
	26. Total excludable revenue		41,966	41,966
	27. Total assets	193,899	1,013,512	819,613
	28. Total liabilities		25,510	25,510
	29. Retained earnings	193,899	988,002	794,103
	30. Number of voting members of governing body		9	
	31. Number of independent voting members of governing body		8	
	32. Number of employees		3	
	33. Number of volunteers		27	

Form 990	Tax Return History		2018
Name	Paralyzed Veterans of America, Inc. North Central Chapter		Employer Identification Number 46-0359947

	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		240,089			195,284	
Membership dues		2,380			1,400	
Program service revenue		11,864			13,255	
Capital gain or loss		-45,720				
Investment income		22,775			30,102	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		300				
Total revenue		231,688			240,041	
Grants and similar amounts paid		13,559			12,283	
Benefits paid to or for members						
Compensation of officers, etc.		70,000				
Other compensation		64,616			148,386	
Professional fees		21,824			20,977	
Occupancy costs		15,263			18,812	
Depreciation and depletion		13,665	11,714	9,306		
Other expenses		113,467			99,013	
Total expenses		312,394	11,714	9,306	308,149	
Excess or (Deficit)		-80,706	-11,714	-9,306	-68,108	
Total exempt revenue		231,688			240,041	
Total unrelated revenue					1,391	
Total excludable revenue		-10,781			41,966	
Total Assets		1,107,132	203,538	193,899	1,013,512	
Total Liabilities		16,016			25,510	
Net Fund Balances		1,091,116	1,075,305	193,899	988,002	

Federal Statements

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
		<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
Interest and dividends	\$ 22,803					
			14			
Total	\$ 22,803					

ARAVETS Paralyzed Veterans of America, Inc.

Federal Statements

3-0359947

YE: 9/30/2019

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
ues and Subscriptions	\$ 1,836	1,606	\$	230
ues and Subscriptions	390	390		
Total	\$ 2,226	\$ 1,996	\$ 0	\$ 230

Federal Statements

Schedule A, Part III, Line 3(e)

<u>Description</u>	<u>Amount</u>
Registration fees	\$ 11,864
Total	\$ 11,864

Schedule A, Part III, Line 10a(e)

<u>Description</u>	<u>Amount</u>
Interest and dividends	\$ 22,803
Unrealized gains (losses)	-3,359
Realized gains	10,658
Total	\$ 30,102

Schedule A, Part III, Line 11

<u>Description</u>	<u>Amount</u>
Newsletter advertising	\$ 1,391
Less: Deductions	-2,776
Total	\$ -1,385

