Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning 10/01/21 , and ending 09/30/22

Michigan Paralyzed Veterans of America

38-6120911

Net Asset / Fund Balance at Beginn	ning of Year			1,668,178
Revenue				
Contributions		300,856		
Program service revenue				
Investment income		43,895		
Capital gain / loss		-58,088		
Fundraising / Gaming:				
Gross revenue				
Direct expenses				
Net income				
Other income		0		
Total revenue			286,663	
Expenses				
Program services		357,189		
Management and general		21,715		
Fundraising		21,022		
Total expenses		_	399,926	
Excess / (deficit)				<u>-113,263</u>
Changes				-238,351
				
Net Asset / Fund Ba	alance at End of Year			1,316,564
Reconciliation of R			Reconciliation of	
Total revenue per financial statements	47,791	Total ex	penses per financial stateme	ents <u>399,405</u>
Less:				
Unroplized goine	000 054	Less:		
Unrealized gains	-238,351	Dor	nated services	
Donated services	-238,351	Dor Prio	r year adjustments	
Donated services Recoveries	-238,351	Dor Prid Los	r year adjustments ses	
Donated services Recoveries Other	-238,351	Dor Prio Los Oth	r year adjustments ses	
Donated services Recoveries Other Plus:		Dor Pric Los Oth Plus:	r year adjustments ses er	
Donated services Recoveries Other Plus: Investment expenses	-238,351 -238,351 521	Dor Prid Los Oth Plus: Inve	r year adjustments ses er estment expenses	521
Donated services Recoveries Other Plus: Investment expenses Other	521	Dor Pric Los Oth Plus:	er year adjustments ses er estment expenses er	
Donated services Recoveries Other Plus: Investment expenses		Dor Prid Los Oth Plus: Inve	r year adjustments ses er estment expenses	
Donated services Recoveries Other Plus: Investment expenses Other	521	Dor Pric Los Oth Plus: Inve Oth	r year adjustments ses er estment expenses er Total expenses per return	
Donated services Recoveries Other Plus: Investment expenses Other	521 286,663	Dor Prio Los Oth Plus: Inve Oth	r year adjustments ses er estment expenses er Total expenses per return	399,926
Donated services Recoveries Other Plus: Investment expenses Other	521	Dor Prio Los Oth Plus: Inve Oth Balance Shee Ending	or year adjustments ses er estment expenses er Total expenses per return et	399,926
Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return	521 286,663 Beginning	Dor Prio Los Oth Plus: Inve Oth Balance She Ending 1,336,	r year adjustments ses er estment expenses er Total expenses per return et Difference	399,926
Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets	521 286,663 Beginning 1,679,514	Dor Prio Los Oth Plus: Inve Oth Balance She Ending 1,336,	r year adjustments ses er estment expenses er Total expenses per return et Difference 160 596	<u>399,926</u>
Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	521 286,663 Beginning 1,679,514 11,336	Dor Prio Los Oth Plus: Inve Oth Balance She Ending 1,336,	r year adjustments ses er estment expenses er Total expenses per return et Difference 160 596	<u>399,926</u>
Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	521 286,663 Beginning 1,679,514 11,336	Dor Prio Los Oth Plus: Inve Oth Balance Shee Ending 1,336, 19,	r year adjustments ses er estment expenses er Total expenses per return et Difference 160 596	<u>399,926</u>
Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	521 286,663 Beginning 1,679,514 11,336 1,668,178	Dor Prio Los Oth Plus: Inve Oth Balance Shee Ending 1,336, 19,	r year adjustments ses er estment expenses er Total expenses per return et Difference 160 596	<u>399,926</u>
Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	521 286,663 Beginning 1,679,514 11,336 1,668,178 Miscellaneous	Balance Shee Ending 1,336, 19, 1,316,	r year adjustments ses er estment expenses er Total expenses per return et Difference 160 596 564 -351	<u>399,926</u>
Donated services Recoveries Other Plus: Investment expenses Other Total revenue per return Assets Liabilities	521 286,663 Beginning 1,679,514 11,336 1,668,178 Miscellaneous Amended return	Balance Shee Ending 1,336, 19, 1,316,	r year adjustments ses er estment expenses er Total expenses per return et Difference 160 596 564 -351	<u>399,926</u>

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2021, or fiscal year beginning 10/01 2021, and ending 9/30, 20 22

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

Go to www.irs.gov/Form8879TE for the latest information.

Michigan Paralyzed Veterans of

	Ame:	rica	_		38-6120911	L
larne and title of officer or person subject to tax	Jacly	n Kochis				
	Execu	<u>tive Dire</u>	ctor			
Part I Type of Return a	nd Retur	rn Information	<u>-</u>			
Check the box for the return for which ye	ou are usin	g this Form 8879-T	E and enter the applic	cable amount, if any, from the	e return. Form 8038-	
CP and Form 5330 filers may enter dolla	ars and cer	its. For all other for	ns, enter whole dollar	s only. If you check the box	on line 1a, 2a, 3a, 4a,	
5a, 6a, 7a, 8a, 9a, or 10a below, and th	e amount c	on that line for the re	eturn being filed with t	his form was blank, then lea	ve line 1b, 2b, 3b, 4b,	
5b, 6b, 7b, 8b, 9b, or 10b, whichever is	applicable.	, blank (do not ente	r -0-). But, if you ente	red -0- on the return, then er	nter -0- on the	
applicable line below. Do not complete		one line in Part I.				
1a Form 990 check here				/III, column (A), line 12)		286,663
2a Form 990-EZ check here	▶ ∐ b	Total revenue, if	any (Form 990-EZ, lir	e 9)	2b	
3a Form 1120-POL check here	▶	Total tax (Form 1	120-POL, line 22)		3b	
4a Form 990-PF check here	▶	Tax based on inv	vestment income (F	orm 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ b	Balance due (For	m 8868, line 3c)		5b	
6a Form 990-T check here						
7a Form 4720 check here						
8a Form 5227 check here	▶	FMV of assets at	end of tax year (Fo	orm 5227, Item D)	8b	
9a Form 5330 check here	▶ □ b	Tax due (Form 53	330, Part II, line 19) .		9b	
10a Form 8038-CP check here	▶	Amount of credit	t payment requested	l (Form 8038-CP, Part III, lin	e 22) 10b	
		e Authorization	of Officer or P	erson Subject to Tax		
Under penalties of perjury, I declare tha	t X	I am an officer of the		I am a person subject	t to tax with respect to ((name
of entity)			, (EIN)		I have examined a cop	y of the
2021 electronic return and accompanyin	_		-			
complete. I further declare that the amor			• •		•	
ntermediate service provider, transmitte	•	•	` '		• • •	
acknowledgement of receipt or reason to	•			• • •	• •	
the date of any refund. If applicable, I a		-	•	_		
(direct debit) entry to the financial institu				• •		
eturn, and the financial institution to del 1-888-353-4537 no later than 2 busines	_					
processing of the electronic payment of			•			
the payment. I have selected a persona						
electronic funds withdrawal.	i identificad	on namber (1 114) a.	o my dignataro for the	occonomo rotanti atto, il app	modelo, mo democra to	
PIN: check one box only						
	& Ass	ociates.	PLC	6	78222	
X i authorize Schultz	4 1100	ERO firm name		to enter my PIN	Enter five numbers, but	/ signature
		ERO IIIII name			do not enter all zeros	
on the tax year 2021 electronic	ally filad rot	rum. If I have indice	tad within this return t	hat a capy of the return is h	oing filed with a state	
agency(ies) regulating charities						Δ.
return's disclosure consent scri	•	the into rediotate p	nogram, i also addioi	izo ele diorementante Erro	to chering haven as	•
					0004 - 11111	
As an officer or person subject filed return. If I have indicated v						art
of the IRS Fed/State program,					egulating chanties as p	art
Signature of officer or person subject to tax				Date >	01/28/23	
Part III Certification and	Authen	tication		•		
ERO's EFIN/PIN. Enter your six-digit e						
number (EFIN) followed by your five-dig	jit self-sele	cted PIN.		389136	71172	
				Do not ente	er all zeros	
I certify that the above numeric entry is	my PIN, w	hich is my signature	e on the 2021 electron	nically filed return indicated a	bove. I confirm that I	
am submitting this return in accordance						
Providers for Business Returns.						
Jeffrey	W. Sc	hultz, CP	A	Date	01/28/23	
ERO's signature		, , , , , , , , , , , , , , , , , , , ,		Oate P		
	F	ERO Must Reta	ain This Form –	- See Instructions		
	o Not S	ubmit This For	m to the IRS Ur	less Requested To D	o So	
						_

990 Form

Return of Organization Exempt From Income Tax

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

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

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

<u>A_</u>	For the 2021 c	alendar year, or tax year beginning 🔝 🕹	.0/01/21	, and ending	09/30	/22		
В	Check if applicable:	C Name of organization Michigan	Paralyzed	Veterans	of		D Employer	Identification number
	Address change	America						
司	Name change	Doing business as			_		38-6	120911
爿	Name Glange	Number and street (or P.O. box if mail is not delivered	•			Room/suite	E Telephone	
_	Initial return	46701 Commerce Center				<u> </u>	248-	<u>476-9000</u>
	Final retum/ terminated	City or town, state or province, country, and ZIP or for	oreign postal code					
\equiv	Amended return	PLYMOUTH	MI 48170				G Gross reco	eipts \$ 861,773
_		F Name and address of principal officer.				117.3 to 445	t	ubordinates? Yes X No
Ш	Application pending	Jaclyn Kochis				H(a) Is this a g	oup return for s	ubordinates? Yes X No
		46701 Commerce Cent	er Dr			H(b) Are all su	bordinates inclu	ded? Yes No
		Plymouth	MI ·	48170		If "No	," attach a list,	See instructions
ī	Tax-exempt status:	X 501(c)(3) 501(c) ()	(insert no.)	4947(a)(1) or	527			
	Website: > W	ww.michiganpva.org				H(c) Group exe	emotion number	. •
ĸ	Form of organization:		Other >		1.	Year of formation:		M State of legal domicile: MI
		mmary	1 10000			rear or lennadon.		in trate of regal conflicile.
_		scribe the organization's mission or most	significant activiti	98.				
_	Coo	Schedula O						
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Į.	, , , , , , ,	• • • • • • • • • • • • • • • • • • • •						••••••
Governance	0.00.1.00					, , , , ,		
တိ	2 Check th	s box 🕨 🔛 if the organization discontinue		or disposed of r	more than 25	5% of its net asse		-
∞		of voting members of the governing body (F					3	7
ies	4 Number	of independent voting members of the gove	ming body (Part	t VI, line 1b)	,,,,,,,,,,,		4	7
Activities	5 Total nun	iber of individuals employed in calendar ye	ar 2021 (Part V.	, line 2a)			. 5	4
Ş		nber of volunteers (estimate if necessary)					6	0
	7a Total unn	elated business revenue from Part VIII, col	umn (C), line 12	· '			7a	0
	b Net unrel	ated business taxable income from Form 9	90-T, Part I, line	: 11			7b	0
						Prior Yo	ear	Current Year
Φ	8 Contribut	ons and grants (Part VIII, line 1h)	21	.8,890	300,856			
Revenue	9 Program	service revenue (Part VIII, line 2g)			0			
Š	10 Investme	nt income (Part VIII, column (A), lines 3, 4,		5,326	-14,193			
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 1	1e)				0
		enue – add lines 8 through 11 (must equal				45	4,216	286,663
	13 Grants a	nd similar amounts paid (Part IX, column (A	A), lines 1–3)					0
		oaid to or for members (Part IX, column (A)			0			
ίΔ.	15 Colorino	other compensation, employee benefits (Pa		A), lines 5–10)			5,960	197,254
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), li	ne 11e)	· · · · · · · · · · · · · · · · · · ·				0
per	b Total fund	nal fundraising fees (Part IX, column (A), li fraising expenses (Part IX, column (D), line	≥ 25) ▶	21,	022			
Щ	17 Other ex	penses (Part IX, column (A), lines 11a11d	l. 11(–24e)			17	2,645	202,672
		enses. Add lines 13–17 (must equal Part I)					8,605	
	1	less expenses. Subtract line 18 from line 1		,			75,611	-113,263
5,6	3	<u> </u>				Beginning of C	urrent Year	End of Year
Net Assets or End Balances	20 Total ass	ets (Part X, line 16)				1,67	9,514	1,336,160
A A	21 Total liab	lities (Part X, line 26)				[]	1,336	19,596
2,5	22 Net asse	s or fund balances. Subtract line 21 from li	ine 20			1,66	8,178	1,316,564
F	Part II Si	gnature Block						
U	Inder penalties of	perjury, I declare that I have examined this retu	ım, including acco	mpanying schedu	les and stater	nents, and to the b	est of my kno	owledge and belief, it is
tr	ue, correct, and c	omplete. Declaration of preparer (other than off	icer) is based on	all information of	which prepare	r has any knowled	je.	•
Sig	an 🗗 🤅	ignature of officer					Date	
He		Jaclyn Kochis			Exec	utive Di	rector	<u>c</u>
		ype or print name and title						
_	Print/Type	preparer's name	Preparer's signate	ure		Date	Check	ii PTIN
Pai		y W. Schultz, CPA		Schultz, C	PΔ		6/23 self-er	· Ш"
	parer Firm's na	0-11		PLC		102/0		700290432 37-1469125
	e Only		cty Road				Firm's EIN	31-1403173
	•	Conton MT 40	3187					734-354-2380
NAC:	Firm's ac	s this return with the preparer shown above					Phone no.	
MIS	y trie ind discus	a una return with the preparer shown abov	e: See mstructio	ліз				X Yes No

orm 990 (2021) Michigan Para			38-6120911	Page 2
Part III Statement of Program	Service Accon	plishments		ঢ়ে
		<u>e or note to any lin</u>	e in this Part III	<u>X</u>
1 Briefly describe the organization's mission	on:			
See Schedule O				
		• • • • • • • • • • • • • • • • • • • •		
•	• • • • • • • • • • • • • • • • • • • •			
2 Did the organization undertake any signi	ficant program service	es during the year which	were not listed on the	
prior Form 990 or 990-EZ?				Yes X No
If "Yes," describe these new services on	Schedule O.			
3 Did the organization cease conducting, or	or make significant ch	anges in how it conduct	s, any program	
services?				Yes X No
If "Yes," describe these changes on Sch		for each of its three la		aurad by
4 Describe the organization's program sen expenses. Section 501(c)(3) and 501(c)(
the total expenses, and revenue, if any,			nount of grants and allocations t	o outers,
4a (Code:) (Expenses \$	260,413	including grants of \$) (F	Revenue \$
See Schedule O		*******		
	· · · · · · · · · · · · · · · · · · ·			
•			• • • • • • • • • • • • • • • • • • • •	
•				
	• • • • • • • • • • • • • • • • • • • •			
4b (Code:) (Expenses \$ See Schedule O) (F	Revenue \$
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
• • • • • • • • • • • • • • • • • • • •				
*			•••••	
•				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
* *************************************				
	•••••			
4c (Code:) (Expenses \$	53,625	including grants of \$) (I	Revenue \$
The MPVA publishes a	newsletter	the "Roll	in' Times." and	it is sent to
members and friends	four times	a vear. The	MPVA provides	services that are
available on a daily	basis that	: include: T	he Pump Guide a	nd the MPVA
website which is upda	ated regula	arly with ne	ws and informat	ion. The chapter
also hosts membership	o meetings	throughout	the year in whi	ch members are
welcome to join for				ious topics
concerning veterans h	penefits, S	CI wellness	and much more.	
* *************************************				
* * * * * * * * * * * * * * * * * * * *				
* *************************************				
* *************************************			***************************************	
4d Other program services (Describe on Services)				
(Expenses \$	including grants) (Revenue \$	
4e Total program service expenses ▶	357,	189		

Pa	nt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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	_4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_ 5		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	6		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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	\$ W.	1243	対象が
	VII, VIII, IX, or X, as applicable.	· 海道		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	12/22/214	<u>2,31,69-36</u> g	25X 1421
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	110		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1110	-	41
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
ű	reported in Ded V line 462 lf Was II assemble Calculus D. Dest IV			х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	7	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1446		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D, Parts XI and XII		l ູ ∣	
b		12a	X	—
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	 		v
13	tes, and if the organization answered two to line 12d, then completing schedule D, Paris XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other]		1 .
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			İ
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
DAA		Fo	m 99((2021)

<u>े Pa</u>	art 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			х
12	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	amplement of Was II complete Schoolide I	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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?			ŀ
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	ŀ		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	924		10
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	2.92	KES.	100
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			١,,
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	ļ <u>.</u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l 👽
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	and Marcell Denday Board	34		Х
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
, L	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	300	 	
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	20-70 (0.00)	1	觀点
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			100
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	100 m		
	reportable gaming (gambling) winnings to prize winners?	1c	<u>L</u>	X

Part I.V. Statements Regarding Other IRS Fillings and Tax Compliance (continued)	Form	990 (2021) Michigan Paralyzed Veterans of 38-61209	911		P	age 5
Statemente, Red for the calendar year ending with or within the year covered by this return Note: If the sum of lines it a mod 2a is greater from 250, you may be required to e-die. See instructions. Note: If the sum of lines it a mod 2a is greater from 250, you may be required to e-die. See instructions. 10 If the origination have enterellate business gross incursion of \$10,00 or more during the year? 11 If "vas," has it field a From 950-T for this year? If "No" to line 30, procide an exploration and Schodulo O. 12 If "vas," has it field a From 950-T for this year? If "No" to line 30, procide an exploration on Schodulo O. 13 If "vas," has it field as from 950-T for this year? If "No" to line 30, procide an exploration on Schodulo O. 14 If "vas," has it field as from 950-T for this year? If "No" to line 30, procide an exploration on Schodulo O. 15 If "vas," the second of the procinciple of the second of th	Pa	Tt.V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)	_		
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Note: If the start of Ines 1a and 2a is greater than 250, you may be equilind to eith. See Instructions. 3 bit the organization have united business great on more during the year? 3 bit of "Yes," has it filed a "Erm 980-F for this year? If "Yes" for fire 2b, provide an explanation on Schedule O. 3 b	b			2b	X	
3 bit the organization have unrelated business gross accome of \$1,000 or more during the year? 4 a Namy time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a freshje countly (such as a stank account, securities account, or fering from the property of the part of of the pa		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		AN MARKET	#	\$25°
b If "Yes," foliate in few a form 990-T for this year? If "No" to line 26, provide an explanation on Schedule O at A any time during the calendary expl. dithe organization have an interest, or a singature or other authority over, a fraencial account in a foreign country. See instructions for fing requirements for FaCEN Form 114, Report of Foreign Bank and Financial account()? See instructions for fing requirements for FaCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax sheller treassaction at any time during the tax year? But a variety of the organization of the form 8366-T? There to line to a cfb., did the organization that it was or is a party to a prohibited tax evidence that the organization and the or	3a	Did the appropriation have resolved by the control of the control		3a	· CARLLES	
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b if "Yes," either the name of the foreign country \(\) See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). \$ \text{See instructions for filing requirements for FiniCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). \$ \text{See instructions for the great productions for the value of the party to a prohibited tax sheller transaction? \$ \text{See} \) \$ \text{Use with the organization to prohibited tax sheller transaction?} \$ \text{See} \) \$ \text{Use of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sockicl any contributions that were not tax deductables as charinable contributions? \$ \text{See} \) \$ \text{Use organization that many receive deductable contributions under section 170(c). \$ \text{Did the organization that many receive deductable contributions under section 170(c). \$ \text{Did the organization that many receive deductable contributions under section 170(c). \$ \text{Did the organization that many receive deductable contributions under section 170(c). \$ \text{Did the organization that many receive deductable contributions under section 170(c). \$ \text{Did the organization that many receive deductable contributions under section 170(c). \$ \text{Did the organization that many receive deductable contributions under section 170(c). \$ \text{Did the organization that are separated in excess of 575 made postly as a contribution of any and services provided? \$ \text{Did the organization that are personal property for which it was required to file Form 8282? filed during the year \$ \text{Did the organization excessed as expansed in excess provided?} \$ \text{Did the organization received a contribution of cars, both, any planes, or other vehicles, do the organization foreived as contribution of cars, both, any planes, or other vehicles, and benefit contract? \$ \text{Tree} \) \$ Did the organization received as contribution of cars, both, any p		a financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		Х
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	c			温器	電腦	
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 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. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 18 X X X X If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O. 18 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 19 In the instructions and file Form 4720, Schedule N.	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C		14b		<u> </u>
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	on or			
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		excess parachute payment(s) during the year?		15		
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. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17					酸液	
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	ome?	16		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				**************************************	智慧	H-20.7
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
If "Yes," complete Form 6069.						1
					333	[E3]

orm	990 (2021) Michigan Paralyzed Veterans of 38-6120911				Pa	ge 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	17b b	elow, and i	or a "No	,"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on	Sche	dule O. Sed	ə instruc	tions.	
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>		X
Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_7		V (8)	
	If there are material differences in voting rights among members of the governing body, or			多屬		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.			15 g/4 34 g/4		3/3
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7	1 4 80 41 44		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1200		13-1
	any other officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the assessmentian house weembays or steeltheiders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1		
ra	one or more members of the governing body?			7a		X
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		• • • • • • • • • • • • • • • • • • • •	<u> </u>		
b	at a like alideans on a paragraph of their than the group raine head of			7b		х
	stockholders, or persons other than the governing body?		alloudes:		1450	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y me i	ollowing.		X	المشكلا
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					v
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u> </u>		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai H	evenue C	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form	? 	11a	X	20120.2
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				7 TEV (2/1/2)	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<i>.</i>		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	confli	cts?	12b	X	L
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					1
	describe on Schedule O how this was done			12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by				337	验有
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			14023		
а	The organization's CEO, Executive Director, or top management official				X	1
b	Off the second the second section			456	Х	
D	Other officers or key employees or the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			350 A 107	W. 35	克斯拉]
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a				16a	31,0433,026	X
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			100	- 	(Star)
b				200	標準	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			2.12h	11	1221
_	organization's exempt status with respect to such arrangements?			. 16b	<u> </u>	
	tion C. Disclosure					
17				· - · · · · · · · · ·		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sect	on 50	i(C)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	t 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	>				
M	ichigan Paralyzed Vets. of America 46701 Commerce Center Dr				_	
P.	LYMOUTH MI 481	70	2	<u>48-47</u>	<u>6-9</u>	000

Section A.

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Page 7

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 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organ	nization nor any		ed o	rgani	zatio	n cor	nper	nsated any current officer, d	irector, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle icer a	check iss pe	ition more rson is directo	than or a Highest compensated employee	an na	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Jaclyn Kochis Executive Director	40.00			х				80,000	0	0
(2) Timothy Agajeeni Treasurer		x		x				0	0	0
(3) Ray Brown	0.00							U	0	0
Director (4) Michael Harris	0.00	X						0	0	0
President (5) David Peck	0.00	х		х			·	0	0	0
Director (6) Scot Severn	0.00	x						0	0	0
Director (7) Clark Shuler	0.00	x						0	0	0
Secretary	0.00	x	-					0	0	0
(8) Bob Vance Vice President	0.00	x		х				0	0	o
(9)										
(10)										
(11)	<u> </u>	-	_	<u> </u>						

(A) Name and title	(B) Average hours	Average box, unless person is hours officer and a director					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employes	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
					<u> </u>					
						<u> </u>				
1b Subtotal	eets to Part VII, S	ecti	on A		<i>.</i>		* * *	80,000		
2 Total number of individuals (in reportable compensation from	ncluding but not lin the organization	nited ▶	to th	nose	liste	d abo	ove)) who received more than \$1	100,000 of	
 3 Did the organization list any f employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization and person listed on line 5 Did any person listed on line 	" complete Schedume 1a, is the sum of anizations greater the sum of a receive or accurate the schedum of the sc	ule J of rep than tue o	for sporta \$150 	such ble c 0,000 ensa	indicomp :omp :? If tion	vidua ensa "Yes, from	tion " co	and other compensation from plete Schedule J for such unrelated organization or in	om the	Yes No 3 X 4 X
for services rendered to the e Section B. Independent Contract	tors									5 X
Complete this table for your compensation from the organ	ization. Report co	nsat mper	ed ir isatio	idepe on fo	ende r the	nt co cale	ntra nda	ar year ending with or within	an \$100,000 of the organization's tax year (B) ption of services	(C) Compensation
Name a	(A) nd business address						-	Descri	ption of services	Compensation
							+			
							-			
Total number of independent received more than \$100,000	contractors (inclu-	ding from	but r	ot li	mited	to t	hos	e listed above) who	0	

Pa	Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
		CHOCK II	00110	data o coma	ino a	тоороги	or note	(A) Total revenue	(B) Refated or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Giffs, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c												
s, Giffs, imilar A	d Related organizations e Government grants (contributions) 10 10						169,707						
ribution Other S	f	All other contributions, g and similar amounts not Noncash contributions in	jifts, gran included icluded i	als, above	1f		131,149						
a o	h	Total. Add lines						300,856			105 / AV (0.58) 00		
۳		Total: //da mies	<u></u>		,,,,,,,		Business Code						
Program Service Revenue	2a b c d e	All other program											
		Total. Add lines					>		AMING BUTTE				
		Investment incomother similar amount income from investment	ne (inc	luding dividends	, intere	st, and	>	43,895	43,895				
1	5	Royalties	<u> </u>		<u></u>			and the second control of the second control	and the state of t	and the second second second second	r apper to the control of the graph becomes a transformer.		
	6a	Gross rents	6a	(i) Real		(ii) F	Personal				r park was		
	b	Less: rental expenses	6b										
		Rental inc. or (loss) Net rental income	6c		i			· 10 年 4 日 10 日					
l		Gross amount from) IO (IC	(i) Securities		(ii)	Other		TEMESTER AND THE				
		sales of assets other than inventory	7a	- · · · · · · · · · · · · · · · · · · ·	022					0.000000000			
e l	b	Less: cost or other											
Revenue		basis and sales exps.	7b		,110				100		Activities 1		
& B		Gain or (loss)	7с		,088					(All the second			
Other		Net gain or (loss)				*********	<u></u>	-58,088	-58,088	ARCO POLICE AND ARCO POLICE AN			
Õ		Gross income from (not including \$ of contributions reported). See Part IV, lin Less: direct expe	orted or	ı line	8a 8b								
		Net income or (Id					>	An Destroy of a control of a co		AND THE PROPERTY OF THE PROPER	And a second second second second second		
		Gross income fro		· ·							The second second second		
		activities. See Pa	ırt IV, I	ine 19	9a								
		Less: direct expe			9b					Beauty Propagation	Washington Co.		
		Net income or (k	•		ties	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
	10a	Gross sales of in returns and allow		•	10a			40			2.625 (3.05%)		
	b	Less: cost of good			10a					100			
		Net income or (Id						A CONTRACT OF THE PROPERTY OF	days of salar and an analysis		Contracting to the contraction of the		
Miscellaneous Revenue	11a						Business Code						
ella	b b	***************************************	,					····			 		
Wisc	d	All other revenue											
_		Total. Add lines	11a-1	1d	<u></u>		>			FU STEEDER SE			
	12	Total revenue.	See in	structions			<u>}</u>	286,663	-14,193	<u> </u>	0		

	on 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All other		ete column (A).	
	Check if Schedule O contains a respons	· · · · · · · · · · · · · · · · · · · 			
	ot include amounts reported on lines 6b, 7b, b, 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			2724325025500000	的复数复数 的现在分词
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				Separate Separate
5	Compensation of current officers, directors,				
	trustees, and key employees	80,000	68,000	4,000	8,000
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	72,599	61,709	3,630	7,260
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10,320	8,772	516	
9	Other employee benefits	22,033	18,728	1,102	
10	Payroll taxes	12,302	10,457	615	1,230
11	Fees for services (nonemployees):			·	
а	Management				
	Legal				
	Accounting	8,264	7,056	604	604
	Lobbying				
е	Professional fundraising services. See Part IV, line 17			美国等任务等的支持	
f	Investment management fees	521	521		
g	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	22,418	19,372	3,046	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,474	6,992	1,482	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,800	12,800		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	448		448	
23	Insurance	4,907		4,907	
24	Other expenses. Itemize expenses not covered				\$25000000000000000000000000000000000000
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				Besiden Colored Ses (
	(A) amount, list line 24e expenses on Schedule O.)	24.25。 18.15年 18			4.46.250m 2.49.11
а	Awards and Grants	74,910	74,910		
b	Rent	38,889	38,889		
c	In-Kind Expenses	18,561	18,561		
d	Repairs and Maintenance	6,319	5,687	632	
e	All other expenses	6,161	4,735		
25	Total functional expenses. Add lines 1 through 24e	399,926	357,189	21,715	21,022
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
DAA	OHOWING DOF 30-2 (ADC 300-720)				- 000 (coor)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 45,562 1 65,984 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net ______ 7 Inventories for sale or use Prepaid expenses and deferred charges 5,481 2,181 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 30,813 10a b Less: accumulated depreciation 10b 30,046 1,215 767 10c Investments—publicly traded securities 1,600,505 11 11 1,247,464 Investments—other securities. See Part IV, line 11 21,715 12 12 17.489 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 5,036 2,275 15 1,679,514 16 Total assets. Add lines 1 through 15 (must equal line 33)..... 1,336,160 16 Accounts payable and accrued expenses ______ 11,336 17 2,382 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 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 17,214 Total liabilities. Add lines 17 through 25 11,336 19,596 26 Organizations that follow FASB ASC 958, check here 🕨 🔀 Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,272,738 27 27 953,217 395,440 Net assets with donor restrictions 28 363,347 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds ö 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 1,668,178 1,316,564 32 32 1,679,514 Total liabilities and net assets/fund balances 1,336,160

Form 990 (2021)

orm	990 (2021) Michigan Paralyzed Veterans of 38-6120911			Page	e 12
Pa	nt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	,	<u></u>	<u></u>	Ц.
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,66		
5	Net unrealized gains (losses) on investments	5		8,3	51
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	32, column (B))	10	1,31	<u>6,5</u>	64
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
			,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				想
	Schedule O.		3.3	(4.25°)	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2 A.T.		
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		12 (4 c) 12 (4 c) 12 (4 c)	90 VSV 18 73 (多数 引
	separate basis, consolidated basis, or both:				養制
	X Separate basis Consolidated basis Both consolidated and separate basis				25.4
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				i
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		
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 on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	n 990	(2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Michigan Paralyzed Veterans of America

Employer identification number 38-6120911

Pa	irt l	🖾 Reas	on for Public Charity	Status. (All organizations	must co	mplete	this part.) See instruction	S.	
The (orga	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only on	e box.)			
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	П			in conjunction with a hospital des				tal's name	
	ш	city, and state					(-)(-)(-)(-),		
5									
	ш		(b)(1)(A)(iv). (Complete Part I		apa.c	2, a go.c			
6	\Box			···, vernmental unit described in sec	tion 170/	h)/1)/Δ)/ν	1.		
7	X			ibstantial part of its support from	,	,, ,, ,,	,		
•			section 170(b)(1)(A)(vi). (Co		a govorn	nonto an	to nom the general papilo		
8	\Box		-	70(b)(1)(A)(vi). (Complete Part II.	.)				
9	П			ribed in section 170(b)(1)(A)(ix)		in coniun	ction with a land-grant college		
		or university of	or a non-land-grant college of	agriculture (see instructions). En	ter the na	me. citv. a	and state of the college or		
		university:		agriculture (ede medaelle). Eli		,,, .	and state of the conlege of		
10	П	* *	on that normally receives (1)	more than 33 1/3% of its support	t fram con	tributions	membershin fees, and gross	*************************	
				t functions, subject to certain exc					
		support from	gross investment income and	l unrelated business taxable inco	me (less :	section 51	1 tax) from businesses		
	_	acquired by the	he organization after June 30,	1975. See section 509(a)(2). (Complete	Part III.)			
11	Ш	An organization	on organized and operated ex	clusively to test for public safety.	. See sec	tion 509(a)(4).		
12				clusively for the benefit of, to per					
	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 on 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 suppo	orted organization(s) the power	er to regularly appoint or elect a r	majority of	the direct	tors or trustees of the		
				mplete Part IV, Sections A and					
	b			ervised or controlled in connection					
				ng organization vested in the sar	ne person	s that cor	ntrol or manage the supported		
			ion(s). You must complete I						
	C	Type III 1	functionally integrated. A su	upporting organization operated in	n connecti	on with, a	and functionally integrated with,		
				ructions). You must complete P					
	d			A supporting organization opera)	
				organization generally must satis					
				ust complete Part IV, Sections					
	е	functional	s box if the organization recei	ved a written determination from functionally integrated supporting	the IRS the	nat it is a	Type I, Type II, Type III		
	f		nber of supported organizatio	• • • • • • • • • • • • • • • • • • • •	y organiza	iuon.			
	g g		ollowing information about the				• • • • • • • • • • • • • • • • • • • •		
		e of supported	(ii) EIN		(iv) In the	ization	60 A		
١.		ganization	(11) 2.14	(iii) Type of organization (described on lines 1-10	(iv) Is the o	ar governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))	docur		instructions)	instructions)	
					Yes	No			
(A)									
. ,									
(B)									
. ,							!		
(C)									
(0)									
(D)	_				 				
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/EN									
(E)									
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Tota	i		I was consistent and a second of the	[27] (17] (17] (17] (17] (17] (17] (17] (1		多数数数		1	

Page 2

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

	tion A. Public Support					·	
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	358,463	266,981	268,312	218,890	300,856	1,413,502
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	358,463	266,981	268,312	218,890	300,856	1,413,502
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				·	·	
6	Public support. Subtract line 5 from line 4						1,413,502
	tion B. Total Support					·	
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	358,463	266,981	268,312	218,890	300,856	1,413,502
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,446	45,359	26,838	33,107		145,750
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				J		
11	Total support. Add lines 7 through 10					<u>-</u>	1,559,252
12	Gross receipts from related activities, etc. (see instructions)				12	169,936
13	First 5 years. If the Form 990 is for the org	janization's first, sec	ond, third, fourth, o	or fifth tax year as	a section 501(c)(3)		_
	organization, check this box and stop here						
Sec	tion C. Computation of Public St						
14	Public support percentage for 2021 (line 6,						90.65%
15	Public support percentage from 2020 Scheo	lule A, Part II, line 1	4			15	91.09%
16a	33 1/3% support test-2021. If the organia						
	box and stop here. The organization qualif						► <u>X</u>
b	33 1/3% support test—2020. If the organia						, _[-
	this box and stop here. The organization q				,		🏲 🗀
17a							
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the fac-						
	organization						L
b	10%-facts-and-circumstances test—202						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the	iacts-and-circumstan	ices test. The orga	nization qualifies a	s a publicly suppor	ted	
	organization						🟲 🗀
18	Private foundation. If the organization did						▶ □
	instructions						

Page 3

Part III	Support Schedule 1	for	Organizations	Described	in	Section	509(a)(2

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

Sec	tion A. Public Support	.		<u> </u>			· · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support			<u> </u>	<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	,	, ,,	(-,	. ,		(.,
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org	-		·			<u> </u>
Sec	organization, check this box and stop here tion C. Computation of Public Su					• • • • • • • • • • • • • • • • • • • •	
<u>360</u> 15	Public support percentage for 2021 (line 8,			(f)\		15	0/
16	Public support percentage from 2020 Scheo	dule A Part III line	45	(1)		16	<u>%</u> %
	tion D. Computation of Investme				·····	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	76
17	Investment income percentage for 2021 (lir			column (fl)		17	%
18	Investment income percentage from 2020		1 Ca - 47			ا ما	%
19a	33 1/3% support tests—2021. If the organ						
	17 is not more than 33 1/3%, check this box						▶ 🛚
b	33 1/3% support tests—2020. If the organ	nization did not che	ck a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3%, and	
	line 18 is not more than 33 1/3%, check this	-	_		• • • •		=
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 1	9b, check this box a	and see instructions	3	▶ [_]

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 77 If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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10b	<u> </u>	1
Schedule	A (Form	990) 2021

Schedule	A (Form	990) 2021	Mi	chigan	Paralyzed	Veterans	of	38-6120911			Page 5
Part		Supporting	Organizati	ons (contin	ued)						
										Yes	No
11	Has the	organization acc	epted a gift or	contribution fro	om any of the following	ng persons?					
а	A persor	n who directly or	indirectly conti	ols, either alor	ne or together with pe	ersons described or	n lines 11b and			200 in	37.35
	11c belo	ow, the governing	j body of a sup	ported organiz	zation?			1	11a		
b	A family	member of a pe	rson described	on line 11a a	bove?			1	11b	C. 0071 (2000)	-Certification
c	A 35% o	controlled entity o	of a person des	cribed on line	11a or 11b above? Ii	f "Yes" to line 11a,	11b, or 11c,	<u> </u>			
		detail in Part VI.							11c		
Section	on B. I	Type I Suppo	orting Orga	nizations					<u>—</u> г		
								F	5 ^N 1-855	Yes	No
1					ody, officers acting in	•	•	· '			
					larly appoint or elect		•	1.6	17.399 h 34.242	2014 (S.C.) 1844 (S.O.)	
			_	=	If "No," describe in F	-	-	17	13.00		
		•		_	anization's activities. d/or remove officers,	_		5.		4200	
	-		-		ctions, if any, applied				1	<u> </u>	
2		-			pported organization	=		idi.	7-188	7 5 1643	學變物學
2		-		-	ed the supporting org			t [2		140.22	1.4
	-				es of the supported o			`			(000)
		sed, or controlled			• •	nganzason(o) siac	орогасов,	. E	2	20.000.000	
Section		Type II Supp					·		-=		
		7.							\Box	Yes	No
1	Were a	majority of the or	rganization's d	rectors or trus	tees during the tax y	ear also a majority	of the directors		7.50	1986年	100
			=		rganization(s)? If "No			7		编辑	
			•	• •	ested in the same pe					· September	
		ported organizati			•		•		1		
Section		All Type III S		Organizatio	ons						
								_		Yes	No
1	Did the	organization prov	vide to each of	its supported	organizations, by the	last day of the fifth	month of the				设施
	organiza	ation's tax year, (i) a written not	ice describing	the type and amount	of support provide	d during the pri	ior tax			M. A.
	year, (ii)	a copy of the Fo	orm 990 that w	ras most recen	itly filed as of the date	e of notification, and	d (iii) copies of	the			120
	organiza	ation's governing	documents in	effect on the o	date of notification, to	the extent not pre	viously provided	d?	1		
2	Were a	ny of the organiz	ation's officers	directors, or t	rustees either (i) app	ointed or elected b	y the supported	d ,			
	organiza	ation(s) or (ii) ser	ving on the go	verning body	of a supported organ	ization? If "No," exp	olain in Part VI	how			
	the orga	anization maintair	ned a close ar	nd continuous	working relationship	with the supported	organization(s).	. [_	2	Tucernes or	104.7.1.1.707
3	By reas	on of the relation	nship described	l on line 2, abo	ove, did the organiza	tion's supported or	ganizations hav	/e			
	a signifi	cant voice in the	organization's	investment po	licies and in directing	g the use of the org	ganization's				12.18
	income	or assets at all ti	imes during the	e tax year? If "	Yes," describe in Pai	t VI the role the or	rganization's				
		ed organizations				* 4*			3		L
					upporting Organ						
1				·	•	e Integral Part Test	during the year	r (see instructions).			
a	$\boldsymbol{\vdash}$	•			mplete line 2 below.						
þ	$\boldsymbol{\vdash}$	•	•		ported organizations.	•					
Ç	_	•	-		ty. Describe in Part V	/I now you support	ea a govemme	ental entity (see instruction	s). Г	- V	
2		s Test. Answer			dan Handan,	مرد مراد مراد مراد مراد الله			- TEE S	Yes	No 報酬的
а		•	-		ring the tax year dire	-		ار			VALUE
				-	on was responsive?		-		74.5 74.0		
		• •		-	these activities direct	-					
		e organization wa ase activities cons	-		orted organizations, a	na now the organiz	zation determin	eu	2a		HALL S
b				•	tute activities that, bu	t for the organization	nn's		機能		Name of
•					orted organization(s)	-					
					ation's position that it			,			
	•	•		-	ation's position that it ation's involvement,	supported organi	Education Would		2b	skille in der in de In der in	Part Control
3				-	a and 3b below.					NE COL	(10)
a		• •	-		oint or elect a majori	ty of the officers di	irectors, or			35.5	
u		_	-		Yes" or "No," provide	• .			3a	tunicibil	add:Sign
b					f direction over the p		and activities of	f each		#23#	1025
-		-		_	Part VI the role playe				3b		1.0000000000000000000000000000000000000
DAA										(Form	990) 2021

2000	e A (Form 990) 2021 Michigan Paralyzed Vetera		38-61209	11 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations			
Secti	on A – Adjusted Net Income	must complete	(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	Ì		
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	iery v Europa		《非常主义》
	instructions for short tax year or assets held for part of year):	- 13.47 - 13.44		经基础的基本。 1000
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
	Discount claimed for blockage or other factors	- 148 C		
	(explain in detail in Part VI):			District Police
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			•
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		· · · · · · · · · · · · · · · · · · ·
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	LERGY, DANKEY SAN	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	And the second s	

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

(see instructions).

Income tax imposed in prior year

Schedule A (Form 990) 2021

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	e A (Form 990) 2021 Michigan Paralyzed		38-6120	911 Page 7
Part	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizati	ons (continued)	
Secti		Current Year		
1				
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	ed organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details	in Part VI)		
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 organizatio	n is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6	THE WAR STATE OF THE		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021	Aufrie College tour et strike		of the second of
a	From 2016		Parties serences es en su	Contraction of
	From 2017	Control of Control of Control		
	From 2018	Printed Land Colores (Carlos Carlos C	Reservations and the comments of	TO THE SECOND SE
	From 2019		And the second s	CONTRACTOR OF THE STATE OF THE
	From 2020			30.00 34.5 35.63.5
	Total of lines 3a through 3e		4/2/6/2017/2/1972	(A. 2. A.
	Applied to underdistributions of prior years	27777 54464 7579-5941 894-6737/3		1477年 (1984年 - 1984年 - 1985年 -
	Applied to 2021 distributable amount			1,000 1,000 1,000 100 100 100 100 100 10
	Carryover from 2016 not applied (see instructions)	The second secon		LOPACTOR STORM
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		TO 18 14 A TOTAL OF THE THE STATE	Althornous and the latest
4	Distributions for 2021 from		er vices for a constant	
•	Section D, line 7:			
a	Applied to underdistributions of prior years		A COMMON AND AND AND AND AND AND AND AND AND AN	SACOTO GLEAT THE
	Applied to 2021 distributable amount	September 1974		
	Remainder, Subtract lines 4a and 4b from line 4.	to determine it will be a second of the seco	101	
5	Remaining underdistributions for years prior to 2021, if		The second secon	
	any. Subtract lines 3g and 4a from line 2. For result	Long Colon Street Artists		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in		SA PAGE NAME OF	
	Part VI. See instructions.	Manager Control of the Control		
7	Excess distributions carryover to 2022. Add lines 3j	And the second of the second o	777776777547754	
-	and 4c.		3074-3074/17074	
8	Breakdown of line 7:			147 247 227
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			200000000000000000000000000000000000000
	Excess from 2020		Engage to Tap Capacity	TO THE MAN DESCRIPTION OF
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Forr	n 990) 2021	Michigan	<u>Paralyzed</u>	Veterans	of	38-6120911	Page 8
Part VI	Supplemental III, line 12; Part I	nformation. Provide V, Section A, lines	the explanation t, 2, 3b, 3c, 4b,	s required by 4c, 5a, 6, 9a, 9	Part II, line 10 9b, 9c, 11a, 1); Part II, line 17a or 1b, and 11c; Part IV, t IV, Section E, lines	17b; Part Section
	3a, and 3b; Part	V, line 1; Part V, Se Also complete this	ection B, line 1e;	Part V, Sectio	n D, lines 5,	3, and 8; and Part V,	Section E,
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internat Revenue Service

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

Name of the organization

Michigan Paralyzed Veterans of

38-6120911 America Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X 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), 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), 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).

Name of organization Michigan Paralyzed Veterans of Employer identification number 38-6120911

Part I	Contributors (see instructions). Use duplicate copies of Par	t I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LINDA WRIGHT MICHIGAN MICHIGAN MI 48170	\$ 44,019	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Paralyzed Veterans of America National Chapter 801 18th Steet NW Washington DC 20006	s 169,707	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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.

Open to Public

OMB No. 1545-0047

	of the organization		Employer identification number
	ichigan Paralyzed Veterans of merica		38-6120911
	TI Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or A	
	Complete if the organization answered "Yes" on F	form 990, Part IV, line 6.	ccounts.
		(a) Donor advised funds	(b) Funds and other accounts
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		
	funds are the organization's property, subject to the organization's exclus	ive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	riting that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	
- 1-18			Yes No
Pa	Complete if the experience annuaged "Yes" on F	Town 000 Dorf N/ line 7	
	Complete if the organization answered "Yes" on F	· · · · · · · · · · · · · · · · · · ·	
1	Purpose(s) of conservation easements held by the organization (check at	'∺	
	Preservation of land for public use (for example, recreation or education of land for public use)	·	•
	Protection of natural habitat	Preservation of a certified his	toric structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation.	sting as while the form of a second	#
2	easement on the last day of the tax year.	ation contribution in the form of a conserva	Held at the End of the Tax Year
	·		ANY 24 THEIR AT THE EIR OF THE TAX TEAT
a b	Total number of conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b
c	Number of conservation easements on a certified historic structure include	led in (a)	2c
d			
-	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during the
	tax year ▶	, ,	
4	Number of states where property subject to conservation easement is loc	cated >	
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds? \dots		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
			
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easemen	ts during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the		-
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easemen	,	
	balance sheet, and include, if applicable, the text of the footnote to the o organization's accounting for conservation easements.	rganization's financial statements that desc	indes the
D	it Organizations Maintaining Collections of Art,	Historical Traceures or Other S	Similar Assats
1 1 1 1 1 1	Complete if the organization answered "Yes" on F		Jilillat Assets.
12	If the organization elected, as permitted under FASB ASC 958, not to rep	· · · · · · · · · · · · · · · · · · ·	sheet works
	of art, historical treasures, or other similar assets held for public exhibition		
	service, provide in Part XIII the text of the footnote to its financial statement		•
b	If the organization elected, as permitted under FASB ASC 958, to report	in its revenue statement and balance shee	et works of
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	ublic 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 or	other similar assets for financial gain, provid	de the
	following amounts required to be reported under FASB ASC 958 relating		
	Revenue included on Form 990, Part VIII, line 1		
h	Accets included in Form 990, Part Y		• •

Schedu				Paralyzed				38-61209			Page 2
Part		Organization	ons Maintaining	Collections of	Art, Hist	orical ⁻	Treasures, of	r Other Simil	ar Asse	ts (continu	ıed)
		organization's : items (check al		n, and other records,	check any o	of the follo	owing that make	significant use of	its		
аГ	Public	exhibition		d 🗌	Loan or ex	change p	orogram				
ьˈ	Schol	arly research		e 🗌	Other						
c	Prese	rvation for futu	re generations	_							
	 Provide a (III.	description of t	the organization's co	llections and explain	how they fur	ther the	organization's ex	empt purpose in F	Part		
		vear did the	organization solicit o	r receive donations o	fart historic	al treasu	res or other simi	lar			
	-	•	-	o be maintained as p						П ү	es No
Part		Escrow an	d Custodial A	rrangements.							
	الأرشيق سيد			n answered "Yes	on Form	990, F	Part IV, line 9,	, or reported a	n amou	nt on Form	1
10.1	o the era	990, Part X		an or other intermedia	any for contri	butions o	or other access no				
	-			an or other intermedia						Пу	es No
b fi	f "Yes." e	xplain the arrar	ngement in Part XIII	and complete the foll	owing table:					····· 🖵 ·	
		,	· ·	·	_					Amour	nt
c E	Beginning	balance							1c		
									1d		
e D	Distributio	ns during the y	/ear						1e		
		~		form 990, Part X, line					,		es No
		Endowmer		. Check here if the ex	planation na	s been p	rovided on Part)	XBI		<u></u>	·
Fail	<u>t V</u>			n answered "Yes	" on Form	1 990 F	Part IV line 1	0			
		Complete ii	Tare organizatio	(a) Current year		nor year	(c) Two yea		hree years ba	ick (e) Fo	ur years back
1a F	Reginning	of vear balance	ce		· · · ·	•					
			.,,								
		tment earnings									
d (Grants or	scholarships									
е (Other exp	enditures for fa	acilities and								
			3 .,								
•					0' 4						
		-		rent year end balance	(line 1g, co	iumn (a))	neid as:				
a i	Doalu ue Dormana	signaleu oi qu nt endowment	asi-endowment ► %								
		fowment >		•							
			s 2a, 2b, and 2c sho	ould equal 100%.							
3a /	Are there	endowment fu	nds not in the posse	ession of the organiza	tion that are	held and	administered fo	r the			
(organizati	on by:								,	Yes No
((i) Unrel	ated organizat	ions							3a(i)	
((ii) Relat	ed organization	ns				, , ,			3a(ii) X
				ations listed as requir						3b	
				e organization's endo	wment funds	<u>s.</u>					
Par	<u>t VI </u>		ldings, and Eq f the organization	ui pment. In answered "Yes	" on Form	1 990 F	Part IV. line 1	1a. See Form	990. Pa	art X. line '	10.
	-	Description of p		(a) Cost or othe			t or other basis	(c) Accumuta			k value
		, ,	•	(investmen	t)		(other)	depreciation	1		
1a	Land										
			ts								
d	Equipme	nt					30,813] 30	0,046		767
						(0) (1)	10.1	l			765
Total.	Add line:	s_1a through 1e	e. (Colu <u>mn (d) must</u>	equal Form 990, Part	X, column (B), line 1	(UC.)	<u> </u>	<u>,,,,,</u>		767

Part VII	Investments - Other Securities.	erans or	38-6120911	Page 3
-,-(),-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, I	ine 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
(1) Financial o	derivatives	· · · ·		
(2) Closely he	ld equity interests			
				-
783				
(D)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)		Mile man Marin Const. 4420 (480) (480)	
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on Fo	orm 990. Part IV. I	ine 11c. See Form 990. Part	X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valu	
			Cost or end-of-year ma	rket value
(1)				
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
Total, (Column	o (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			era garangsanatan
30, 300 000 00, 400 000 000, 000 000	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, 1	line 11d. See Form 990, Part	X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				_
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	a (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	<u> </u>		
10.00.000 and 10.000 and 10.000	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV,	line 11e or 11f. See Form 99	0, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			
	RED REVENUE			15,214
	PAYABLE			2,000
(4)				
(5)				
(6)				-
(7)		-		-
(8)				
(9) Total (Column	n (b) must equal Form 990, Part X, col. (B) line 25.)			17,214
	uncertain tax positions. In Part XIII, provide the text of the footnot	e to the organization's	financial statements that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

che	dule D (Form 990) 2021 Michigan Paralyzed Veterans		<u> 38-6120911</u>		Page 4
Pa	nt XI Reconciliation of Revenue per Audited Financial Statem	ents With F	levenue per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			_1_	47,791
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-238,351		
	Donated services and use of facilities				
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	-238,351
3	Subtract line 2e from line 1			3	286,142
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			150	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	521		
	Other (Describe in Part XIII.)				
	a 1 a 1 a 1			4c	521
5				5	286,663
	rt XII Reconciliation of Expenses per Audited Financial State			efurn	
Га	Complete if the organization answered "Yes" on Form 990,	Part IV line	12a	Ç LGI II	•
1	Total expenses and losses per audited financial statements			1	399,405
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			2 3 3 3 3	333/100
2		2a	•		
a	Donated services and use of facilities	2b			
	Prior year adjustments	··		4.24	
С	Other losses			8 /Air	
d	7			1000	
е	Add lines 2a through 2d			2e	200 405
3	Subtract line 2e from line 1			3.000	399,405
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-01	3 8 7	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	521		
b	Other (Describe in Part XIII.)	4b			
	——————————————————————————————————————				
С	Add lines 4a and 4b			4c	521
С				4c 5	521 399,926
с 5	Add lines 4a and 4b			-	
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2l	o; Part V, line 4; Part >	5	
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information.	lines 1b and 2l	o; Part V, line 4; Part >	5	
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1b and 2l	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
5 P a Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	lines 1b and 2l any additional ir	o; Part V, line 4; Part X formation.	5 (, line	399,926
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Schedule D (Fo	orm 990) 2021	Michigan	Paralyzed	Veterans	of	38-6120911	Page 5
Part XIII	Supplement	tal Information	Paralyzed (continued)				
STATE STORY OF STREET SALES			(

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SCHEDULE O (Form 990) 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.

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization America

Michigan Paralyzed Veterans of America

Employer identification number 38-6120911

Form 990 - Organization's Mission
1) TO AID AND ASSIST IN EVERY WAY, VETERANS OF THE ARMED FORCES WHO HAVE
SUFFERED INJURIES OR DISEASES OF THE SPINAL CORD.
2) TO PUBLICIZE THE NEEDS OF SUCH VETERANS THROUGH EVERY MEANS AND CHANNELS
AVAILABLE IN ORDER TO FULFILL SUCH NEEDS.
3) TO ADVOCATE AND FOSTER CONTINUING MEDICAL RESEARCH IN THE SEVERAL FIELDS
CONNECTED WITH INJURIES AND DISEASES OF THE SPINAL CORD, INCLUDING RESEARCH
IN NEUROSURGERY, GENITOUTINARY, OTHOPEDICS AND PROSTHETIC APPLIANCES.
Form 990, Part III, Line 4a - First Accomplishment
The MPVA currently reaches out to 358 members, all honorably discharged
veterans with spinal cord injury or dysfunction. MPVA welcomes 160
associate members who join to show their solidarity with our mission and to
participate in MPVA programs who pay a onetime \$50 fee to receive
unlimited life services. Veterans with service related injuries are
members for life at no cost to them.
The MPVA's Veterans Services Program has worked to secure benefits valued
into the millions in new and current benefits claims. This program is
conducted through MPVA's Service Officers who assisted local veterans with
free services in filing or re-filing claims for VA benefits. MPVA reaches
out to Michigan Veterans from offices in Detroit, Ann Arbor and Battle
Creek. This chapter also supports many adaptive sports
programs state wide. Additionally, the
Chapter's sponsorship of the Detroit Free Press Marathon Disability
Division, to the local groups such as Thumb based Wheelin' team 457, which

MIPAR

Name of the organization Employer identification number Michigan Paralyzed Veterans of 38-6120911 conducts seasonal hunting and fishing events in Central Michigan. Form 990, Part III, Line 4b - Second Accomplishment The MPVA's Advocacy Program works with congress, federal and state agencies, local communities, and in coalition with other disability organizations to ensure that our members and all people with disabilities have equal opportunities to participate in all aspects of American society. The MPVA addresses the needs of veterans and others who experience spinal cord dysfunction or other disabilities through interactions with government at every level. Combining expertise and experience, the staff at the MPVA seeks to ensure that the needs of our members are considered as public officials debate issues and develop policies. We work to guarantee that benefits and rights of all veterans and citizens with disabilities are protected. FY 2022, the MPVA had many accomplishments, some of them include: - Continued to serve on The Senior Alliance Board of Directors where members review existing policies/procedures to see if they can be improved upon the lives of people with disabilities and ensure that they can live as independently as possible through out southern and western Wayne County -Continued to serve on Delta Airlines Customer Advisory Board on Disabilities. -Appointed by the Governor to represent the Michigan Barrier Free Design Board. -Informed and educated the public with regard to disability rights laws, the Americans with Disabilities Act, and state and local buildings codes. -Worked to preserve Michigan's model no-fault insurance systems and to make Page 1 of 2

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST Form **990**

Two Year Comparison Report

09/30/22

, ending

2020 & 2021

For calendar year 2021, or tax year beginning

10/01/21

Taxpayer Identification Number

Name			
Michigan	Paralyzed	Veterans	of
7			

AI	merica			38-6	<u>120</u> 911
ł			2020	2021	Differences
	1. Contributions, gifts, grants	1.	199,890	300,856	100,966
	2. Membership dues and assessments	2.			
İ	3. Government contributions and grants	3.	19,000		-19,000
e l	4. Program service revenue	4.			
=	5. Investment income	5.	33,110	43,895	10,785
> 0	6. Proceeds from tax exempt bonds	6.			
۳ ا	7. Net gain or (loss) from sale of assets other than inventory	7.	202,216	-58,088	-260,304
	8. Net income or (loss) from fundraising events	8.			
- 1	9. Net income or (loss) from gaming	9.			
	Net gain or (loss) on sales of inventory	10.			
	1. Other revenue	11.			
1	2. Total revenue. Add lines 1 through 11	12.	454,216	286,663	-167,553
1	3. Grants and similar amounts paid	13.			
1	4. Benefits paid to or for members	14.			
	5. Compensation of officers, directors, trustees, etc.	15.	80,000	80,000	
် ၂	6. Salaries, other compensation, and employee benefits	16.	125,960	117,254	-8,706
ا <u>ه</u>	7. Professional fundraising fees	17.			
Էի	8. Other professional fees	18.	13,754	8,785	-4,969
ııı ∤ı	9. Occupancy, rent, utilities, and maintenance	19.			
þ	0. Depreciation and Depletion	20.	448	448	
	1. Other expenses		158,443	193,439	34,996
2	2. Total expenses. Add lines 13 through 21	22.	378,605	399,926	21,321
	3. Excess or (Deficit). Subtract line 22 from line 12	23.	75,611	-113,263	-188,874
þ	4. Total exempt revenue	24.	454,216	286,663	-167,553
þ	5. Total unrelated revenue	25.			
<u>.</u> <u>5</u> 2	6. Total excludable revenue	26.	235,326	-14,193	
Information	7. Total assets	27.	1,679,514	1,336,160	-343,354
<u>5</u> 2	8. Total liabilities	28.	11,336	19,596	8,260
드	9. Retained earnings	29.	1,668,178	1,316,564	-351,614
ᇐ	0. Number of voting members of governing body	30.	7	7	an control of the same of the same of
δþ	1. Number of independent voting members of governing body	31.	7	7	The state of the second
3	2. Number of employees	32.	4	4	ALEX PASSIBLE DESCRIPTION OF ANY
<u>j</u> 3	3. Number of volunteers	33,	0		

Form 990		Tax R	Tax Return History			2021
Name Michigan America	Paralyzed Veterans	ans of			Employer 38-(Employer Identification Number 38-6120911
	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	358,463	266,981	268,312	218,890	300,856	
Membership dues						
Program service revenue			- 1		000	
Capital gain or loss	441,556	- 4		202,216		
Investment income	20,721	45,359	26,851	33,110	43,895	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	820,740	317,734	306,673	454,216	286,663	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	69,169	85,600	79,820	80,000	80,000	
Other compensation	102,317	98,454		125,960	~	
Professional fees	33,242	9,525	13,059	13,754	8,785	
Occupancy costs	10,299					
Depreciation and depletion	448	448	448	448	448	
Other expenses	190,907	171,998	128,916	158,443	193,439	
Total expenses	406,382	366,025	330,844	_		
Excess or (Deficit)	414,358	-48,291	-24,171	75,611	-113,263	
Total exempt revenue	820,740	317,734	306,673	454,216	286,663	
Total unrelated revenue						
Total excludable revenue	462,277	50,753	38,361	235,326	-14	
Total Assets	1,652,322	1,572,774	1,593,152	1,679,514	1,336,160	
Total Liabilities	12,673	1,481	5,198	11,336	19,596	
Net Fund Balances	1,639,649	1,571,293	1,587,954	1,668,178	1,316,564	

191 502 Fund Raising s) Management & General 596 137 733 Form 990, Part IX, Line 24e - All Other Expenses 4,517 218 Program Service Federal Statements s 5,019 596 546 6,161 Expenses Total MIPAR Michigan Paralyzed Veterans of Telephone Bank Charges Dues and Subscriptions Description 38-6120911 FYE: 9/30/2022 Total