

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493089008020

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 2008

%]

Form **990** 

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

	Revenue	Service	► The or	ganızatıon may have to use a copy of	this return to satisfy s	state reporting	requirements	Inspection
A Fo	r the 2	2008 cale	ndar yea	r, or tax year beginning 10-01-2008	and ending 09-30-200	9		<u> </u>
<b>B</b> Che	eck if ap	pplicable p	lease	C Name of organization PARALYZED VETERANS OF AMERICA			D Employer ider	ntification number
– Add	ress ch	ange u	ise IRS abel or				13-1946868	
— Nar	me char	nge <b>P</b>	rint or	Doing Business As			E Telephone nui	mber
– Inıt	ial retur	rn S	ype. See Specific	Number and street (or P O box if mail is n	not delivered to street addre	ess) Room/suite	(202) 872-1	
– Ter	minatio		nstruc- ions.	801 EIGHTEENTH STREET NW		, , , , , , , , , , , , , , , , , , , ,	G Gross receipts	<b>s</b> \$ 120,921,849
– <sub>Am</sub>	ended r	return		City or town, state or country, and ZIP + 4	4			
— Арр	olication	pending		WASHINGTON, DC 20006				
		<u> </u>	F Nam	ne and address of Principal Officer		H(a) To the	s a group return i	for s
			RANDY	L PLEVA SR		affilia		⊤Yes <b>∀</b> No
				1 EIGHTEENTH ST NW NGTON,DC 20006				
Tax	x-exem	pt status		(3) ◀ (insert no )	527	` '	l affiliates included	1?
w	eb site	e: ► WWW	PVA OR	G		<b>⊣</b>	p Exemption Nun	· · · · · · · · · · · · · · · · · · ·
			, ,					
<b>(</b> Тур	e of org	janization 🔽	Corporati	on		<b>L</b> Year of Fo	rmation 1947 <b>M</b> S	State of legal domicile DC
Pa	rt I	Summ	ary					
ų	1	Briefly de	scribe th	e organization's mission or most sign	nificant activities			
Ĭ	See A	dditional						
Ē	2	Check th	ıs box 🖵	if the organization discontinued its o	perations or disposed	of more than 2	25% of its assets	3
sovemance	3	Number	of voting i	nembers of the governing body (Part	VI, line 1a)		3 _	34
	4	Number	of indeper	ndent voting members of the governin	ng body (Part VI, line 1	b)	. 4 _	34
ACUMINES &	5	Total nun	nber of er	nployees (Part V , line 2a)			5 _	314
Ě	6	Total nun	nberofvo	olunteers (estimate if necessary) .			6 _	4,500
£	7a	Total gro	ss unrela	ted business revenue from Part VIII	, line 12, column (C)		7a _	353,462
ī	ь	Net unrel	lated bus	ness taxable income from Form 990-	-T, line 34		7b	
						Prio	or Year	Current Year
	8	Contribu	itions and	grants (Part VIII, line 1h)			100,630,481	100,719,341
욜	9	Program	service i	evenue (Part VIII, line 2g)			1,110,452	1,049,797
Revenue	10			ne (Part VIII, column (A), lines 3, 4,		1,841,447	-878,753	
ř	11			art VIII, column (A), lines 5, 6d, 8c,		2,276,176	1,643,084	
	12	Total rev	/enue—ad	ld lines 8 through 11 (must equal Par	rt VIII, column (A), lır			
		12)					105,858,556	102,533,469
	13			r amounts paid (Part IX, column (A),	·		9,058,838	8,403,132
	14		•	r for members (Part IX, column (A), li	•	_	16,695	63,942
8	15	Salaries,	, other co	mpensation, employee benefits (Part	: IX, column (A), lines	5-	21,782,957	22,344,269
Expenses	16a	•	onal fund	raising fees (Part IX, column (A), line	e 11e)		1,049,808	887,149
÷.	ь	(Total fund	draising ext	penses, Part IX, column (D), line 25 <sup>31,854,04</sup>	48			·
ш	17	•		Part IX, column (A), lines 11a-11d,	,		75,321,137	71,888,475
	18		•	add lines 13–17 (must equal Part IX)	•		107,229,435	103,586,967
	19			enses Subtract line 18 from line 12	,e 25 , co.a (, . , , ,		-1,370,879	-1,053,498
* o				120 220 220 200 200 200 200 200 200 200		Reginni	ng of Year	End of Year
net Assets of Fund Balances	20	Total ac	sate /Pa-	t X, line 16)		Degiiiiii	53,257,130	54,065,667
7 TE			•	·			· · ·	
Ç ₩ ₩	21		•	art X, line 26)	. 20		21,388,415	21,508,024
	22			d balances Subtract line 21 from line	20		31,868,715	32,557,643
LCI	rt II		ture Blo	<b>ΡΟΚ</b> ημιγ, I declare that I have examined this retu	urn including accompanying	schedules and s	tatements and to th	e hest of my knowledge
				rjury, I declare that I have examined this return correct, and complete Declaration of preparer				
Plea		*****	•			2010-	-03-30	
Sign		Signatu	ire of office	r		Date		
lere	2		RING CFC					
			r print nam					
		Preparer's	L .			Check If	Preparer's PTIN (S	See Gen Inst )
Paid		signature	RICHA		2010-03-30	self- empolyed •	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•
	arer's	Fırm's nam	e (or vour	■ GELMAN ROSENBERG & FREEDMAN		cimpolyeu F		
Jse (		ıf self-emp	loyed),	P			EIN Þ	
	-··· <b>y</b>	address, ar	nd ZIP + 4	4550 MONTGOMERY AVENUE			Dhone v. h (co	11) 051 0000
			_	BETHESDAY, MD 20814			Phone no 🕨 (30	1) 951-9090
May t	he IRS	S discuss	this retui	n with the preparer shown above? (Se	ee instructions)			┌Yes ┌No

Form 990 (2008)

#### Part III Statement of Program Service Accomplishments (See the instructions.)

Briefly describe the organization's mission

See Additional Data Table

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ┌ Yes ┌ No If "Yes," describe these new services on Schedule O

Did the organization cease conducting or make significant changes in how it conducts any program

If "Yes." describe these changes on Schedule O

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

18,778,273 including grants of \$ 40.000 ) (Revenue \$ ) (Expenses \$

VETERANS AND DISABILITY SERVICES--THE VETERANS AND DISABILITY SERVICES PROGRAM MAINTAINS REGIONAL SERVICE OFFICES WITH TRAINED EMPLOYEES WHO HELP SPINAL CORD INJURED VETERANS SUBMIT MEDICAL CLAIMS AND OBTAIN OTHER SERVICE-RELATED BENEFITS PVA MAINTAINS 69 OFFICES AT VETERAN'S ADMINISTRATION (VA) MEDICAL CENTERS THROUGHOUT THE UNITED STATES AND PUERTO RICO WITH 155 EMPLOYEES TO ACCOMPLISH THIS GOAL PVA PROVIDES ASSISTANCE AND OTHER REPRESENTATION, WITHOUT CHARGE, TO VETERANS WITH A SPINAL CORD DYSFUNCTION AND OTHER VETERANS, AS APPROPRIATE, SEEKING HEALTH CARE AND OTHER (CONTINUE ON SCHEDULE O) BENEFITS TO WHICH THEY ARE ENTITLED THE PROGRAMS ALSO MAINTAINS VOCATIONAL REHABILITATION OFFICES TO ASSIST MEMBERS IN FINDING TRAINING AND/OR GAINFUL EMPLOYMENT IN BOTH THE PRIVATE AND PUBLIC SECTOR IN FY 2009 THERE WERE FOUR VOCATIONAL REHABILITATION OFFICES WITH 4 EMPLOYEES THIS PROGRAM ALSO INCLUDES A MEDICAL STAFF OF PHYSICIANS AND REGISTERED NURSES, WHO ALONG WITH MEMBERS, AND PVA SERVICE OFFICERS, MONITOR THE HEALTH CARE PROVIDED BY THE VA TO VETERANS WITH SPINAL CORD INJURY OR DISEASE AT EACH VA MEDICAL CENTER THERE ARE CURRENTLY 24 VA HOSPITALS THAT HAVE SPECIALIZED SPINAL CORD INJURY CENTERS WHICH ARE VISITED EACH YEAR BY THIS PROGRAM THIS PROGRAM ALSO PROVIDES FOR THE REPRESENTATION OF VETERANS BEFORE THE DEPARTMENT OF VETERANS AFFAIRS (DVA) BOARD OF VETERANS APPEALS AND THE U.S. COURT OF VETERANS APPEALS. THIS PROGRAM ALSO PUBLISHES THE AWARD WINNING MAGAZINE, PARAPALEGIA NEWS (PN)TEN TIMES PER YEAR. THE PN EXPLORES CURRENT ISSUES OF IMPORTANCE TO SPINAL-CORD-INJURED AND HANDICAPPED

) (Expenses \$ 32,170,224 including grants of \$ 4b (Code ) (Revenue \$

PUBLIC EDUCATION--THE PUBLIC EDUCATION PROGRAM DEVELOPS AND DISTRIBUTES EDUCATIONAL MATERIALS AND INFORMATION ABOUT SPINAL CORD INJURY AND DISEASE AND ITS PREVENTION, AS WELL AS ISSUES RELATED TO LIVING WITH IT OVER THE YEARS, PVA HAS PUBLISHED HUNDREDS OF BOOKS, PAMPHLETS, GUIDELINES AND OTHER MATERIALS TO EDUCATE AND ASSIST PARALYZED VETERANS AND OTHER INDIVIDUALS WITH DISABILITIES, THE MEDICAL AND HEALTH CARE COMMUNITY, AND THE PUBLIC AT LARGE TO IMPROVE SPINAL CORD DYSFUNCTION MEDICINE IN THE HEALTH CARE SYSTEM THROUGHOUT(CONTINUED ON SCHEDULE O) THE NATION, PVA HELPED ORGANIZE THE CONSORTIUM OF SPINAL CORD MEDICINE("CONSORTIUM") FOR THE DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES ("CPGS") THE CONSORTIUM IS MADE UP OF 21 HEALTH CARE PROFESSIONAL AND PAYER ORGANIZATIONS REPRESENTING PHYSICIANS, THERAPISTS, NURSES, PSYCHOLOGISTSAND SOCIAL WORKERS. CPG'S ARE GUIDELINES THAT ARE UNIVERSALLY APPROVED AND EVIDENCE BASED, USED BY PROFESSIONALS, CONSUMERS, FAMILIES, AND CAREGIVERS IN GUIDING HEALTH CARE DECISIONS FOR PEOPLE WITH SPINAL CORD INJURIES CPG'S HAVE ALSO SET A METHODOLOGY FOR OTHER MEDICAL SOCIETIES AND ORGAIZATIONS WISHING TO CREATE EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES ONE GOAL OF PVA IS TO ADVANCE AND DEFEND THE CIVIL RIGHTS OF PVA MEMBERS AND ALL CITIZENS WITH DISABILITIES BY WORKING WITH ALL LEVELS AND BRANCHES OF GOVERNMENT TOWARD THE EFFECTIVE IMPLEMENTATION OF LEGISLATION GUARANTEEING THOSE RIGHTS PVA DISTRIBUTES INFORMATION ABOUT RIGHTS AND RESPONSIBILITIES UNDER THE AMERICANS WITH DISABILITIES ACT OF 1990, THE ADA AMENDMENTS ACT OF 2009, THE FAIR HOUSING AMENDMENTS ACT OF 2009, THE FAIR HOUSING AMENDMENTS ACT OF 2009, THE FAIR HOUSING AMENDMENTS ACT AND THE AIR CARRIER ACESS ACT FUTHERMORE, PVA - ADVOCATES FOR AND MONITORS FEDERAL LEGISLATION AND REGULATIONS THAT AFFECT PEOPLE WITH DISABILITIES, - SERVES AS A RESOURCE FOR PEOPLE WITH DISABILITIES AND INTERESTED PARTIES ABOUT CIVIL RIGHTS FOR INDIVIDUALS WITH DISABILITIES, - WORKS FOR EQUAL ACCESS TO ALL MODES OF TRANSPORTATION, INCLUDING BUS AND RAIL SYSTEMS AND AIR TRANSPORTATION, - ADVOCATES FOR ACCESSIBLE AND AFFORDABLE HOUSING, - SEEKS TO REPLACE STEREOTYPES TO INCREASE UNDERSTANDING AND AWARENESS OF THE ABILITIES OF PEOPLE WITH DISABILITIES, - WORKS TO CREATE OPPORTUNITIES AND EQUAL ACCESS FOR PEOPLE WITH DIABILITIES TO FULLY PARTICIPATE IN AND CONTRIBUTE TO SOCIETY, AND - WORKS TO ENSURE THAT QUALITY HEALTH CARE AND INCOME SECURITY ARE AVAILABLE TO ALL PVA MEMBERS PVA PRODUCES A WIDE VARIETY OF PUBLICATIONS FROM BROCHURES AND BOOKS TO PROGRAMS AND AWARDS GRANTS FOR EVENTS AND MEETINGS TO ACHIEVE THESE GOALS THESE PUBLICATIONS AND PROGRAMS COVER THE FULL SPECTRUM OF PVA CONCERNS - THE AMERICAN WITH DISABILITIES ACT AND AMENDMENTS, HEALTH CARE POLICY, SPINAL CORD RESEARCH, ACCESSIBLE DESIGN, SPORTS AND RECREATION, LEGISLATIVE ISSUE AND VETERANS BENEFITS PVA'S DIRECT MAIL OUTREACH SUPPORTS THIS INITIATIVE, REACHING MILLIONS OF AMERICANS WITH THIS IMPORTANT INFORMATION EVERY DAY PVA ALSO PRODUCES AND CREATES PUBLIC SERVICE ANNOUNCEMENTS ON THE PUBLIC EDUCATION INITIATIVE FOR TELEVISION, RADIO AND INTERNET WHICH ARE SHOWN AND HEARD ON HUNDREDS OF STATIONS ACROSS THE NATION AND ON WEB SITES PVA'S WEB SITE ALSO SERVES AS A 24-HOUR VEHICLE TO EDUCATE THE PUBLIC ABOUT SPINAL CORD INJURY AND DISEASE AND ITS PREVENTION

330 ) (Revenue \$ ) (Expenses \$ 2,733,728 including grants of \$

ADVOCACY--ADOCACY MAINTAINS ONGOING PROGRAMS TO PROMOTE THE SPECIAL NEEDS OF SPINAL CORD INJURED AND INDIVIDUALS WITH DISABILITIES, INLUDING PROMOTING THE CONSTRUCTION OF ACCESSIBLE PUBLIC AND PRIVATE STRUCTURES FOR INDIVIDUALS CONFINED TO WHEELCHAIRS, PVA ALSO ANALYZES HEALTH CARE DATA INVOLVING VETERANS TO ENSURE THAT THEY HAVE ACESS TO QUALITY HEALTH CARE THROUGHOUT THE VA HEALTH-CARE SYSTEM PVA ARCHITECTS USING THEIR EXPERTISE IN SPINAL CORD (CONTINUED ON SCHEDULE O) INJURY/DISORDERS DESIGN AND CONSTRUCTION ENSURE THAT VA MEDICAL CENTER FACILITIES ARE CONTINUOUSLY IMPROVED AS A RESULT, THESE FACILITIES BETTER ACCOMMODATE AND PROMOTE THE INDEPENDENCE OF PATIENTS WITH SPINAL CORD INJURIES THIS IS ACCOMPLISHED USING A WIDE RANGE OF ACTIVITIES THAT INCLUDE CONSULTING, THE REVIEW OF VA FACILITY CONSTRUCTION PROJECTS AND THE CONTINUOUS ASSEEMENT OF THE NEEDS OF VETERANS WITH SPINAL CORD INJURY OR DISEASES PVA WORKS CLOSELY WITH FEDERAL AND STATE POLICYMAKERS TO INITIATE AND IMPLEMENT LEGISLATION THAT PROVIDES NECESSARY BENEFITS AND SERVICES FOR VETERANS, THEIR DEPENDENTS AND THEIR SURVIVORS, INCLUDING COMPENSATION, PENSION, INSURANCE, HOUSING AND EMPLOYMENT THE BROAD SPECTRUM OF ISSUES ENCOMPASSED BY THESE EFFORTS INCLUDE 1 ENSURING THAT VETERANS HAVE ACCESS TO QUALITY AND TIMELY HEALTH CARE AT VA MEDICAL FACILITIES, 2 PROMOTING AND SUPPORTING FEDERAL RESEARCH ACTIVITIES THAT ADDRESS SPINAL DYSFUNCTION AND REHABILITATION AS FUNDED OR CONDUCTED BY SUCH AGENCIES AS THE DEPARTMENT OF VETERANS AFFAIRS ("VA"), NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF DEFENSE, DEPARTMENT OF ENERGY AND NATIONAL SCIENCE FOUNDATION, 3 COORDINATING PVA INITIATIVES REGARDING FEDERAL AND STATE POLICY MATTERS INVOLVING MEDICARE AND MEDICAID AFFECTING ALL VETERANS WITH DISABILITIES, 4 ADDING FACILITIES AND PROGRAMS NEEDED TO CARE FOR AGING VETERANS INCLUDING THE DEVELOPMENT OF NON-INSTITUTIONAL METHODS OF LONG-TERM CARE, AND PROMOTING REALISTIC, COST-EFFECTIVE FUNDING FOR THE VA PVA, ALONG WITH THREE OTHER VETERANS' SERVICE ORGANIZATIONS, PUBLISHES THE INDEPENDENT BUDGET, A DETAILED ANNUAL REVIEW OF PROGRAMS AND EXPENDITURES FOR THE VA THIS IN-DEPTH DOCUMENT MAKES SPECIFIC POLICY RECOMMENDATIONS FOR THE ENTIRE RANGE OF VA SERVICES AND PROGRAMS TO ENSURE QUALITY CARE FOR OUR MEMBERS UNDER THESE DELIVERY SYSTEMS, PVA HAS DEVELOPED GUIDELINES FOR CONSUMERS ON HOW TO CHOOSE MANAGED-CARE PLANS THESE DOCUMENTS HAVE BEEN WIDELY ACCLAIMED ON CAPITOL HILL AND BY OTHER FEDERAL AND STATE POLICYMAKERS AND AMONG THE PRIVATE-SECTOR HEALTH CARE COMMUNITY PVA ALSO SERVES AS THE VOICE FOR PARALYZED VETERANS ON CAPITOL HILL AND ASSISTS THE 34 PVA CHAPTERS IN DEALING WITH STATE GOVERNMENTS, TESTIFYING REGULARLY ON THEIR BEHALF

11,560,007 8,362,802 ) (Revenue \$ (Code ) (Expenses \$ including grants of \$

SPORTS AND RECREATION (EXPENSES 1,918,508 INCLUDING GRANTS OF 281,757) THE SPORTS AND RECREATION PROGRAMS HAVE A TRACK RECORD OF BUILDING CAMARADERIE AMONG PARTICIPANTS EVEN AS COMPETITORS PUSH THÉMSELVES TO ACHIEVING PERSONAL BESTS IN OUTDOOR EVENTS SUCH AS-TRAPSHOOTING, BASS FISHING AND HAND-CYCLING OR INDOOR EVENTS SUCH AS WEIGHTLIFTING, BILLIARDS, BOWLING, POOL OR WHEELCHAIR BASKETBALL--ATHELETES WHO PARTICIPATE DERIVE THERAPEUTIC BENEFITS ON THE PHYSICAL, EMOTIONAL, AND SOCIAL LEVELS PVA ANNUALLY CO-PRESENTS THE NATIONAL VETERANS WHEELCHAIR GAMES, AND SPONSORS AN ANNUAL BASS TOUR, TRAPSHOOT CIRCUIT, BILLIARDS TOURNAMENT AND POOL TOURNAMENT FOR THE BENEFIT OF ITS MEMBERSHIP AND OTHERS WITH DISABILITIES RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION (EXPENSES 3,132,255 INCLUDING GRANTS OF 1,741,317) RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION AWARDS GRANTS FOR MEDICAL AND TECHNOLOGICAL RESEARCH INTO THE TREATMENT OF SPINAL CORD INJURIES AND FOR THE DEVELOPMENT OF REHABILITATIVE METHODS AND DEVICES. IT ALSO AWARDS GRANTS TO INSTITUTIONS TO PROMOTE QUALITY OF LIFE FOR PEOPLE WITH SPINAL CORD DYSFUNCTION THROUGH EDUCATING AND TRAINING THE ENTIRE HEALTH PROFESSIONAL TEAM, WITH THE PATIENT/CLIENT AS THE CENTRAL FOCUS PVA OPERATES AND PAYS MOST COSTS OF THE PVA RESEARCH FOUNDATION AND THE PVA EDUCATION FOUNDATION THE RESEARCH FOUNDATION IS THE LEADING PRIVATE SOURCE OF FUNDING FOR SPINAL CORD INJURY AND DISEASE RESEARCH. THE EDUCATION FOUNDATION WORKS TO MAKE SURE THAT HEALTH PROFESSIONALS WHO PROVIDE CARE FOR THOSE WITH SPINAL CORD INJURY OR DISEASE RECEIVE QUALITY ONGOING TRAINING, WITH THE GOAL OF ENHANCING THEIR ABILITY TO PROVIDE THE MOST UP-TO-DATE SERVICES PVA ALSO FACIITATES THE DEVELOPMENT AND PUBLICATION OF EVIDENCE BASED CLINICAL PRACTICE GUIDELINES IN ADDITION TO THE AFOREMENTIONED RESEARCH INITIATIVES, PVA PROVIDES SIGNIFICANT FINANCIAL SUPPORT TO THE CENTER FOR NUEROSCIENCE AND REGENERATION RESEARCH CENTER AT YALE UNIVERSITY CHAPTER AND COMMUNITY OUTREACH (EXPENSES 6,509,244 INCLUDING GRANTS OF 6,339,728) GRANTS ARE AWARDED TO EACH OF THE 34 PVA CHAPTERS ACROSS THE UNITED STATES AND PUERTO RICO TO USE IN PROMOTING THE NEEDS OF AND ASSISTING PVA MEMBERS AND OTHER SPINAL CORD INJURED AND HANDICAPPED PERSONS AND FOR LOCAL OUTREACH TO PVA MEMBERS AND THE COMMUNITIES THEY LIVE IN

4d Other program services (Describe in Schedule O )

Total program service expenses \$

4e

(Expenses \$ 11.560.007 including grants of \$ 8,362,802 ) (Revenue \$ Must equal Part IX, Line 25, column (B).

65,242,232

Part IV	Checklist of	Required	Schedules
---------	--------------	----------	-----------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
•	complete Schedule D, Part III 🐿	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
4.0		10		
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		N o
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$ .	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ 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		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent 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		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	90		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	2		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
С	gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this	14		
<b>L</b>	return	14		
ь	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank and Financial Accounts.	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	,		
	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or grewere not tax deductible?	fts <b>6b</b>		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	<u> </u>
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to <b>7c</b>		No
а	If "Yes," indicate the number of Forms 8282 filed during the year	.		I NO
•	11 Tes, indicate the number of forms of 202 med during the year 1. 1. 1.			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, ha excess business holdings at any time during the			N. a
	year?	8	<u> </u>	N o
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	<u></u> _	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Manage	ment
--------------------------------------	------

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, processes, or changes in Schedule O. See instructions.	desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	34			
Ь	Enter the number of voting members that are independent	1b	34			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	2		Νo
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con	•		3		Νo
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	ınce t	he prior Form 990 was	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization	nızat	ion's assets?	5		Νo
6	Does the organization have members or stockholders?			6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholded and $\frac{1}{2}$	ers, o	r other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	ndertaken during the			
а	the governing body?			8a	Yes	
b	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a	Yes	
Ь	If "Yes," does the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with those of the or			9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it w must describe in Schedule O the process, if any, the organization uses to review the		=	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sci			11		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed HI, ID, IA, MI, MO, MT, NE, NV, RI, SD, VT, WY, AK, AL, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, KS, KY, LA, ME, MD, MA, MN, MS, NH, NY, NJ, NM, NC, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WV, WI, DE
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply when website another's website value upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization RICHARD KALAFUS PVA CONTROLLER 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006 (202) 872-1300

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i		Posit	(C	) chec	:k al				(F)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

#### Part VII Continued

			(i tion that a			all			(F)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							<u> </u>			
		-	+				$\vdash$			
		-	-				$\vdash$			
			1							
1b Total							-	1,835,171	l	294,662

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶14

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νο

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	( <b>B</b> ) Description of services	<b>(C)</b> Compensation
PEP DIRECT 19 STONEYBROOK DRIVE WILTON, NH 03086	MAIL PRODUCTION	29,212,647
US POSTMASTER 900 BRENTWOOD ROAD NE WASHINGTON, DC 20006	MAIL POSTAGE	9,800,577
TARGET MARKETEAM 1050 CROWN POINTE PARKWAY ATLANTA, GA 30338	MAIL PRODUCTION	6,174,358
HUB LABELS INC 18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740	MAIL PRODUCTION	4,320,211
PARADYSZ MATERA & CO INC 5 HANOVER SQUARE NEW YORK, NY 10004	MAIL LISTS	3,587,736
	ose in 1) who received more than \$100,000 in compensation	45

Statement of Revenue

VIIII	<b></b>			<b>(A)</b> Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512 513 or 514
	1a	Federated campaigns 1	a		Revenue		512, 513, or 514
육	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	_	1	620,553				
	С	Fundraising events <b>1</b>	c				
	d	Related organizations 10	d				
ξ. Œ	e	Government grants (contributions) 10	e				
ntío er ∢	f	All other contributions, gifts, grants, and similar amounts not included above	100,098,788				
通り		1					
펄	g	Noncash contributions included i lines 1a-1f \$275,446					
Q a	h	Total (Add lines 1a-1f)		100,719,341			
			Business Code				
e E	2a	VETERANS LEGAL REPRESENTATION		438,824	438,824		
wer	ь	PARAPLEGIA NEWS	511,120	308,809	38,935	269,874	
2 <u>2</u>	c	INFORMATION PUBLICATIONS		120,904	120,904		
Š	d	SPORTS 'N SPOKES	511,120	116,784	41,396	75,388	
33	e	OTHER PROGRAMS		54,276	54,276	·	
ia E	f	All other program service revenu	e e	10,200	2,000	8,200	
Program Serwce Revenue			_			,	
Δ	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, ınterest				
		other similar amounts)		1,481,013			1,481,013
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties	•	274			274
		(i) Real	(II) Personal				
	6a	Gross Rents 145,488					
	ь	Less rental expenses					
	с	Rental income 145,488					
	d	or (loss)  Net rental income or (loss)	<del> </del>	145,488			145,488
	7a	Gross amount from sales of assets other (1) Securities 15,491,322	(II) O ther 249,640				
	ь	Less cost or other basis and	275,954				
	c	sales expenses Gain or (loss) -2,333,452	-26,314				
	d	Net gain or (loss)		-2,359,766			-2,359,766
	8a	Gross income from fundraising	<u>.</u>				
Other Revenue	ь	events (not including  \$ 58,463 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	020,333				
ŧ	c	Net income or (loss) from fundrai		-143,850			-143,850
0	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total	<b>&gt;</b>				
		exceeds \$15,000					
	١.		67,650				
	b c	Less direct expenses		-17,689			-17,689
		· · ·	► ►				
	10a	Gross sales of inventory, less returns and allowances .	a				
	b c	Less cost of goods sold I Net income or (loss) from sales o					
	11a		Dusiness Code	1,658,861			1,658,861
	b	MAIL LIST RENTAL	-	_,,			_,_55,551
	c		-				
			-				
	d	All other revenue					
	е	Total. Add lines 11a-11d	\$ 1,658,861				
	12	Total Revenue. Add lines 1h, 2g,		102,533,469	696,335	353,462	764,331
		8c, 9c,10c,and 11e	▶				Form <b>990</b> (2008)

#### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r		plete columns	(B), (C), and (D	
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,367,132	8,367,132		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	36,000	36,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	,	,		
4	Benefits paid to or for members	63,942	63,942		
5	Compensation of current officers, directors, trustees, and key employees	1,125,589	711,230	150,672	263,687
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	16,181,549	13,781,020		1,735,197
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	867,213	765,792	30,535	70,886
9	Other employee benefits	2,872,156	2,303,720	172,310	396,126
10	Payroll taxes	1,297,762	1,145,989	45,694	106,079
11	Fees for services (non-employees)				
а	Management	132,810	132,810		
b	Legal	65,645	55,893	2,229	7,523
c	Accounting	181,507		181,507	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	887,149			887,149
f	Investment management fees	190,265		190,265	
g	Other	1,044,044	624,062	21,524	398,458
12	Advertising and promotion	2,803,558	502,756	2,040,917	259,885
13	Office expenses	944,219	847,039	39,338	57,842
14	Information technology	492,397	429,007	28,847	34,543
15	Royalties				
16	Occupancy	921,844	828,252	28,178	65,414
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	3,886,392	3,411,651	362,981	111,760
20	Interest	165,751	5,551	159,686	514
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	554,022	489,846	19,846	44,330
23	Insurance	177,910	153,417	5,913	18,580
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	MAIL PROGRAM FUNDRAISING	59,363,336	29,679,226	2,328,689	27,355,421
	PRINTING AND PUBLICATIONS	332,129	316,968	11,885	3,276
	READERSHIP COSTS	331,661	331,661	·	•
	READERSHIP COSTS	113,955	,		
e	ALL OTHER EXPENSES	113,845	72,123	4,344	37,378
f		73,185	73,185	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
25	Total functional expenses. Add lines 1 through 24f	103,586,967	65,242,227	6,490,692	31,854,048
26	Joint Costs. Check 🔽 If following SOP 98-2 Complete this	100,000,007	03,212,221	0, 130,032	32,031,040
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	59363336	29,679,226	2,328,689	27,355,421

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			Degining of year	1	Liid Oi	year
	2	Savings and temporary cash investments			1,638,058	2		4,688,606
	3	Pledges and grants receivable, net			1,000,000	3		.,,
	4	Accounts receivable, net			4,514,832	4		4,095,008
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L	, key emp	loyees or	112.1122	5		-,,
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S	ction 495			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
S	9	Prepaid expenses and deferred charges			884,652	9		1,175,740
Assets	10a							
4		Land, buildings, and equipment cost basis	10a	8,696,655				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь	5,939,236	2,808,181	10c		2,757,419
	11	Investments—publicly traded securities		-	39,540,425	11	3	7,460,386
	12	Investments—other securities See Part IV , line 11 $\it Complete Part Schedule D$	rt VII of			12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$ .	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			3,870,982	15		3,888,508
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			53,257,130	16	5	4,065,667
	17	Accounts payable and accrued expenses .			8,533,608	17		8,893,872
	18	Grants payable			18			
	19	Deferred revenue		2,650,000	19		1,900,279	
	20	Tax-exempt bond liabilities			20			
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u> </u>		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable			10,077,960	24	1	0,540,560
	25	Other liabilities Complete Part X of Schedule D			126,847	25		173,313
	26	Total liabilities. Add lines 17 through 25			21,388,415	26	2	1,508,024
Ф 		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	et e lines :	27				
Į.	27	Unrestricted net assets			28,665,670	27	2	9,678,617
Balance	28	Temporarily restricted net assets			3,203,045	28		2,879,026
	29	Permanently restricted net assets			-,,-	29		
Fund	-	Organizations that do not follow SFAS 117, check here ► □ and	l complet	e				
or F		lines 30 through 34.	. complet					
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32		
Net	33	Total net assets or fund balances		31,868,715	33	3	2,557,643	
_	34	Total liabilities and net assets/fund balances			53,257,130	34	5	4,065,667
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493089008020

OMB No 1545-0047

#### **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

**SCHEDULE A** 

(Form 990 or 990EZ)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		<b>le organizat i</b> ETERANS OF AI						Em	ployer ide	nt if icat io	n numbe	r
PAKAI	TZED VI	ETERANS OF A	MERICA					13	-194686	R		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo					
The	organiz			ation because it is (Please						•		
1	Γ	A church, c	onvention of cl	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)	(A)(i).			
2	Γ	A school de	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E )						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	ion descril	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	i <b>ii).</b> (A ttac	h Schedul	le H)	
4	Γ	A medical i	research organ	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state								
5	Γ	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	roperated	by a gove	ernmental	unit desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ct ion 170	(b)(1)(A)	(v).			
7	<b>▽</b>	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral publi	С
		described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ıty trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ns, membe	rship fees	, and gr	oss
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	′3% of	
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	income (l	ess sectio	on 511 ta:	x) from bu	sinesses	5
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10	• An organization organized and operated exclusively to test for public safety. See <b>Section 509(a)(4).</b> (See instruction						tions )					
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo	ses of
				orted organizations describe				•		Section 5	09(a)(3)	).Check
		a T		type of supporting organiza	tion and c Type III				n d	□ Type	III - O	thar
e	Г		• •	rtify that the organization is								
_	,	•	-	agers and other than one or			•			•	•	
		section 50			·		-					. ,
f				d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation,
g		check this		as the organization accepte	d any dift	or contrib	ution from	any of the	<u>.</u>			1
9		following pe		as the organization decepte	a any gne	or contrib		uny or the	•			
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (111) bel	low, the govern	ng body of the the supported	d organıza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	(ii)	
		(iii) a 35%	controlled ent	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)	
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports					
				T	1				1			
		me of	(ii) EIN	(iii) Type of organization	1	s the		ou notify		sthe		mount of
Suppo O rganız				(described on lines 1-9 above or IRC section	-	ation in Iisted in	1	nızatıon ) of your	_	ation in organized	sup	port?
		12421011		(See Instructions))		verning	supp			US?		
					docur	ment?						
					Yes	No	Yes	No	Yes	No		
					1	1		1	1	I		

Total

## Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	keu tile box o	11 lille 5, 7, 01	o of Part 1.)				
	ıblic Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	00.644.455	00 242 017	101 070 710	100 630 401		00 710 241	404 116 004
	membership fees received (Do not	90,644,455	90,243,917	101,878,710	100,630,481	1	00,719,341	484,116,904
_	include any "unusual grants ")						+	
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	688,765	656,904	780,741	904,996		868,920	3,900,326
	organization without charge							
4	Total. Add line 1-3	91,333,220	90,900,821	102,659,451	101,535,477	1	01,588,261	488,017,230
	The portion of total contribution by each							
_	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							488,017,230
	4							
	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	<b>(d)</b> 2007		2008	<b>(f)</b> Total
7	A mounts from line 4	91,333,220	2,430,318	102,659,451	101,535,477	1	01,588,261	488,017,230
8	Gross income from interest, dividends,							
	payments received on securities loans,	3,393,650	2,430,318	3,198,529	3,521,621		3,283,636	15,827,754
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							503,844,984
12	Gross receipts from related activities, etc	(See instruction	s )	•	'	12	·	4,041,997
13	First Five Years. If the Form 990 is for the			d faurth ar fifth	+27 Y225 2 5 F		<u> </u>	1,0 12,337
13	organization, check this box and <b>stop here</b>	organization s in	st, second, tim	u, iouitii, oi iiitii	tax year as a 5	01(0)		<b>►</b> □
	organization, check this box and stop here							- ,
Co	omputation of Public Support Perc	entage						_
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	olumn (f))		14		96.859 %
			-	(.,,				
	Public Support Percentage for 2007 Sched					15		96.634 %
16a	33 1/3% Test - 2008. If the organization did				1/3% or more,	check	this box	- —
	and <b>stop here.</b> The organization qualifies as		-					►✓
b	33 1/3% Test - 2007. If the organization die			,	L5 is 33 1/3% o	r more	, check thi	
47-	box and <b>stop here.</b> The organization qualified				3 1616b-		- 14 10	<b>▶</b> ┌
1/a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "fac organization meets the "facts and circumst							w the
h	10% Facts and Circumstances Test - 2007.							
_	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							
18	Private Foundation. If the organization did							- 1
	instructions		,	•	•			<b>▶</b> □

Pa	Support Schedule for O (Complete only if you ched				(2)		
Se	ection A. Public Support	cked the box e	THINE 9 OF FU	101.7			
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1		. ,					, ,
	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	<b>Total</b> Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
Ь	A mounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
	line 6)						
	tal Support	1 1 2 2 2 2 4	422225	( ) 2006	( N 2 2 2 7	( ) 2 2 2 2	(6) =
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss	;					
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
14	12) First Five Years If the Form 990 is for the	organization's fi	rst second thir	d fourth or fifth	l Stav vear as a 5		l zation
	check this box and stop here	organization s n	rst, second, tim	a, loartii, or iiiti	itax year as a s	or(c)(3) organi	<b>▶</b> □
Co	mputation of Public Support Per	centage					
15	Public Support Percentage for 2008 (line		ded by line 13 c	olumn (f))		15	0 %
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27a			16	
	,, <u>,</u> , ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
Co	mputation of Investment Income	e Percentage	l				
17	Investment Income Percentage for <b>2008</b> (			ne 13 column (f	))	17	0 %
18	Investment Income Percentage from 200	<b>7</b> Schedule A, Pa	rt IV-A, line 27	h		18	
19a	33 1/3% Tests - 2008. If the organization				more than 33 1/		

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

Structions  ☐ Yes	\$ s s	13-1946868 1 501(c) and section  Invities in Part IV 1 501(c)(3). (See the in 4955	e C for details.)	e the instructions for Schedul ganization's direct and indirect po	organizations. (See	Par Par 1 2	
Structions  ☐ Yes	\$ Instru \$ \$	1 501(c) and section  Invities in Part IV  1 501(c)(3). (See the in 4955	e C for details.)	e the instructions for Schedul	organizations. (See Provide a description of the org Political expenditures	1 2	
Structions  ☐ Yes	\$ Instru \$ \$	1 <b>501(c)(3).</b> (See the 1	e C for details.)	e the instructions for Schedul	organizations. (See Provide a description of the org Political expenditures	1 2	
TYes V	\$ \$	1 <b>501(c)(3).</b> (See the i			Political expenditures	2	
TYes V	\$ \$	n 4955	t under section	ov all organizations exem	·		
─────────────────────────────────────	\$ \$	n 4955	t under section	ov all organizations exemi	V olunteer hours	_	
─────────────────────────────────────	\$ \$	n 4955	t under section	v all organizations exemi		3	
☐ Yes ☑ N	\$	14955			<b>To be completed b</b> for Schedule C for de	Par	
⊤Yes ⊬N	\$		under section 4955	e tax incurred by the organization	Enter the amount of any excise	1	
⊤Yes ⊬N	ion 5	?	agers under sectio	e tax incurred by organization mar	Enter the amount of any excise	2	
	ion 5		If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?				
n 501(c)(3).	ion 5				Was a correction made?	4a	
n 501(c)(3).	ion 5				If "Yes," describe in Part IV		
		1 501(c), except sect	t under section	y all organizations exemptor Schedule C for details.)		Par	
	\$	t function activities	section 527 exemp	ended by the filing organization for	Enter the amount directly expe	1	
	Enter the amount of the filing organization's internal funds contributed to other organizations for section  \$\$						
	\$	er here and on Form	nes 1 and 2 and ent	mpt function expenditures Add Ii	Total of direct and indirect exe 1120-POL, line 17b	3	
┌ Yes				Form 1120-POL for this year?	Did the filing organization file <b>F</b>	4	
unds or were I separate	l funds sase	organization's own internal litical organization, such as	paid from the filing ed to a separate po	nd Employer Identification Numbe paid and indicate if the amount was d and promptly and directly delive action committee (PAC) If addition	were made Enter the amount p political contributions received	5	
(e) A mount of politicontributions received and promptly and directly delivered to separate politica organization If nor enter -0-	con a dıre	( <b>d)</b> A mount paid from filing organization's internal funds If none, enter - 0 -	(c) EIN	(b) Address	(a) Name		
	-						
		1					
directly de separate organization	dıre s	ınternal funds If none,					

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A To be completed by	organizations exempt under section 501(	c)(3) that filed Form 57	'68
	_	tion 501(h)). (See the instructions for Schedule	e C for details.)	
	<u> </u>	belongs to an affiliated group checked box A and "limited control" provisions apply		
<u>.                                    </u>	Limits on Lo	bbying Expenditures— ss' means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)	71,776	
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)	269,173	
c	Total lobbying expenditures (add line	es 1a and 1b)	340,949	
d	Other exempt purpose expenditures		64,903,079	
е	Total exempt purpose expenditures	65,244,028		
f	columns—	he amount from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (ente	r 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a Enter -	0- If line g is more than line a		
i	Subtract line 1f from line 1c Enter - (	O- If line f is more than line c		

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total		
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
c	Total lobbying expenditures	340,111	363,021	350,906	340,949	1,394,987		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
е 	Grassroots ceiling amount (150% of line d, column (e))					1,500,000		
f	Grassroots lobbying expenditures	62,991	61,871		71,776	261,193		

		· ~9	_
Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election unde	r section 501(h)). (See the instructions for Schedule C for details.)	

	5768 (election under Section 501(n)). (See the instructions for Schedule C for	(a			(b)	
		Yes	No	,	A moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?		Νo			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?		Νo			
С	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes" enter the amount of any tax incurred under section 4912					
С	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No			
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). (See the instructions for Schedule C for details.)	ction	<b>501</b> (c	)(5	), or	
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No' question 3 is answered "Yes." (See the instructions for Schedule C for details.)					
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	'				

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493089008020

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

The venue dervice		2mspection
me of the organization RALYZED VETERANS OF AMERICA		Employer identification number
rt I Organizations Maintaining Donor A	dvised Funds or Other Similar F	13-1946868 unds or Accounts. Complete if the
organization answered "Yes" to Form 9		
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate Contributions to (during year)		
Aggregate Grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor adv funds are the organization's property, subject to the		oradvised Yes V No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?		·
rt II Conservation Easements. Complete	of the organization answered "Yes" t	<u> </u>
Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qua	cion or pleasure) Preservation of an Preservation of ce	historically importantly land area
on the last day of the tax year	mice conservation contribution in the form	Held at the End of the Yea
Total number of conservation easements		2a
Total acreage restricted by conservation easemen	ts	2b
Number of conservation easements on a certified h		2c
Number of conservation easements included in (c)	• •	2d
Number of conservation easements modified, transf		d by the organization during
the taxable year 🕨	errou, rerouseu, extinguisheu, or terminate	a by the organization daring
Number of states where property subject to conserv	ation easement is located ►	
Does the organization have a written policy regarding enforcement of the conservation easements it holds	=	ations, and Yes Vo
Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year 🕨
A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the ye	ear ► \$
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion Yes V No
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	•
Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researd	ch in furtherance of public service,
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i	•
(i) Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<b>►</b> \$
If the organization received or held works of art, hist following amounts required to be reported under SFA		· •
Revenues included in Form 990, Part VIII, line 1		<b>▶</b> -\$
•		

ing the organization's accession and other recons (check all that apply) Public exhibition Scholarly research Preservation for future generations	cords, check any of th	ne fol	_	e a significant u hange programs		ion	
Scholarly research	d	Γ	Loan or excl	hange programs			
Preservation for future generations	-	Γ	Other				
ovide a description of the organization's collec	ctions and explain ho	w the	v further the c	organization's ex	empt purpose	n	
t XIV	otromo ama explam mo		, iaitiiai tiia t	, rgamzation o	.cmpc parpood		
ring the year, did the organization solicit or re sets to be sold to raise funds rather than to be		,			ular	Yes	√ No
	· · · · · · · · · · · · · · · · · · ·						
				mización anox	0.00 100 10	101111	
the organization an agent, trustee, custodian luded on Form 990, Part X?	or other intermediary	forc	ontributions (	or other assets i		Yes	✓ No
Yes," explain why in Part XIV and complete t	the following table						
					An	ount	
ginning balance				<b>1</b> c			
ditions during the year				1d			
stributions during the year				1e			
dıng balance				1f			
the organization include an amount on Form	990, Part X, line 21?					Yes	<b>▼</b> No
Yes," explain the arrangement in Part XIV							
	(a)Current Year (b	<b>)</b> Prior	Year (c)Tw	o Years Back (d)	Three Years Back	(e)Four	Years Back
· —							
·							
· •							
· —							
	nd halance held as						
	ia balance nela as						
•							
	on of the organization	that	are held and a	dministered for	the		
anization by	on or the organization	ciiac i	are nera ana a	diiiiiisterea ior	tiic	Yes	No
unrelated organizations					3a(	i)	No
related organizations					3a(	ii)	Νο
Yes" to 3a(II), are the related organizations l	isted as required on S	ched	lule R?		3	<b>)</b>	No
Investments—Land, Buildings, a	nd Equipment. S	ee F	orm 990, Pa	art X, line 10.	Γ		
Description of investment				( <b>b</b> )Cost or other basis (other)	(c) Depreciation	(d) E	Book value
lings							
ehold improvements				2,872,128	1,298,96	3	1,573,165
pment				3,220,236	2,365,09	0	855,146
				2,604,291	2,275,18	3	329,108
ld lines 1a-1e (Column (d) should equal Form	000 P==+ V ==/ /P						
	Part IV, line 9, or reported an amout the organization an agent, trustee, custodian luded on Form 990, Part X?  Yes," explain why in Part XIV and complete forms of the organization include an amount on Form 990, and the organization include an amount on Form 990, explain the arrangement in Part XIV  Endowment Funds. Complete if the ginning of year balance of the organization include an amount on Form 990, explain the arrangement in Part XIV  Endowment Funds. Complete if the ginning of year balance of the year of the expenditures for facilities of programs of the expenditures for facilities of programs of the year endowment of the estimated percentage of the year endered designated or quasi-endowment of the endowment of the endowment of the endowment of the possession anization by the unrelated organizations of the organization of the possession o	Part IV, line 9, or reported an amount on Form 990, Part the organization an agent, trustee, custodian or other intermediary luded on Form 990, Part X?  Yes," explain why in Part XIV and complete the following table ginning balance ditions during the year stributions during the year ding balance the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV  Endowment Funds. Complete if the organization and (a)Current Year (b) ginning of year balance (b) ginning of year balance (c) ginning (d) ginning	Part IV, line 9, or reported an amount on Form 990, Part X the organization an agent, trustee, custodian or other intermediary for cluded on Form 990, Part X? Yes," explain why in Part XIV and complete the following table ginning balance ditions during the year diring balance the organization include an amount on Form 990, Part X, line 21? Yes," explain the arrangement in Part XIV  Endowment Funds. Complete if the organization answers ginning of year balance intributions the respenditures for facilities diprograms there expenditures for facilities diprograms there expenditures for facilities diprograms there expenditures for facilities diprograms there endowment there endowment there endowment there endowment there endowment there endowment funds not in the possession of the organization that anization by unrelated organizations related organizations related organizations Yes" to 3a(ii), are the related organizations listed as required on Schedes scribe in Part XIV the intended uses of the organization's endowment funds in the possession of the organization's endowment funds anization by there endowments—Land, Buildings, and Equipment. See F  Description of investment  Linvestments—Land, Buildings, and Equipment. See F  Description of investment  Lings ehold improvements	Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  the organization an agent, trustee, custodian or other intermediary for contributions of luded on Form 990, Part X?  Yes," explain why in Part XIV and complete the following table  ginning balance ditions during the year ding balance the organization include an amount on Form 990, Part X, line 21?  Yes," explain the arrangement in Part XIV  Endowment Funds. Complete if the organization answered "Yes" to  (a)Current Year (b)Pnor Year (c)Tw  ginning of year balance  anticolor scholarships  ther expenditures for facilities diprograms ministrative expenses did fyear balance  wide the estimated percentage of the year end balance held as ard designated or quasi-endowment   winder the endowment the three endowment funds not in the possession of the organization that are held and a anization by unrelated organizations  yes" to 3a(ii), are the related organizations listed as required on Schedule R? scribe in Part XIV the intended uses of the organization's endowment funds  Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 21.  (a) Cost or other basis (investment)  Description of investment	Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  the organization an agent, trustee, custodian or other intermediary for contributions or other assets it luded on Form 990, Part X?  Yes," explain why in Part XIV and complete the following table  ginning balance ditions during the year ding balance the organization include an amount on Form 990, Part X, line 21?  Yes," explain the arrangement in Part XIV  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21?  Yes," explain the arrangement in Part XIV  Findowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21?  Yes, "explain the arrangement in Part XIV  All (a) Current Year (b) Prior Year (c) Two Years Back (d)  ginning of year balance  Intributions  Intertibutions  Intributions  Intributions  Intertibutions  Intertibutions  Intertibutions  Intertibutions  Inte	Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  the organization an agent, trustee, custodian or other intermediary for contributions or other assets not liuded on Form 990, Part X, Ves," explain why in Part XIV and complete the following table    Amount	the organization an agent, trustee, custodian or other intermediary for contributions or other assets not uded on Form 990, Part X?  Yes," explain why in Part XIV and complete the following table  grinning balance dittions during the year ditions during the year ding balance the organization include an amount on Form 990, Part X, line 21?  Yes  Yes," explain the arrangement in Part XIV  Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  Ga)Cument Year (b)Pror Year (c)Two Years Back (d)Three Years Back (e)Four grinning of year balance  and of year balance did fyear balance did five a balance for facilities did fyear balance did five a bal

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value		l of valuation year market value
		Cost of elia-of-	year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(2, 2 22 polon of introduction (1) po	(=, = 50% Falac	Cost or end-of-	year market value
Table (California (h) abaseld a supl Forms 2000, Bart V, and (B) long 42.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III	20.15		
(a) Descrip			(b) Book value
INVESTMENT IN 801 18TH STREET ASSOC	5000		2,052,688
DUE FROM 801 18TH STREET ASSOCIATES			1,828,374
DUE FROM ORHF			7,446
Total. (Column (b) should equal Form 990, Part X, col.(B) line in			3,888,508
Part X Other Liabilities. See Form 990, Part >	1		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO PVA MID-SOUTH CHAPTER	68,762		
DUE TO PVA SPINAL CORD RESEARCH FDN	68,333		
DUE TO PVA MID-AMERICA CHAPTER	36,218		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	4 - 2 - 2 -		
iotai. (Column (D) should equal Form 330, Part A, Col (B) line 25 )	173,313		

-	Total revenue (Form 990, Part VIII, column (A), line 12)	1	102,533,469
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	103,586,967
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,053,498
4	Net unrealized gains (losses) on investments	4	1,692,281
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,692,281
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	638,783
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	140,627,736
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	37,927,201
3	Subtract line <b>2e</b> from line <b>1</b>	3	102,700,535
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 120,586		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	-167,066
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	102,533,469
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	139,988,953
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Losses reported on Form 990, Part IX, line 25	-	
c d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	36,234,920
3	Subtract line 2e from line 1	3	103,754,033
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	103,734,033
a .	Investment expenses not included on Form 990, Part VIII, line 7b 4a 120,586		
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	-167,066
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	103,586,967
	t XIV Supplemental Information		-,,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	LINE 8	SPECIAL EVENT EXPENSE 202,313 GAMING EVENT EXPENSE 85,339 SPECIAL EVENT EXPENSE -202,313 GAMING EVENT EXPENSE -85,339
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	· · · · · · · · · · · · · · · · · · ·	SPECIAL EVENT EXPENSE -202,313 GAMING EVENT EXPENSE -85,339
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	· · · · · · · · · · · · · · · · · · ·	SPECIAL EVENT EXPENSE -202,313 GAMING EVENT EXPENSE -85,339

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493089008020

0000

2008

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

	ne of the organization ALYZED VETERANS OF AMERICA		Employer identification number
	ALIZED VETERANS OF APPENIES		13-1946868
Pa	rt I Fundraising Activities. Complete if the or	ganization answered "Yes" to Form	n 990, Part IV, line 17.
1	Indicate whether the organization raised funds through ar	ny of the following activities Check all tl	hat apply
-	Mail colicitations	Solicitation of non-gove	arnment grants

- or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

  If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees

(i) Name of individual or entity (fundraiser)	control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
		Yes	No			<u> </u>	
PEP DIRECT	MAIL		No	69,967,520	455,868	69,511,652	
TARGET MARKETEAM	MAIL		No	24,206,076	381,000	23,825,076	
RUSS REID	RADIOTHONS		No	96,499	50,281	46,218	
Total			<b>-</b>				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	<b>Fundraising Events.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.											
		,,	(a) Event #1	(b) Event #2	(c) Other Events	(d)	Total					
			GALA	GOLF TOURNAMENT	1	(Add c	ol (a col (		ough			
			(event type)	(event type)	(total number)			-,,				
Rue	1	Gross receipts	324,732	292,092	62,192			679	016,			
Revenue	2	Less Charitable contributions	312,046	257,507	51,000			620	),553			
	3	Gross revenue (line 1 minus line 2)	12,686	34,585	11,192			58	3,463			
	4	Cash Prizes										
Expenses	5	Non-cash Prizes										
tper.	6	Rent/Facility costs										
Δ T	7	Other direct expenses	169,151	1,642	31,520			202	2,313			
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)				202	2,313			
	9	Net income summary Combine lir	_		🛌			-143	3,850			
Par	H	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted m	ore t	han				
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) To col (a)						
ď	1	Gross revenue			67,650			6.7	7,650			
—— တ	2	Cash prizes			07,030				,000			
Direct Expenses	3	Non-cash prizes										
ចា ស្ល	4	Rent/facility costs										
占	5	Other direct expenses			85,339			85	,339			
	6	Volunteer labor	┌ Yes <u> </u>		┌ Yes							
	7	Direct expense summary Add lines	2 through 5 in column (	d)				85	5,339			
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				-17	,689			
9 a		er the state(s) in which the organiza the organization licensed to operate				. 9		'es 'es	No			
b	If "	No," Explain										
10a b		re any of the organization's gaming l Yes," Explain	censes revoked, suspen	ded or terminated during	, the tax year?	10	Da		No			
11 12	Is t	es the organization operate gaming a the organization a grantor, beneficiar	y or trustee of a trust or			 1 	1 Y	es				

								Yes	No
13	Indicate the	percentage of gaming a	ctivity operated in						
а	The organiza	ation's facility			13a				
b	An outside f	acılıty			13b	100 000 %			
14	Provide the records	name and address of the	e person who prepares the	organization's gaming/sp	pecial 6	events books and			
	Name 🟲	RICHARD KALAFUS P	PVA CONTROLLER						
	Address 🟲	801 EIGHTEENTH ST WASHINGTON, DC 2							
15a		-	ct with a third party from v	<del>-</del>		-	15a		No
b	If "Yes," ent	ter the amount of gaming	revenue received by the	organization 🟲 \$		and the			
	amount of ga	amıng revenue retaıned l	by the third party 🏲 \$						
c	If "Yes," ent	ter name and address							
	Name 🟲								
	Address 🟲								
16	Gaming mar	nager information							
	Name 🟲								
	Gaming mar	nager compensation 🟲 \$							
	Description	of services provided 🕨					_		
	C Director	/officer	Employee	┌ Independe	nt cont	ractor			
17	Mandatory d	listributions							
а	_		tate law to make charitable	_	_		17a		No
b			quired under state law dist		organız	ations or spent			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493089008020

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspect ion

Employer identification number

PARALYZED VETERANS OF A	MERICA					13-1946868	
Part I General Infor	mation on Grai	nts and Assistance				'	
<ul><li>Does the organization mathematics the selection criteria use</li><li>Describe in Part IV the organization</li></ul>	d to award the grar	nts or assistance?					⊬ Yes ⊢ ו
Form 990, Part Part IV and Sch	IV, line 21 for ar edule I-1 if addit	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of the office of the of	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, ,,,	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					<u> </u>		41
3 Enter total number of oth For Paperwork Reduction Act Not			<u> </u>	Cat No 50055			hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

ı <del></del>					
(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
RESEARCH GRANT	1	15,000			
COLLEGE SCHOLARSHIPS	15	15,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	CHAPTER GRANTS - ALL 34 CHAPTERS OF PVA MUST PROVIDE A YEARLY BUDGET, AUDITED FINANCIAL STATEMENT AND COPY OF THE CHAPTER 990 THE NATIONAL ORGANIZATION ALSO INVESTIGATES ANY CHAPTER IF THERE IS ANY QUESTION RAISED ON THE ADMINISTRATION OF THE CHAPTER PVA HAS SPECIFIC REQUIREMENTS FOR THE CHAPTER EXECUTIVE DIRECTOR AND CHAPTER GOVERMENT RELATIONS GRANT WHICH THE CHAPTER MUST FOLLOW TO ORGINALLY RECIEVE THE GRANT AND TO CONTINUE TO RECIEVE THE GRANT ON A MONTHLY BASIS RESEARCH GRANTS - RESEARCH GRANTS ARE APPROVED BY THE PVA BOARD OF DIRECTORS THE PVA DIRECTOR OF RESEARCH MONITORS THE GRANTS AND GIVES REPORTS TO THE BOARD OF DIRECTORS

Software ID: Software Version:

**EIN:** 13-1946868

Name: PARALYZED VETERANS OF AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

r ormi bbojochicadic 1, r a	11 22, 0. 4.1.0			o ama organizatio	· · · · · · · · · · · · · · · · · · ·		Г
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA ARIZONA CHAPTER 8126 N 23RD AVE PHOENIX,AZ 850214908	23-7174799	3	156,710				CHAPTER GRANT
PVA ARIZONA CHAPTER 8126 N 23RD AVE PHOENIX,AZ 850214908	23-7174799	3	34,402				EXEC DIRECTOR GRANT
PVA BAY AREA CHAPTER 3801 MIRANDA AVE PALO ALTO,CA 943041207	94-6132553	3	156,710				CHAPTER GRANT
PVA BAY AREA CHAPTER 3801 MIRANDA AVE PALO ALTO,CA 943041207	94-6132553	3	36,500				EXEC DIRECTOR GRANT
PVA BAYOU GULF STATES CHAPTER15489 DADEAUX ROAD GULFPORT, MS 395032667	72-1030827	3	156,710				CHAPTER GRANT
PVA BAYOU GULF STATES CHAPTER15489 DADEAUX ROAD GULFPORT, MS 395032667	72-1030827	3	19,151				EXEC DIRECTOR GRANT
PVA BUCKEYE CHAPTER 25100 EUCLID AVE EUCLID,OH 441172650	23-7193597	3	156,710				CHAPTER GRANT
PVA BUCKEYE CHAPTER 25100 EUCLID AVE EUCLID,OH 441172650	23-7193597	3	24,340				GOV'T RELATION GRANT
PVA CAL-DIEGO CHAPTER VAMC SUITE 1A-118 SAN DIEGO,CA 921610001	95-3691162	3	156,710				CHAPTER GRANT
PVA CAL-DIEGO CHAPTER VAMC SUITE 1A-118 SAN DIEGO,CA 921610001	95-3691162	3	36,500				EXEC DIRECTOR GRANT

Form 990,Schedule I,	Part II, Gran	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
PVA CAL-DIEGO CHAPTERVAMC SUITE 1A-118 SAN DIEGO,CA 921610001	95-3691162	3	7,916				GOV'T RELATION GRANT
PVA CAL-DIEGO CHAPTERVAMC SUITE 1A-118 SAN DIEGO,CA 921610001	95-3691162	3	8,500				WHEELCHAIR SHOOTING
PVA CALIFORNIA CHAPTER5901 E SEVENTH STREET LONG BEACH, CA 908225201	95-6089203	3	156,710				CHAPTER GRANT
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	3	156,710				CHAPTER GRANT
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	3	7,348				EXEC DIRECTOR GRANT
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	3	16,340				GOV'T RELATION GRANT
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	3	9,500				WHEELCHAIR FISHING
PVA COLONIAL CHAPTER28 PEDDLERS ROW CHRISTIANA, DE 197021582	23-7099908	3	156,710				CHAPTER GRANT
PVA COLONIAL CHAPTER28 PEDDLERS ROW CHRISTIANA, DE 197021582	23-7099908	3	35,622				EXEC DIRECTOR GRANT
PVA COLONIAL CHAPTER28 PEDDLERS ROW CHRISTIANA, DE 197021582	23-7099908	3	8,500				WHEELCHAIR SHOOTING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PVA FLORIDA CHAPTER 3799 N ANDREWS AVE FT LAUDERDALE, FL 333095261	59-1731533	3	156,710				CHAPTER GRANT		
PVA FLORIDA CHAPTER 3799 N ANDREWS AVE FT LAUDERDALE, FL 333095261	59-1731533	3	33,138				EXEC DIRECTOR GRANT		
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVE TAMPA,FL 336131231	23-7037565	3	156,710				CHAPTER GRANT		
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVE TAMPA,FL 336131231	23-7037565	3	10,285				EXEC DIRECTOR GRANT		
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVE TAMPA,FL 336131231	23-7037565	3	24,340				GOV'T RELATION GRANT		
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVE TAMPA,FL 336131231	23-7037565	3	7,500				WHEELCHAIR SHOOTING		
PVA GATEWAY CHAPTER9738 LACKLAND ROAD ST LOUIS,MO 631143424	51-0217506	3	156,710				CHAPTER GRANT		
PVA GATEWAY CHAPTER9738 LACKLAND ROAD ST LOUIS,MO 631143424	51-0217506	3	35,156				EXEC DIRECTOR GRANT		
PVA GREAT PLAINS CHAPTER7612 MAPLE STREET OMAHA,NE 681346502	23-7193599	3	156,710				CHAPTER GRANT		
PVA GREAT PLAINS CHAPTER7612 MAPLE STREET OMAHA,NE 681346502	23-7193599	3	30,606				EXEC DIRECTOR GRANT		

Form 990,Schedule I,	Part II, Gra	nts and Other A	ssistance to Gov	ernments and O	rganizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	( <b>e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
PVA GREAT PLAINS CHAPTER7612 MAPLE STREET OMAHA,NE 681346502	23-7193599	3	18,317				GOV'T RELATION GRANT
PVA IOWA CHAPTER 3703 1/2 DOUGLAS AVE DES MOINES,IA 503105367	42-1320922	3	156,710				CHAPTER GRANT
PVA IOWA CHAPTER 3703 1/2 DOUGLAS AVE DES MOINES,IA 503105367	42-1320922	3	19,078				EXEC DIRECTOR GRANT
PVA KENTUCKY- INDIANA CHAPTER 1030 GOSS AVENUE LOUISVILLE, KY 402171236	61-1123123	3	156,710				CHAPTER GRANT
PVA KENTUCKY- INDIANA CHAPTER 1030 GOSS AVENUE LOUISVILLE, KY 402171236	61-1123123	3	33,462				EXEC DIRECTOR GRANT
PVA KEYSTONE CHAPTER1113 MAIN STREET PITTSBURGH, PA 142152407	25-1291634	3	156,710				CHAPTER GRANT
PVA KEYSTONE CHAPTER1113 MAIN STREET PITTSBURGH, PA 142152407	25-1291634	3	30,161				EXEC DIRECTOR GRANT
PVA LONE STAR CHAPTER3925 FOREST LANE GARLAND, TX 750426932	74-6077762	3	156,710				CHAPTER GRANT
PVA LONE STAR CHAPTER3925 FOREST LANE GARLAND, TX 750426932	74-6077762	3	30,992				EXEC DIRECTOR GRANT
PVA LONE STAR CHAPTER3925 FOREST LANE GARLAND,TX 750426932	74-6077762	3	7,500				WHEELCHAIR FISHING

Form 990,Schedule I,	Part II, Grar	nts and Other As	sistance to Gov	ernments and O	rganizations in	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance								
PVA MICHIGAN CHAPTER40550 GRAND RIVER NOVI,MI 483752808	38-6120911	3	156,710				CHAPTER GRANT								
PVA MICHIGAN CHAPTER40550 GRAND RIVER NOVI,MI 483752808	38-6120911	3	36,500				EXEC DIRECTOR GRANT								
PVA MICHIGAN CHAPTER40550 GRAND RIVER NOVI,MI 483752808	38-6120911	3	24,340				GOV'T RELATION GRANT								
PVA MID-AMERICA CHAPTER6108 NW 63RD ST OKLAHOMA CITY,OK 731327553	73-1100787	3	156,710				CHAPTER GRANT								
PVA MID-AMERICA CHAPTER6108 NW 63RD ST OKLAHOMA CITY,OK 731327553	73-1100787	3	21,592				GOV'T RELATIONGRANT								
PVA MID-AMERICA CHAPTER6108 NW 63RD ST OKLAHOMA CITY,OK 731327553	73-1100787	3	7,500				WHEELCHAIR SHOOTING								
PVA MID-AMERICA CHAPTER6108 NW 63RD ST OKLAHOMA CITY,OK 731327553	73-1100787	3	7,500				WHEELCHAIR FISHING								
PVA MID-SOUTH CHAPTER1030 JEFFERSON AVE MEMPHIS,TN 381042127	62-6042046	3	156,710				CHAPTER GRANT								
PVA MID-SOUTH CHAPTER1030 JEFFERSON AVE MEMPHIS,TN 381042127	62-6042046	3	24,340				GOV'T RELATIONGRANT								
PVA MINNESOTA CHAPTER1 VETERANS DRIVE MINNEAPOLIS, MN 554172309	41-1724527	3	156,710				CHAPTER GRANT								

Form 990,Schedule I, F	Part II, Gran	its and Other As	sistance to Gov	ernments and O	rganizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MINNESOTA CHAPTER1 VETERANS DRIVE MINNEAPOLIS, MN 554172309	41-1724527	3	36,500				EXEC DIRECTOR GRANT
PVA MOUNTAIN STATES CHAPTER12200 E ILIFF AVE AURORA, CO 800145376	84-6036190	3	156,710				CHAPTER GRANT
PVA MOUNTAIN STATES CHAPTER12200 E ILIFF AVE AURORA, CO 800145376	84-6036190	3	36,500				EXEC DIRECTOR GRANT
PVA MOUNTAIN STATES CHAPTER12200 E ILIFF AVE AURORA, CO 800145376	84-6036190	3	24,232				GOV'T RELATION GRANT
PVA NEVADA CHAPTER 704 SOUTH JONES BLVD LAS VEGAS,NV 891073614	31-1647467	3	156,710				CHAPTER GRANT
PVA NEVADA CHAPTER 704 SOUTH JONES BLVD LAS VEGAS, NV 891073614	31-1647467	3	26,454				EXEC DIRECTOR GRANT
PVA NEVADA CHAPTER 704 SOUTH JONES BLVD LAS VEGAS, NV 891073614	31-1647467	3	7,500				WHEELCHAIR SHOOTING
PVA NEW ENGLAND CHAPTER1600 PROVIDENCE HIGHWAY WALPOLE, MA 020812557	04-6112881	3	156,710				CHAPTER GRANT
PVA NEW ENGLAND CHAPTER1600 PROVIDENCE HIGHWAY WALPOLE, MA 020812557	04-6112881	3	17,663				GOV'T RELATION GRANT
PVA NORTH CENTRAL CHAPTER209 N GARFIELD AVE SIOUX FALLS,SD 571045601	46-0359947	3	156,710				CHAPTER GRANT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	n <b>(e)</b> A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NORTH CENTRAL CHAPTER209 N GARFIELD AVE SIOUX FALLS, SD 571045601	46-0359947	3	36,500				EXEC DIRECTOR GRANT
PVA NORTH CENTRAL CHAPTER209 N GARFIELD AVE SIOUX FALLS,SD 571045601	46-0359947	3	24,340				GOV'T RELATION GRANT
PVA NORTHWEST CHAPTER616 SW 152ND STREET BURIEN,WA 981662225	91-1017716	3	156,710				CHAPTER GRANT
PVA NORTHWEST CHAPTER616 SW 152ND STREET BURIEN,WA 981662225	91-1017716	3	30,686				EXEC DIRECTOR GRANT
PVA NORTHWEST CHAPTER616 SW 152ND STREET BURIEN,WA 981662225	91-1017716	3	7,500				WHEELCHAIR SHOOTING
PVA NORTHWEST CHAPTER616 SW 152ND STREET BURIEN,WA 981662225	91-1017716	3	50,997				WHEELCHAIR GAMES
PVA OREGON CHAPTER 3700 SILVERTON ROAD NE SALEM,OR 973051472	93-0713859	3	156,710				CHAPTER GRANT
PVA PUERTO RICO CHAPTERURB COUNTRY CLUB SAN JUAN, PR 009241723	66-0346980	3	156,710				CHAPTER GRANT
PVA PUERTO RICO CHAPTERURB COUNTRY CLUB SAN JUAN, PR 009241723	66-0346980	3	25,298				EXEC DIRECTOR GRANT
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH, GA 308155616	58-6055069	3	156,710				CHAPTER GRANT

Form 990,Schedule I, F	Part II, Gran	s and Other Ass	istance to Gove	rnments and O	ganizations in	the United State:	5
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section ıf applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH, GA 308155616	HAPTER4010 DEANS RIDGE ROAD EPHZIBAH, GA		EXEC DIRECTOR GRANT				
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH, GA 308155616	58-6055069	3	7,500				WHEELCHAIR SHOOTING
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH, GA 308155616	58-6055069	3	8,500				WHEELCHAIR FISHING
PVA TEXAS CHAPTER 2807 OLD SPANISH TRAIL HOUSTON,TX 770542207	74-6077762	3	156,710				CHAPTER GRANT
PVA TEXAS CHAPTER 2807 OLD SPANISH TRAIL HOUSTON,TX 770542207	74-6077762	3	17,627				EXEC DIRECTOR GRANT
PVA VAUGHN CHAPTER 2235 ENTERPRISE DRIVE WESTCHESTER, IL 601545806	36-6156338	3	156,710				CHAPTER GRANT
PVA VAUGHAN CHAPTER 2235 ENTERPRISE DRIVE WESTCHESTER, IL 601545806	36-6156338	3	7,500				WHEELCHAIR SHOOTING
PVA VAUGHAN CHAPTER 2235 ENTERPRISE DRIVE WESTCHESTER, IL 601545806	36-6156338	3	7,500				WHEELCHAIR FISHING
PVA VIRGINIAMID ATLANTIC CHAPTER 11620 BUSY STREET RICHMOND, VA 232364060	54-6053585	3	156,710				CHAPTER GRANT
PVA VIRGINIAMID ATLANTIC CHAPTER 11620 BUSY STREET RICHMOND,VA 232364060	54-6053585	3	21,530				EXEC DIRECTOR GRANT

Form 990,Schedule I, I	Part II, Gran	its and Other As	ssistance to Gov	ernments and O	rganizations in	the United State	S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA VIRGINIAMID ATLANTIC CHAPTER 11620 BUSY STREET RICHMOND, VA 232364060	54-6053585	3	17,224				GOV'T RELATION GRANT
PVA WEST VIRGINIA CHAPTER336 CAMPBELLS CREEK DRIVE CHARLESTON, WV 253066806	APTER336 MPBELLS CREEK IVE ARLESTON, WV		CHAPTER GRANT				
PVA WISCONSIN CHAPTER2311 S 108TH STREET WEST ALLIS, WI 532271901	39-1393216	3	156,710				CHAPTER GRANT
PVA WISCONSIN CHAPTER2311 S 108TH STREET WEST ALLIS, WI 532271901	39-1393216	3	7,798				EXEC DIRECTOR GRANT
PVA WISCONSIN CHAPTER2311 S 108TH STREET WEST ALLIS, WI 532271901	39-1393216	3	24,340				GOV'T RELATION GRANT
PVA WISCONSIN CHAPTER2311 S 108TH STREET WEST ALLIS, WI 532271901	39-1393216	3	8,500				WHEELCHAIR SHOOTING
PVA ZIA CHAPTER833 GIBSON BOULEVARD SE ALBUQUERQUE, NM 871024926		3	156,710				CHAPTER GRANT
PVA ZIA CHAPTER833 GIBSON BOULEVARD SE ALBUQUERQUE, NM 871024926	23-7196220	3	22,133				EXEC DIRECTOR GRANT
ACTIVE SURVIVORS NETWORK640 PICCADILLY ROAD TOWSON, MD 212043803	20-0023425		5,112				GRANT
AMERICAN WHEELCHAIR BOWLING ASSOCPO BOX 69 CLOVER,VA 24534	59-1161641	3	11,551				GRANT

Form 990,Schedule I, F	Part II, Gran	ts and Other As	sistance to Gove	rnments and Or	ganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	n <b>(e)</b> A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
US PARALYMPIC UNITED STATES OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	84-1591754	3	8,897				GRANT
BENEFICAL DESIGNS INC1617 WATER STREET MINDEN,NV 89423	88-0479254	3	30,000				GRANT
CHESAPEAKE HEALTH EDUCATION PROGRAM BUILDING 82H FIRST FLOOR PERRY POINT, MD 29102	52-1711309	3	55,000				GRANT
HUMAN ENGINEERING RESEARCH LAB403 FORBES TOWER PITTSBURGH,PA 15260	25-0965591	3	145,000				GRANT
KESSLER FOUNDATION 1199 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	31-1562134	3	197,010				GRANT
KESSLER MEDICAL RESEARCH1199 PLEASANT VALLEY WAY WEST ORANGE,NJ 07052	31-1562134	3	48,638				GRANT
NATIONAL NEUROTRAUMA SOCIETYBOX 957039 LOS ANGELES, CA 900957039	20-0097245	3	15,000				GRANT
PVA EDUCATION AND TRAINING FOUNDATI 801 18TH STREET NW WASHINGTON, DC 20006	94-2733585	3	50,000				GRANT
PVA SPINAL CORD RESEARCH FOUNDATION801 18TH STREET NW WASHINGTON, DC 20006	52-1064398	3	820,000				GRANT
RESNA1700 N MOORE STREET SUITE 1540 ARLINGTON,VA 22209	36-3102888	3	15,000				GRANT

Form 990,Scheaule 1,	Part II, Gran	its and Other Ass	sistance to Gove	ernments and Or	ganizations in t	ne United States	
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY333 CEDAR STREET NEW HAVEN,CT 06520	06-0646973	3	365,000				GRANT

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493089008020

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations

what Revenue Service that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization
PARALYZED VETERANS OF AMERICA

13-1946868

Pa	rt I Questions Regarding Compensation	on			
				Yes	Νo
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First class or charter travel	Housing allowance or residence for personal use			
	▼ Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "	written policy regarding payment or reimbursement or "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to	reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executiv	ve Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	that apply			
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990	, Part VII, Section A , line 1a			
а	Receive a severance payment or change of control	l payment?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 67 If "Yes,"	A, line 1a, did the organization provide any non-fixed ' describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No

Cat No 50053T

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & incentive	(C) Deferred compensation compensation		( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
		·	compensation	·				
RING JOHN R	(I) (II)	190,859	5,838	12,723		41,720	251,140	
TO WNSEND HOMER	(1) (11)	178,500				18,561	197,061	
JORDAN MARUICE	(I) (II)	161,947	4,950			26,974	193,871	
DOWIS MARK	(ı) (ıı)	178,483	5,341	21,778		34,110	239,712	
MAILANDER WILLIAM	(ı) (ıı)	179,952	5,504	14,114		30,016	229,586	
VOLLMER DOUGLAS K	(1) (11)	140,721	4,304	4,655		34,385	184,065	
KREIGER NICOLE	(1) (11)	135,904	4,157	4,619		22,309	166,989	
FANNING DAVID	(1) (11)	128,940	3,996	10,976		29,357	173,269	
ROLLINS WILLIAM	(ı) (ıı)	122,150	3,887	9,967		23,090	159,094	
ZUPAN LESLIE	(ı) (ıı)	128,542	3,932	2,832		20,514	155,820	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(,					I		

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	PAGE 1, PART I, LINE 1A	PVA OWNS TWO WHEELCHAIR EQUIPPED VANS AND HAS AN EMPLOYEE WHOSE JOB RESPONSIBILITY IS TO DRIVE AND TO DO ADMINISTRATIVE WORK THIS EMPLOYEE USUALLY PICKS-UP THE PRESIDENT AND THE EXECUTIVE DIRECTOR, DRIVES THEM TO AND FROM WORK PLUS TO MEETINGS DURING THE DAY BOTH THE PRESIDENT AND THE EXECUTIVE DIRECTOR USE WHEELCHAIRS THIS EMPLOYEE ALSO DRIVES OTHER PVA EMPLOYEES THAT ARE WHEELCHAIR USERS TO MEETINGS DURING THE DAY THE EMPLOYEE ALSO IS RESPONSIBLE FOR RENTING AND SCHEDULING WHEELCHAIR EQUIPED VANS FOR OUT OF TOWN MEETINGS AND RUNNING A PROGRAM THAT OFTEN MOVES 50 TO 100 WHEELCHAIR USERS FROM THE AIRPORT TO THE HOTEL AND AROUND THE MEETING CITY AS NEEDED ABOUT 40% OF THIS EMPLOYEE'S TIME IS ON ADMINISTRATIVE TASKS SUCH AS ANSWERING THE PHONE PVA ALLOWS SPOUSE TRAVEL OF EXECUTIVE COMMITTEE MEMBERS TO ALL MEETINGS, CHAPTER VISITS AND SPORTING EVENTS THE AMOUNT OF TRAVEL REQUIRED OF THE NINE MEMBERS OF THE PVA EXECUTIVE COMMITTEE IS EXTENSIVE AS PREVIOUSLY STATED ALL MEMBERS HAVE SPINAL CORD INJURY OR DISEASE AND ARE WHEELCHAIR USERS MAKING THE ASSISTANCE OF A SPOUSE HELPFUL AND SOMETIMES NECESSARY

Software ID: Software Version:

**EIN:** 13-1946868

Name: PARALYZED VETERANS OF AMERICA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

			<del></del>		T			
(A) Name	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	1	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
I KING JUTN K	(ı) 190,859 II)	5,838	12,723		41,720	251,140		
I LO MINSENIO DOMER I	(ı) 178,500 II)				18,561	197,061		
	(ı) 161,947 II)	4,950			26,974	193,871		
	(ı) 178,483 II)	5,341	21,778		34,110	239,712		
	(ı) 179,952 II)	5,504	14,114		30,016	229,586		
	(ı) 140,721 II)	4,304	4,655		34,385	184,065		
	(ı) 135,904 II)	4,157	4,619		22,309	166,989		
	(ı) 128,940 II)	3,996	10,976		29,357	173,269		
	(ı) 122,150 II)	3,887	9,967		23,090	159,094		
	(ı) 128,542 II)	3,932	2,832		20,514	155,820		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493089008020

OMB No 1545-0047

Open to Public <u>Inspection</u>

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization PARALYZED VETERANS OF AMERICA Employer identification number

13-1946868

Pa	rt I Types of Property							
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	( <b>d</b> Method of de reven	etermı	nıng	
1	Art—Works of art							
2								
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles	Х	1	7,500	ESTIMATE			
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	5	18,306	MARKET ON DATE	OFRE	CEIP	<u>T</u>
	Securities—Closely held stock $ . $							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation							
	contribution (other)							
	Real estate—Residential	X	1	249,640	PROPERTY SOLD I	NOC	OBER	
16								
17	Real estate—Other							
18								
19	Food inventory  Drugs and medical supplies .							
20	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
25								
26	Other (describe)							
28 29	Number of Forms 8283 received	by the ora	anization during the tax ve	I for contributions for				
29	which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
30a	During the year, did the organiza hold for at						Yes	No
	least three years from the date of for the entire holding period? .		contribution, and which is	not required to be used for	exempt purposes	30a		No
b	If "Yes", describe the arrangeme		II					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31		Νο
32a	Does the organization hire or use contributions?	e third part	es or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes", describe in Part II							
33		revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation THIRD PARTY USED TO PROCESS SCHEDULE M, PAGE 1, PART I, PVA USED A REAL ESTATE AGENT TO SELL A CONTRIBUTED NONCASH CONTRIBUTIONS LINE 32B HOUSE

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

**SCHEDULE 0** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Information to Form 990** 

OMB No 1545-0047

DLN: 93493089008020

Open to Public Inspection Employer identification number

13-1946868

Name of the organization PARALYZED VETERANS OF AMERICA

Return

Return

**Identifier** 

POLICIES AND PROCEDURES

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE SPECIAL NEEDS OF OUR MEMBERSVETERANS OF THE ARMED FORCES WHO HAVE EXPERIENCED SPINAL CORD INJURY OR DYSFUNCTION PARALYZED VETERANS USES THAT EXPERTISE TO BE THE LEADING ADVOCATE FOR - QUALITY HEALTH CARE FOR PVA MEMBERS, - RESEARCH AND EDUCATION ADDRESSING SPINAL CORD INJURY AND DYSFUNCTION, - BENEFITS AVAILABLE AS A RESULT OF OUR MEMBERS' MILITARY SERVICE, - CIVIL RIGHTS AND OPPORTUNITIES WHICH MAXIMIZE THE INDEPENDENCE OF PVA MEMBERS TO ENABLE PVA TO CONTINUE TO HONOR THIS COMMITMENT, PVA MUST RECRUIT AND RETAIN MEMBERS WHO HAVE THE EXPERIENCE, ENERGY, DEDICATION, AND PASSION NECESSARY TO MANAGE THE ORGANIZATION AND ENSURE ADEQUATE RESOURCES TO SUSTAIN THE PROGRAMS ESSENTIAL FOR PVA TO ACHIEVE ITS MISSION

ldentifier	Return Reference	Explanation
FIRST A CHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	BENEFITS TO WHICH THEY ARE ENTITLED THE PROGRAMS ALSO MAINTAINS VOCATIONAL REHABILITATION OFFICES TO ASSIST MEMBERS IN FINDING TRAINING AND/OR GAINFUL EMPLOYMENT IN BOTH THE PRIVATE AND PUBLIC SECTOR IN FY 2009 THERE WERE FOUR VOCATIONAL REHABILITATION OFFICES WITH 4 EMPLOYEES THIS PROGRAM ALSO INCLUDES A MEDICAL STAFF OF PHY SICIANS AND REGISTERED NURSES, WHO ALONG WITH MEMBERS, AND PVA SERVICE OFFICERS, MONITOR THE HEALTH CARE PROVIDED BY THE VA TO VETERANS WITH SPINAL CORD INJURY OR DISEASE AT EACH VA MEDICAL CENTER THERE ARE CURRENTLY 24 VA HOSPITALS THAT HAVE SPECIALIZED SPINAL CORD INJURY CENTERS WHICH ARE VISITED EACH YEAR BY THIS PROGRAM THIS PROGRAM ALSO PROVIDES FOR THE REPRESENTATION OF VETERANS BEFORE THE DEPARTMENT OF VETERANS AFFAIRS (DVA) BOARD OF VETERANS APPEALS AND THE US COURT OF VETERANS APPEALS THIS PROGRAM ALSO PUBLISHES THE AWARD WINNING MAGAZINE, PARAPALEGIA NEWS (PN)TEN TIMES PER YEAR THE PN EXPLORES CURRENT ISSUES OF IMPORTANCE TO SPINAL-CORD-INJURED AND HANDICAPPED INDIVIDUALS

ldentifier	Return Reference	Explanation
SECOND ACHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	THE NATION, PVA HELPED ORGANIZE THE CONSORTIUM OF SPINAL CORD MEDICINE("CONSORTIUM") FOR THE DEVELOPMENT OF CLINICAL PRACTICE GUIDELINES ("CPGS") THE CONSORTIUM IS MADE UP OF 21 HEALTH CARE PROFESSIONAL AND PAYER ORGANIZATIONS REPRESENTING PHY SICIANS, THERAPISTS, NURSES, PSY CHOLOGISTSAND SOCIAL WORKERS CPG'S ARE GUIDELINES THAT A RE UNIVERSALLY APPROVED AND EVIDENCE BASED, USED BY PROFESSIONALS, CONSUMERS, FAMILIES, AND CAREGIVERS IN GUIDING HEALTH CARE DECISIONS FOR PEOPLE WITH SPINAL CORD INJURIES CPG'S HAVE ALSO SET A METHODOLOGY FOR OTHER MEDICAL SOCIETIES AND ORGAIZATIONS WISHING TO CREATE EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES ONE GOAL OF PVA IS TO ADVANCE AND DEFEND THE CIVIL RIGHTS OF PVA MEMBERS AND ALL CITIZENS WITH DISABILITIES BY WORKING WITH ALL LEVELS AND BRANCHES OF GOVERNMENT TOWARD THE EFFECTIVE IMPLEMENTATION OF LEGISLATION GUARANTEEING THOSE RIGHTS PVA DISTRIBUTES INFORMATION ABOUT RIGHTS AND RESPONSIBILITIES UNDER THE AMERICANS WITH DISABILITIES ACT OF 1999, THE FAIR HOUSING AMENDMENTS ACT OF 2009, THE FAIR HOUSING AMENDMENTS ACT OF 2009, THE FAIR HOUSING AMENDMENTS ACT AND THE AIR CARRIER ACESS ACT FUTHERMORE, PVA - ADVOCATES FOR AND MONITORS FEDERAL LEGISLATION AND REGULATIONS THAT AFFECT PEOPLE WITH DISABILITIES, SERVES AS A RESOURCE FOR PEOPLE WITH DISABILITIES AND INTERESTED PARTIES ABOUT CIVIL RIGHTS FOR INDIVIDUALS WITH DISABILITIES, - WORKS FOR EQUAL ACCESS TO ALL MODES OF TRANSPORTATION, INCLUDING BUS AND RAIL SYSTEMS AND AIR TRANSPORTATION, - ADVOCATES FOR ACCESSIBLE AND AFFORDABLE HOUSING, - SEEKS TO REPLACE STEREOTY PES TO INCREASE UNDERSTANDING AND AWARENESS OF THE ABILITIES OF PEOPLE WITH DISABILITIES, - WORKS TO CREATE OPPORTUNITIES AND EQUAL ACCESS FOR PEOPLE WITH DISABILITIES AND ROBORS TO PROGRAMS AND AWARDS GRANTS FOR EVENTS AND INCOME SECURITY ARE AVAILABLE TO ALL PVA MEMBERS PVA PRODUCES A WIDE VARIETY OF PUBLICATIONS FROM BROCHURES AND BOOKS TO PROGRAMS AND AWARDS GRANTS FOR EVENTS AND METINGS TO ACHIEVE THESE GOALS THESE PUBLICATIONS AND PROGRAMS COVER THE FULL

ldentifier	Return Reference	Explanation
THIRD ACHIEV EMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	INJURY/DISORDERS DESIGN AND CONSTRUCTION ENSURE THAT VA MEDICAL CENTER FACILITIES ARE CONTINUOUSLY IMPROVED AS A RESULT, THESE FACILITIES BETTER ACCOMMODATE AND PROMOTE THE INDEPENDENCE OF PATIENTS WITH SPINAL CORD INJURIES. THIS IS ACCOMPLISHED USING A WIDE RANGE OF ACTIVITIES THAT INCLUDE CONSULTING, THE REVIEW OF VA FACILITY CONSTRUCTION PROJECTS AND THE CONTINUOUS ASSEEMENT OF THE NEEDS OF VETERANS WITH SPINAL CORD INJURY OR DISEASES. PVA WORKS CLOSELY WITH FEDERAL AND STATE POLICY MAKERS TO INITIATE AND IMPLEMENT LEGISLATION THAT PROVIDES NECESSARY BENEFITS AND SERVICES FOR VETERANS, THEIR DEPENDENTS AND THEIR SURVIVORS, INCLUDING COMPENSATION, PENSION, INSURANCE, HOUSING AND BEPLOYMENT THE BROAD SPECTRUM OF ISSUES ENCOMPASSED BY THESE EFFORTS INCLUDE 1 ENSURING THAT VETERANS HAVE ACCESS TO QUALITY AND TIMELY HEALTH CARE AT VA MEDICAL FACILITIES, 2 PROMOTING AND SUPPORTING FEDERAL RESEARCH ACTIVITIES THAT ADDRESS SPINAL DYSFUNCTION AND REHABILITATION AS FUNDED OR CONDUCTED BY SUCH AGENCIES AS THE DEPARTMENT OF VETERANS AFFAIRS ("VA"), NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF DEFENSE, DEPARTMENT OF ENERGY AND NATIONAL SCIENCE FOUNDATION, 3 COORDINATING PVA INITIATIVES REGARDING FEDERAL AND STATE POLICY MATTERS INVOLVING MEDICARE AND MEDICAID AFFECTING ALL VETERANS WITH DISABILITIES, 4 ADDING FACILITIES AND PROGRAMS NEEDED TO CARE FOR AGING VETERANS INCLUDING THE DEVELOPMENT OF NON-INSTITUTIONAL METHODS OF LONG-TERM CARE, AND PROMOTING REALISTIC, COST-EFFECTIVE FUNDING FOR THE VA PVA, ALONG WITH THREE OTHER VETERANS' SERVICE ORGANIZATIONS, PUBLISHES THE INDEPENDENT BUDGET, A DETAILED ANNUAL REVIEW OF PROGRAMS AND EXPENDITURES FOR THE VA THIS IN-DEPTH DOCUMENT MAKES SPECIFIC POLICY RECOMMENDATIONS FOR THE ENTIRE RANGE OF VA SERVICES AND PROGRAMS TO ENSURE QUALITY CARE FOR OUR MEMBERS UNDER THESE DELIVERY SYSTEMS, PVA HAS DEVELOPED GUIDELINES FOR CONSUMERS ON HOW TO CHOOSE MANAGED-CARE PLANS THESE DOCUMENTS HAVE BEEN WIDELY ACCLAIMED ON CAPITOL HILL AND ASSISTS THE 34 PVA CHAPTERS IN DEALING WITH STATE GOV

Explanation

	Reference			
ALL OTHER ACHIEV EMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	RECREATION PROGRAMS EVEN AS COMPETITORS SUCH ASTRAPSHOOTII WEIGHTLIFTING, BILLIAR PARTICIPATE DERIVE THI ANNUALLY CO-PRESENT BASS TOUR, TRAPSHOO OF ITS MEMBERSHIP AND EDUCATION (EXPENSES PROFESSIONAL EDUCAT TREATMENT OF SPINAL O DEVICES IT ALSO AWAR SPINAL CORD DY SFUNCT TEAM, WITH THE PATIEN THE PVA RESEARCH FOR IS THE LEADING PRIVATE EDUCATION FOUNDATIO FOR THOSE WITH SPINAL GOAL OF ENHANCING TH FACIITATES THE DEVELO IN ADDITION TO THE AFO SUPPORT TO THE CENTE UNIVERSITY CHAPTER AS AND PUERTO RICO TO US	ON (EXPENSES 1,918,508 INCLUDING GRANTS OF SHAVE A TRACK RECORD OF BUILDING CAMAPUSH THEMSELVES TO A CHIEVING PERSONALING, BASS FISHING AND HAND-CYCLING OR INITIAL DISTRICT OF BUILDING, POOL OR WHEELCHAIR BASKET BEAPEUTIC BENEFITS ON THE PHY SICAL, EMOTORS THE NATIONAL VETERANS WHEELCHAIR GASTOT CIRCUIT, BILLIARDS TOURNAMENT AND POOL OTHERS WITH DISABILITIES RESEARCH, CON 3,132,255 INCLUDING GRANTS OF 1,741,317) FOON AWARDS GRANTS FOR MEDICAL AND TEXTORY INJURIES AND FOR THE DEVELOPMENT OF ROS GRANTS TO INSTITUTIONS TO PROMOTE OF THE DEVELOPMENT OF THE POOL OF THE DEVELOPMENT OF THE POOL OF THE MOST UP-TO-DASTON OF THE DEVELOPMENT OF THE ABILITY TO PROVIDE THE MOST UP-TO-DASTON OF THE AND PUBLICATION OF EVIDENCE BASE OF THE AND PUBLICATION OF THE SASE OF THE TOP TO THE SEED OF	RADERIE AMONG PARTICIPANTS BESTS IN OUTDOOR EVENTS COOR EVENTS SUCH AS BALLATHELETES WHO TIONAL, AND SOCIAL LEVELS PVA AMES, AND SPONSORS AN ANNUAL BL TOURNAMENT FOR THE BENEFIT SUMER AND PROFESSIONAL RESEARCH, CONSUMER AND CHNOLOGICAL RESEARCH INTO THE DE REHABILITATIVE METHODS AND RUALITY OF LIFE FOR PEOPLE WITH E ENTIRE HEALTH PROFESSIONAL ATES AND PAYS MOST COSTS OF TION THE RESEARCH FOUNDATION JIRY AND DISEASE RESEARCH THE RESSIONALS WHO PROVIDE CARE TO, ONGOING TRAINING, WITH THE ATE SERVICES PVA ALSO COLINICAL PRACTICE GUIDELINES ROVIDES SIGNIFICANT FINANCIAL ESEARCH CENTER AT YALE THE RESEARCH CENTER AT YALE TO THE RESEARCH CONTER AND OTHER TO THE RESEARCH CONTER AND OTHER
	ldentifie	er	Return Reference	Explanation

CLASSES OF MEMBI	ERS OR STOCKHOLE	DERS	FORM 990, PAGE 6, PART VI, LINE 6	PVA HAS 19,549 MEMBERS			
ldentifier	Return Reference		Explanation				

FORM 990, PAGE 6, PVA HAS DETAILED CHAPTER GUIDELINES IN ADDITION THE CHAPTERS ARE

GOVERNING CHAPTERS	PART	VI, LINE 9B	REVIEWED ANNUALLY BY ELECTED OFFICERS OF PVA
ldentifier	Return Reference		Explanation
			ETED BY THE CONTROLLER AND REVIEWED IN DETAIL BY THE CFO AND

ldentifier	Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE 990 IS COMPLETED BY THE CONTROLLER AND REVIEWED IN DETAIL BY THE CFO AND OUTSIDE TAX ACCOUNTANTS, GELMAN, ROSENBERG & FREEDMAN, CPAS IN BETHESDA, MD A DRAFT COPY OF THE RETURN WAS E-MAILED TO ALL 34 BOARD MEMBERS AND EIGHT OFFICERS AFTER THE REVIEW AND CORRECTIONS A FINAL COPY OF THE RETURN WAS EMAILED TO THE BOARD MEMBERS AND OFFICERS THE RETURN IS SIGNED BY THE CFO AND BY GELMAN, ROSENBER & FREEDMAN

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	AT PVA'S FIRST BOARD OF DIRECTORS MEETING EACH YEAR BOARD MEMBERS ARE REQURED TO SIGN A STATEMENT THAT THEY HAVE READ AND AGREE TO ABIDE BY THE PVA CONFLICT OF INTEREST POLICY BEFORE THEY ARE CERTIFIED AS DIRECTORS FURTHERMORE, IF THEY HAVE A CONFLICT THEY MUST REPORT IT IF A BOARD MEMBER BECOMES AWARE OF A CONFLICT ON ANOTHER MEMBERS BEHALF, THEY HAVE BEEN INSTRUCTED TO POINT OUT THE CONFLICT TO PVA'S JUDICIAL COMMITTEE FOR APPROPRIATE INVESTIGATION KEY EMPLOYEES ALSO SIGN THIS STATEMENT AT THE SAME MEETING AND ARE TOLD THE SAME THING AS NOTED ABOVE FORM 990, PART VI, LINE 19 - HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS PUBLIC - PVA POSTS ALL OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENT ON ITS WEBSITE, WWW PVA ORG PVA ALSO PROVIDES PAPER COPIES UPON WRITTEN REQUEST

ldentifier	Return Reference	Explanation
	· '	THE EXECUTIVE DIRECTOR(ED) IS THE TOP OFFICAL OF THE PARALYZED VETERANS OF AMERICA THE BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR THE BOARD HAS ACCESS TO THE THIRD PARTY SALARY SURVEY DONE FOR PVA FOR THE ED POSITION PLUS OTHER PUBLISHED SURVEYS THE BOARD PUBLISHES THE SALARY AND ALL RAISES IN ITS MINUTES

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	WITH REGARD TO COMPENSATION, PVA HAD A THIRD PARTY REVIEW SALARIES FOR ALL EMPLOYEES IN THE ORGANIZATION THIS REVIEW WAS COMPLETED IN 2008 THE SURVEY IS UPDATED EVERY YEAR BY THE SAME THIRD PARTY AND REVIEWED BY THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCE MANAGEMENT TO ENSURE COMPLIANCE WITH PVA'S INTERNAL POLICY FOR COMPENSATION THE EXECUTIVE DIRECTOR, DEPUTY EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER AND DIRECTOR OF HUMAN RESOURCE MANAGMENT APPROVE ALL SALARY CHANGES

ldentifier	Return Reference	Explanation
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	ALABAMA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, CONNECTICUT, DIST OF COLUMBIA, FLORIDA, GEORGIA, ILLINOIS, INDIANA, KANSAS, KENTUCKY, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MINNESOTA, MISSISSIPPI, NEW HAMPSHIRE, NEW YORK, NEW JERSEY, NEW MEXICO, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN, DELAWARE

### DLN: 93493089008020

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

32-0010956

52-1266735

PARLYSIS SOCIETY OF AMERICA

801 EIGHTEENTH STREET NW

WASHINGTON, DC20006

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization PARALYZED VETERANS OF AMERICA **Employer identification number** 

13-1946868

Part I Identification of Disregarded Entities							
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiza	tions						
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code sec	(E) Public charity st (if section 501(c	tatus Direct controlling entity		
PVA SPINAL CORD RESARCH FOUNDATION 801 EIGHTEENTH STREET NW	RES GRANTS	DC	501	7	N/A		
WASHINGTON, DC20006 52-1064398							
PVA SPINAL CORD INJURY EDUCATION & TRAINING FOUNDATION INC 801 EIGHTEENTH STREET NW WASHINGTON, DC20006 94-2733585	ED GRANTS	DE	501	7	N/A		
PVA OUTDOOR RECREATION HERITAGE FUN							
801 EIGHTEENTH STREET NW	GRANTS	DE	501	7	N/A		

INACTIVE

DC

501

N/A

Part III Identification of Related Organizations Taxable as a Partnership

<b>(A)</b> Name, address, and EIN of related organization	(B) Primary activity (state or foreign country)		( <b>D</b> Direct co ent	)) ntrolling ity	(E) Predominant income(related, investment, unrelated)		<b>(F)</b> Share of total income		(G) Share of end-of-year assets		(H) Disproprtiona allocations?				( <b>J)</b> eral or naging tner?
											Yes	No	-	Yes	No
801 18TH STREET ASSOCIATES															
801 EIGHTEENTH STREET NW WASHINGTON, DC20006 52-1242013	REAL ESTAT	DC	N/A									No			No
														_	
Part IV Identification of Relat	ed Organizati	one Taval	16.25.2	Corpo	ration or T	ruet									
		Olis Taxal					(D)	(5)		(F)		(6)	(11)		
(A) Name, address, and EIN of related organization	( <b>B)</b> Primary activit	у		(st fo	(C) domicile ate or reign untry)	Direct	<b>(D)</b> controlling entity	(E) Type of (C corp, ! or tru	entity S corp,	Share of tota income		( <b>G)</b> Share cend-of-years	ear ownership		

Part V	Transactions	with Related	Organizations
--------	--------------	--------------	---------------

		_	es	No
LDuring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	16	b Y	es	
c Gift, grant, or capital contribution from other organization(s)	10	=		No
d Loans or loan guarantees to or for other organization(s)	10	d		No
e Loans or loan guarantees by other organization(s)	16	2	$\Box$	No
f Sale of assets to other organization(s)	<b>1</b> f	F	$\pm$	No
g Purchase of assets from other organization(s)	<b>1</b> g	9		No
h Exchange of assets	1h	h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	i	$\pm$	No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	k Y	es	
I Performance of services or membership or fundraising solicitations by other organization(s)	11	1		No
m Sharing of facilities, equipment, mailing lists, or other assets	1n	m Y	'es	
n Sharing of paid employees	1n	n Y	res	
Sale of assets to other organization(s) Purchase of assets from other organization(s) Exchange of assets Lease of facilities, equipment, or other assets to other organization(s) Lease of facilities, equipment, or other assets from other organization(s) Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Sharing of paid employees Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses Other transfer of cash or property to other organization(s)		<b>)</b>	$\pm$	No
<b>p</b> Reimbursement paid by other organization for expenses	1p	p Y	res	
q Other transfer of cash or property to other organization(s)	10	7	$\frac{1}{2}$	No
r Other transfer of cash or property from other organization(s)	11	r		No

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	PVA SPINAL CORD RESEARCH FOUNDATION	В	820,000
(2)	PVA SPINAL CORD EDUC&TRAINING FND	В	50,000
(3)	PVA OUTDOOR RECREATIONHERITAGE FUND	P	138,098
(4)			
(5)			
(6)			

# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	<b>(F)</b> Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

# Software ID: Software Version:

**EIN:** 13-1946868

Name: PARALYZED VETERANS OF AMERICA

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion ( hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
HARDY ARTHUR , DIRECTOR, AZ	20	Х						0	0	0
CASCELLA CRAIG C , DIR, NEW ENG	20	Х						0	0	0
STAVINSKY STANLEY , DIRECTOR, NV	20	Х						0	0	0
SACK JAMES W , DIR,MTN STAT	20	Х						0	0	0
FJERSTAD TOM , DIRECTOR, MN	20	Х						0	0	0
SMITH MICHAEL , DIR,MID-SOUT	20	Х						0	0	0
GANZY DORIS A , DIR,KEYSTONE	20	Х						0	0	0
RICHEY III IVANHOE TOM , DIR,MID- AMER	20	Х						0	0	0
ELYA KEVIN G , DIRECTOR, MI	20	Х						0	0	0
ELLINGTON LAURA , DIRECTOR, WV	20	Х						0	0	0
STONE JACK , DIRECTOR, WI	20	Х						0	0	0
DALY KEVIN , DIR, ZIA	20	Х						0	0	0
RAY STEVEN , DIR,LONE STA	20	Х						0	0	0
TUCKER SHERMAN , DIR,BAY AREA	20	Х						0	0	0
ROMAGNANO JOSEPH , DIR,BAYOU G	20	Х						0	0	0
TYNA TERRANCE , DIR, BUCKEYE	20	Х						0	0	0
RUSSELL JIM , DIR,CAL-DIEG	20	Х						0	0	0
LYLES ARTHUR , DIRECTOR, CA	20	Χ						0	0	0
NIMZ LAURA , DIR, CEN FL	20	Х						0	0	0
HOSKINS SR RONALD P , DIR,COLONIAL	20	Х						0	0	0
RIVENBAUGH CHARLES , DIRECTOR, FL	20	Х						0	0	0
OYOLA-RIVERA EDUARDO , DIR , CEN FL	20	Х						0	0	0
BROWN STANLEY D , DIR, GATEWAY	20	Х						0	0	0
LAWTER TAMMY , DIR,GREAT PL	20	Х						0	0	0
LLOYD KENNETH E , DIRECTOR, IA	20	Х						0	0	0
PATRICK JAMES E , DIR , KY/IN	20	Χ						0	0	0
OLSON MICHAEL , DIR, NO CENT	20	Х						0	0	0
KARCZEWSKI CHARLES W , DIR,NORHTWES	20	Х						0	0	0
ROBINSON ROGER C , DIRECTOR, OR	20	Χ						0	0	0
TORRES JAMES , DIRECTOR, PR	20	Х						0	0	0

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							<b>(E)</b>	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
VAUGHN DAVID E , DIR,SOUTHWES	20	Х						0	0	0
FOWLER DAVID , DIRECTOR, TX	20	Х						0	0	0
MCDERMOTT GARY , DIR, VAUGHAN	20	X						0	0	0
KENNY RAYMOND , DIR,VA MID A	20	Х						0	0	0
RING JOHN R , CFO	60			Х				209,420	0	41,720
TOWNSEND HOMER, EXEC DIR	60			Х				178,500	0	18,561
JORDAN MARUICE , DEPUTY ED	60			Х				166,897	0	26,974
PLEVA RANDY , PRESIDENT	60			Х				93,600	0	13,626
KOVACH JR AL , VICE PRES	30			Х				9,000	0	0
JACKSON JOHN , VICE PRES	30			Х				9,000	0	0
GLOTFELTY RICHARD , VICE PRES	30			Х				9,000	0	0
CRAYTON GENEA, SR V P	30			Х				9,000	0	0
FOX SR JOSEPH L , PAST PRES	30			Х				9,000	0	0
LAWSON BILL , VICE PRES	30			Х				9,000	0	0
ENENBACH CRAIG , TREASURER	30			Х				9,000	0	0
RIGO FRANK, SECRETARY	30			Х				9,000	0	0
DOWIS MARK, DIR OF DEV	60				Х			205,602	0	34,110
MAILANDER WILLIAM , GEN COUNSEL	60				х			199,570	0	30,016
VOLLMER DOUGLASK, DIR OF GOV	60					Х		149,680	0	34,385
KREIGER NICOLE , DIR OF MAIL	60					Х		144,680	0	22,309
FANNING DAVID , DIR OF IG	60					Х		143,912	0	29,357
ROLLINS WILLIAM , DIR OF VBD	60					Х		136,004	0	23,090
ZUPAN LESLIE , DIR OF IT	60					Х		135,306	0	20,514

# Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a VETERANS LEGAL REPRESENTATION		438,824	438,824		
<b>b</b> paraplegia news	511,120	308,809	38,935	269,874	
c INFORMATION PUBLICATIONS		120,904	120,904		
d SPORTS'N SPOKES	511,120	116,784	41,396	75,388	
e OTHER PROGRAMS		54,276	54,276		

### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

THE PARALYZED VETERANS OF AMERICA (PVA), A CONGRESSIONALLY CHARTERED VETERANS SERVICE ORGANIZATION FOUNDED IN 1946, HAS DEVELOPED A UNIQUE EXPERTISE ON A WIDE VARIETY OF ISSUES INVOLVING(CONTINUED ON SCHEDULE O) THE SPECIAL NEEDS OF OUR MEMBERS--VETERANS OF THE ARMED FORCES WHO HAVE EXPERIENCED SPINAL CORD INJURY OR DYSFUNCTION. PARALYZED VETERANS USES THAT EXPERTISE TO BE THE LEADING ADVOCATE FOR: - QUALITY HEALTH CARE FOR PVA MEMBERS, - RESEARCH AND EDUCATION ADDRESSING SPINAL CORD INJURY AND DYSFUNCTION, - BENEFITS AVAILABLE AS A RESULT OF OUR MEMBERS' MILITARY SERVICE, - CIVIL RIGHTS AND OPPORTUNITIES WHICH MAXIMIZE THE INDEPENDENCE OF PVA MEMBERS. TO ENABLE PVA TO CONTINUE TO HONOR THIS COMMITMENT, PVA MUST RECRUIT AND RETAIN MEMBERS WHO HAVE THE EXPERIENCE, ENERGY, DEDICATION, AND PASSION NECESSARY TO MANAGE THE ORGANIZATION AND ENSURE ADEQUATE RESOURCES TO SUSTAIN THE PROGRAMS ESSENTIAL FOR PVA TO ACHIEVE ITS MISSION.

### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE PARALYZED VETERANS OF AMERICA (PVA), A CONGRESSIONALLY CHARTERED VETERANS SERVICE ORGANIZATION FOUNDED IN 1946, HAS DEVELOPED A UNIQUE EXPERTISE ON A WIDE VARIETY OF ISSUES INVOLVING(CONTINUED ON SCHEDULE O) THE SPECIAL NEEDS OF OUR MEMBERS--VETERANS OF THE ARMED FORCES WHO HAVE EXPERIENCED SPINAL CORD INJURY OR DYSFUNCTION. PARALYZED VETERANS USES THAT EXPERTISE TO BE THE LEADING ADVOCATE FOR: - QUALITY HEALTH CARE FOR PVA MEMBERS, - RESEARCH AND EDUCATION ADDRESSING SPINAL CORD INJURY AND DYSFUNCTION, - BENEFITS AVAILABLE AS A RESULT OF OUR MEMBERS' MILITARY SERVICE, - CIVIL RIGHTS AND OPPORTUNITIES WHICH MAXIMIZE THE INDEPENDENCE OF PVA MEMBERS. TO ENABLE PVA TO CONTINUE TO HONOR THIS COMMITMENT, PVA MUST RECRUIT AND RETAIN MEMBERS WHO HAVE THE EXPERIENCE, ENERGY, DEDICATION, AND PASSION NECESSARY TO MANAGE THE ORGANIZATION AND ENSURE ADEQUATE RESOURCES TO SUSTAIN THE PROGRAMS ESSENTIAL FOR PVA TO ACHIEVE ITS MISSION.