



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



Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

PARALYZED VETERANS OF AMERICA

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

801 EIGHTEENTH ST NW

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20006

D Employer identification number

13-1946868

E Telephone number

(202) 872-1300

G Gross receipts \$ 121,892,941

F Name and address of principal officer

GENE CRAYTON

PVA 801 EIGHTEENTH ST NW

WASHINGTON,DC 20006

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c) ( 3 ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW PVA ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1947

M State of legal domicile DC

Part I

Summary

Activities & Governance

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 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

2

Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3

Number of voting members of the governing body (Part VI, line 1a)

334

4

Number of independent voting members of the governing body (Part VI, line 1b)

34

5

Total number of employees (Part V, line 2a)

314

6

Total number of volunteers (estimate if necessary)

4,500

7a

Total gross unrelated business revenue from Part VIII, column (C), line 12

322,813

b

Net unrelated business taxable income from Form 990-T, line 34

Revenue	Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)	100,719,341	107,947,509
	9	Program service revenue (Part VIII, line 2g)	1,049,797	943,236
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d )	-878,753	849,486
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,643,084	1,839,170
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,533,469	111,579,401
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	8,403,132	9,324,956
	14	Benefits paid to or for members (Part IX, column (A), line 4 )	63,942	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,344,269	22,944,922
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	887,149	956,448
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 35,108,844		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	71,888,475	77,413,592
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	103,586,967	110,639,918
	19	Revenue less expenses Subtract line 18 from line 12	-1,053,498	939,483
Net Assets or Fund Balances	Beginning of Current Year		End of Year	
	20	Total assets (Part X, line 16)	54,065,667	59,220,470
	21	Total liabilities (Part X, line 26)	21,508,024	22,437,029
	22	Net assets or fund balances Subtract line 21 from line 20	32,557,643	36,783,441

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer

JOHN D RING CFO

2011-02-15

Date

Paid Preparer's Use Only

Preparer's signature

RICHARD LOCASTRO

Date

2011-02-11

Check if self-employed

☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4

GELMAN ROSENBERG & FREEDMAN  
4550 MONTGOMERY AVENUE  
BETHESDA, MD 20814

EIN

Phone no (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

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 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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

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

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 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

4a

(Code ) (Expenses \$ 19,763,015 including grants of \$ 224,835 ) (Revenue \$ 530,896 )

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 VETERANS' 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 2010 THERE WERE FIVE VOCATIONAL REHABILITATION OFFICES WITH 5 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 INDIVIDUALS WHO ARE SPINAL-CORD-INJURED OR HAVE DISABILITIES

4b

(Code ) (Expenses \$ 31,794,799 including grants of \$ ) (Revenue \$ 89,527 )

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, PSYCHOLOGISTS AND 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 ORGANIZATIONS 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 AND THE AIR CARRIER ACESS ACT FURTHERMORE, 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 DISABILITIES 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

4c

(Code ) (Expenses \$ 7,363,417 including grants of \$ 7,357,854 ) (Revenue \$ )

CHAPTER AND COMMUNITY OUTREACH 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 ) See also Additional Data for Description

(Expenses \$ 7,509,739 including grants of \$ 1,742,267 ) (Revenue \$ )

4e













Total program service expenses

\$ 66,430,970

Form 990 (2009)

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		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? 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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	Yes	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a133		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a314		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	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	
b	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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, 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? . . . . .	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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	Yes	
b	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 to file Form 8282? . . . . .	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d1		
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		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	Yes	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<b>Section 501(c)(7) organizations.</b> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	34	
b	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 business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
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		No
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

17	List the States with which a copy of this Form 990 is required to be filed▶AL , AR , AZ , CA , CO , CT , DE , 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 , AK , MI , MO
18	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ PVA CONTROLLER 801 EIGHTEENTH STREET NW WASHINGTON,DC 20006 (202) 872-1300

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

• 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

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

Form 990 (2009)



<b>1b</b>	<b>Total</b> . . . . .	1,864,077	273,494
-----------	------------------------	-----------	---------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **17**

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

**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) Description of services	(C) Compensation
PEP DIRECT 19 STONEYBROOK DRIVE WILTON, NH 03086	MAIL PRODUCTION	29,407,056
PARADYSZ MATERA CO 5 HANOVER SQUARE NEW YORK, NY 10004	MAIL LISTS	3,719,049
METROGROUP PO BOX 10153 CHICAGO, IL 606800618	MAIL PRODUCTION	3,163,425
CAREFIRST BLUECROSS BLUESHIELD PO BOX 79749 BALTIMORE, MD 212790749	HEALTH INS	2,605,034
HUB LABELS INC 18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740	MAIL LABELS	1,905,731

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **23**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	650,812			
	d	Related organizations . . . .	1d	1,150,265			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	106,146,432			
	g	Noncash contributions included in lines 1a-1f \$ 17,265					
	h	Total. Add lines 1a-1f . . . . .		107,947,509			
Program Service Revenue	2a	VETERANS LEGAL REPRESENTATION	Business Code	411,400	411,400		
	b	PARAPLEGIA NEWS	511,120	271,421	30,710	240,711	
	c	SPORTS N SPOKES	511,120	108,395	35,428	72,967	
	d	INFORMATION PUBLICATIONS		89,527	89,527		
	e	OTHER PROGRAMS		53,358	53,358		
	f	All other program service revenue		9,135		9,135	
	g	Total. Add lines 2a-2f . . . . .		943,236			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,129,436		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties . . . . .		1,709,809			1,709,809
6a		Gross Rents	(i) Real 159,322 (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)	159,322				
d		Net rental income or (loss) . . . . .		159,322			159,322
7a		Gross amount from sales of assets other than inventory	(i) Securities 9,849,798 (ii) Other 42,505				
b		Less cost or other basis and sales expenses	10,130,996	41,257			
c		Gain or (loss)	-281,198	1,248			
d		Net gain or (loss) . . . . .		-279,950			-279,950
8a		Gross income from fundraising events (not including \$ 650,812 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a 6,210				
b		Less direct expenses . . . . .	b 82,668				
c		Net income or (loss) from fundraising events . . .		-76,458			-76,458
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a 105,116				
b		Less direct expenses . . . . .	b 58,619				
c		Net income or (loss) from gaming activities . . .		46,497			46,497
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
b	Less cost of goods sold . . . . .	b					
c	Net income or (loss) from sales of inventory . . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		111,579,401	620,423	322,813	2,688,656	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete 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	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	9,129,969	9,129,969		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	194,987	194,987		
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				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,120,580	695,319	160,292	264,969
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	16,788,633	14,229,428	702,790	1,856,415
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	904,291	794,159	37,609	72,523
9	Other employee benefits . . . . .	2,792,421	2,211,046	161,470	419,905
10	Payroll taxes . . . . .	1,338,997	1,175,924	55,688	107,385
11	Fees for services (non-employees)				
a	Management . . . . .	134,825	134,825		
b	Legal . . . . .	42,205	37,065	1,755	3,385
c	Accounting . . . . .	172,824		172,824	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .	956,448			956,448
f	Investment management fees . . . . .	184,481	5,270	179,211	
g	Other . . . . .	2,062,318	1,226,228	360,798	475,292
12	Advertising and promotion . . . . .	2,341,302	624,156	1,655,232	61,914
13	Office expenses . . . . .	905,494	789,033	52,350	64,111
14	Information technology . . . . .	583,426	519,713	30,922	32,791
15	Royalties . . . . .				
16	Occupancy . . . . .	889,120	796,687	31,565	60,868
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	3,885,216	3,295,703	413,104	176,409
20	Interest . . . . .	195,577	18,294	175,612	1,671
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	638,314	562,092	26,029	50,193
23	Insurance . . . . .	175,872	154,453	7,314	14,105
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 )				
a	MAIL PROGRAM FUNDRAISING	64,247,301	28,942,960	4,835,293	30,469,048
b	READERSHIP COSTS	400,237	400,237		
c	PRINTING AND PUBLICATIONS	212,200	193,734	11,557	6,909
d	READERSHIP COSTS	171,484	171,484		
e	ALL OTHER EXPENSES	81,712	38,520	28,689	14,503
f	All other expenses	89,684	89,684		
25	Total functional expenses. Add lines 1 through 24f	110,639,918	66,430,970	9,100,104	35,108,844
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	64,247,301	28,942,960	4,835,293	30,469,048

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			4,688,606	1	2,663,170
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			4,095,008	4	6,082,257
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			1,175,740	9	1,212,442
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,844,655	2,757,419	10c	2,314,820
	b	Less accumulated depreciation . . . . .	10b	4,529,835			
	11	Investments—publicly traded securities . . . . .			37,460,386	11	43,054,107
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			3,888,508	15	3,893,674
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			54,065,667	16	59,220,470
Liabilities	17	Accounts payable and accrued expenses . . . . .			8,893,872	17	12,823,406
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			1,900,279	19	1,291,197
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			10,540,560	24	8,305,585
	25	Other liabilities Complete Part X of Schedule D . . . . .			173,313	25	16,841
	26	Total liabilities. Add lines 17 through 25 . . . . .			21,508,024	26	22,437,029
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			29,678,617	27	31,663,763
	28	Temporarily restricted net assets . . . . .			2,879,026	28	5,119,678
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			32,557,643	33	36,783,441
	34	Total liabilities and net assets/fund balances . . . . .			54,065,667	34	59,220,470

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization PARALYZED VETERANS OF AMERICA	Employer identification number 13-1946868
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	90,243,917	101,878,710	100,630,481	100,719,341	107,947,509	501,419,958
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	656,904	780,741	904,996	868,920	878,536	4,090,097
4 Total. Add lines 1 through 3	90,900,821	102,659,451	101,535,477	101,588,261	108,826,045	505,510,055
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						505,510,055

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	90,900,821	3,198,529	101,535,477	101,588,261	108,826,045	505,510,055
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,430,318	3,198,529	3,521,621	3,283,636	2,998,567	15,432,671
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						520,942,726

12 Gross receipts from related activities, etc (See instructions )

126,046,546

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	97.040 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	96.860 %

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization PARALYZED VETERANS OF AMERICA	Employer identification number 13-1946868
---	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☒ No
- 4a

Was a correction made?

☐ Yes

☒ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☒ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		74,591													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		377,523													
c Total lobbying expenditures (add lines 1a and 1b)		452,114													
d Other exempt purpose expenditures		65,978,856													
e Total exempt purpose expenditures (add lines 1c and 1d)		66,430,970													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	363,021	350,906	340,949	452,114	1,506,990
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	61,871	64,555	71,776	74,591	272,793

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
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 similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B

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

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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

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.

Identifier	Return Reference	Explanation

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization PARALYZED VETERANS OF AMERICA	Employer identification number 13-1946868
---	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☒ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

3a(i)

No

(ii)

related organizations . . . . .

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		1,027,712	359,699	668,013
d Equipment . . . . .		3,281,912	2,384,009	897,903
e Other . . . . .		2,535,031	1,786,127	748,904
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				2,314,820



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	111,579,401
2	Total expenses (Form 990, Part IX, column (A), line 25)	110,639,918
3	Excess or (deficit) for the year Subtract line 2 from line 1	939,483
4	Net unrealized gains (losses) on investments	3,286,315
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	3,286,315
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	4,225,798

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	156,525,937
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a3,286,315	
b	Donated services and use of facilities . . . . .2b41,655,242	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	44,941,557
3	Subtract line 2e from line 1 . . . . .	111,584,380
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a136,308	
b	Other (Describe in Part XIV) . . . . .4b-141,287	
c	Add lines 4a and 4b . . . . .	-4,979
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	111,579,401

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	152,300,139
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a41,655,242	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	41,655,242
3	Subtract line 2e from line 1 . . . . .	110,644,897
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a136,308	
b	Other (Describe in Part XIV) . . . . .4b-141,287	
c	Add lines 4a and 4b . . . . .	-4,979
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	110,639,918

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENT EXPENSE 82,668 GAMING EVENT EXPENSE 58,619 SPECIAL EVENT EXPENSE -82,668 GAMING EVENT EXPENSE -58,619
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	SPECIAL EVENT EXPENSE -82,668 GAMING EVENT EXPENSE -58,619
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	SPECIAL EVENT EXPENSE -82,668 GAMING EVENT EXPENSE -58,619
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART X, NUMBER 2, FIN 48 FOOTNOTE UNDER ASC 740-10, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF FIN 48 HAD NO IMPACT ON PVA'S FINANCIAL STATEMENTS. PVA DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. PVA HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, PVA HAS FILED INTERNAL REVENUE SERVICE FORM 990 AND FORM 990-T TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. PVA BELIEVES THAT IT IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007. NO INTEREST OR PENALTIES WERE ACCRUED AS OF OCTOBER 1, 2009 AS A RESULT OF ASC 740-10. FOR THE YEAR ENDED SEPTEMBER 30, 2010, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATION OF ACTIVITIES.



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
PARALYZED VETERANS OF AMERICA

Employer identification number  
13-1946868

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes ☐ No

b

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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PEP DIRECT INC	MAIL	Yes		78,277,123	560,448	77,716,675
TARGET MARKETEAM	MAIL		No	18,174,250	396,000	17,778,250
Total . . . . . ▶				96,451,373	956,448	95,494,925

3

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.

Part II Fundraising Events.

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF TOURNAMENT</u>	<u>AUCTION OF AUTO</u>	<u>3</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . .	328,779	118,511	209,732	657,022	
	2	Less Charitable contributions . . . .	328,779	118,511	203,522	650,812	
3	Gross income (line 1 minus line 2) . . . .			6,210	6,210		
Direct Expenses	4	Cash prizes . . . .					
	5	Non-cash prizes . . . .					
	6	Rent/facility costs . . . .					
	7	Food and beverages . . . .					
	8	Entertainment . . . .					
	9	Other direct expenses . . . .	26,363		56,305	82,668	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .					82,668
	11	Net income summary Combine lines 3, column d, and line 10. . . . .					-76,458

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .			105,116	105,116
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .			58,619	58,619
	6 Volunteer labor . . . . .	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No</div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				58,619
	8 Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶				46,497

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities	DC		
a	Is the organization licensed to operate gaming activities in each of these states?		9a Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		10a	No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?		11 Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		12	No

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b> 100 000 %		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ PVA CONTROLLER			
Address ▶ 801 EIGHTEENTH STREET NW WASHINGTON,DC 20006			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	No
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ▶			
Address ▶			
<b>16</b>	Gaming manager information		
Name ▶ HOWARD ENTERTAINMENT			
Gaming manager compensation ▶ \$ 5,295			
Description of services provided ▶ 11 DEALERS AND ONE MANAGER/PIT BOSS			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	No
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARALYZED VETERANS OF AMERICA

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
13-1946868

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations . . . . .

50

3

Enter total number of other organizations . . . . .



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA ARIZONA CHAPTER 8126 N 23RD AVE PHOENIX, AZ 85021	23-7174799	3	181,710				CHAPTER GRANT
PVA ARIZONA CHAPTER 8126 N 23RD AVE PHOENIX, AZ 85021	23-7174799	3	35,512				EXEC DIRECTOR GRANT
PVA ARIZONA CHAPTER 8126 N 23RD AVE PHOENIX, AZ 85021	23-7174799	3	6,818				WHEELCHAIR SHOOTING
PVA BAY AREA CHAPTER 3801 MIRANDA AVE PALO ALTO, CA 943041207	94-6132553	3	181,710				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 GULFPORT, MS 395032667	72-1030827	3	181,710				WHEELCHAIR SHOOTING
PVA BAYOU GULF STATES CHAPTER15489 DADEAUX GULFPORT, MS 395032667	72-1030827	3	19,151				EXEC DIRECTOR GRANT
PVA BUCKEYE CHAPTER 25100 EUCLID AVE EUCLID, OH 441172650	23-7193597	3	181,710				CHAPTER GRANT
PVA BUCKEYE CHAPTER 25100 EUCLID AVE EUCLID, OH 441172650	23-7193597	3	34,948				EXEC DIRECTOR GRANT
PVA BUCKEYE CHAPTER 25100 EUCLID AVE EUCLID, OH 441172650	23-7193597	3	24,340				GOV'T RELATIONS DIR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PVA CAL-DIEGO CHAPTER VAMC SUITE 1A-118 SAN DIEGO, CA 921610001	95-3691162	3	181,710				CHAPTER GRANT
PVA CAL-DIEGO CHAPTER VAMC SUITE 1A-118 SAN DIEGO, CA 921610001	95-3691162	3	36,500				EXEC DIRECTOR GRANT
PVA CAL-DIEGO CHAPTER VAMC SUITE 1A-118 SAN DIEGO, CA 921610001	95-3691162	3	7,767				GOV'T RELATIONS DIR
PVA CAL-DIEGO CHAPTER VAMC SUITE 1A-118 SAN DIEGO, CA 921610001	95-3691162	3	125,000				BEQUEST
PVA CAL-DIEGO CHAPTER VAMC SUITE 1A-118 SAN DIEGO, CA 921610001	95-3691162	3	6,818				WHEELCHAIR SHOOTING
PVA CALIFORNIA CHAPTER5901 E SEVENTH STREET LONG BEACH, CA 908225201	95-6089203	3	181,710				CHAPTER GRANT
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	3	181,710				CHAPTER GRANT
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	3	22,044				EXEC DIRECTOR GRANT
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	3	20,080				GOV'T RELATIONS DIR
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	3	7,500				WHEELCHAIR FISHING

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA COLONIAL CHAPTER 28 PEDDLERS ROW CHRISTIANA, DE 197021582	23-7099908	3	181,710				CHAPTER GRANT
PVA COLONIAL CHAPTER 28 PEDDLERS ROW CHRISTIANA, DE 197021582	23-7099908	3	35,922				EXEC DIRECTOR GRANT
PVA COLONIAL CHAPTER 28 PEDDLERS ROW CHRISTIANA, DE 197021582	23-7099908	3	6,818				WHEELCHAIR SHOOTING
PVA FLORIDA CHAPTER 3799 N ANDREWS AVE FT LAUDERDALE, FL 333095261	59-1731533	3	181,710				CHAPTER GRANT
PVA FLORIDA CHAPTER 3799 N ANDREWS AVE FT LAUDERDALE, FL 333095261	59-1731533	3	33,757				EXEC DIRECTOR GRANT
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVE TAMPA, FL 336131231	23-7037565	3	181,710				CHAPTER GRANT
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVE TAMPA, FL 336131231	23-7037565	3	29,825				EXEC DIRECTOR GRANT
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVE TAMPA, FL 336131231	23-7037565	3	24,340				GOV'T RELATIONS DIR
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVE TAMPA, FL 336131231	23-7037565	3	6,818				WHEELCHAIR SHOOTING
PVA GATEWAY CHAPTER 1311 LINDBERGH PLAZA CENTER ST LOUIS, MO 63132	51-0217506	3	181,710				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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA GATEWAY CHAPTER 1311 LINDBERGH PLAZA CENTER ST LOUIS, MO 63132	51-0217506	3	36,500				EXEC DIRECTOR GRANT
PVA GREAT PLAINS CHAPTER7612 MAPLE STREET OMAHA, NE 681346502	23-7193599	3	181,710				CHAPTER GRANT
PVA GREAT PLAINS CHAPTER7612 MAPLE STREET OMAHA, NE 681346502	23-7193599	3	30,606				EXEC DIRECTOR GRANT
PVA GREAT PLAINS CHAPTER7612 MAPLE STREET OMAHA, NE 681346502	23-7193599	3	19,911				GOV'T RELATIONS DIR
PVA IOWA CHAPTER3703 1/2 DOUGLAS AVE DES MOINES, IA 503105367	42-1320922	3	181,710				CHAPTER GRANT
PVA IOWA CHAPTER3703 1/2 DOUGLAS AVE DES MOINES, IA 503105367	42-1320922	3	20,160				EXEC DIRECTOR GRANT
PVA KENTUCKY-INDIANA CHAPTER1030 GOSS AVENUE LOUISVILLE, KY 402171236	61-1123123	3	181,710				CHAPTER GRANT
PVA KENTUCKY-INDIANA CHAPTER1030 GOSS AVENUE LOUISVILLE, KY 402171236	61-1123123	3	25,652				EXEC DIRECTOR GRANT
PVA KEYSTONE CHAPTER 1113 MAIN STREET PITTSBURGH, PA 152152407	25-1291634	3	181,710				CHAPTER GRANT
PVA KEYSTONE CHAPTER 1113 MAIN STREET PITTSBURGH, PA 152152407	25-1291634	3	30,212				EXEC DIRECTOR 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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA LONE STAR CHAPTER 3925 FOREST LANE GARLAND, TX 750426932	74-6077762	3	181,710				CHAPTER GRANT
PVA LONE STAR CHAPTER 3925 FOREST LANE GARLAND, TX 750426932	74-6077762	3	36,500				EXEC DIRECTOR GRANT
PVA LONE STAR CHAPTER 3925 FOREST LANE GARLAND, TX 750426932	74-6077762	3	24,340				GOV'T RELATIONS DIR
PVA LONE STAR CHAPTER 3925 FOREST LANE GARLAND, TX 750426932	74-6077762	3	7,500				WHEELCHAIR FISHING
PVA MICHIGAN CHAPTER 40550 GRAND RIVER NOVI, MI 483752808	38-6120911	3	181,710				CHAPTER GRANT
PVA MICHIGAN CHAPTER 40550 GRAND RIVER NOVI, MI 483752808	38-6120911	3	36,500				EXEC DIRECTOR GRANT
PVA MICHIGAN CHAPTER 40550 GRAND RIVER NOVI, MI 483752808	38-6120911	3	24,340				GOV'T RELATIONS DIR
PVA MID-AMERICA CHAPTER6108 NW 63RD STREET OKLAHOMA CITY, OK 731327553	73-1100787	3	181,710				CHAPTER GRANT
PVA MID-AMERICA CHAPTER6108 NW 63RD STREET OKLAHOMA CITY, OK 731327553	73-1100787	3	22,659				GOV'T RELATIONS DIR
PVA MID-AMERICA CHAPTER6108 NW 63RD STREET OKLAHOMA CITY, OK 731327553	73-1100787	3	6,818				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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MID-AMERICA CHAPTER6108 NW 63RD STREET OKLAHOMA CITY,OK 731327553	73-1100787	3	7,500				WHEELCHAIR FISHING
PVA MID-SOUTH CHAPTER 1030 JEFFERSON AVE MEMPHIS,TN 381042127	62-6042046	3	181,710				CHAPTER GRANT
PVA MID-SOUTH CHAPTER 1030 JEFFERSON AVE MEMPHIS,TN 381042127	62-6042046	3	7,786				EXEC DIRECTOR GRANT
PVA MID-SOUTH CHAPTER 1030 JEFFERSON AVE MEMPHIS,TN 381042127	62-6042046	3	13,774				GOV'T RELATIONS DIR
PVA MINNESOTA CHAPTER 1 VETERANS DRIVE MINNEAPOLIS,MN 554172309	41-1724527	3	181,710				CHAPTER GRANT
PVA MINNESOTA CHAPTER 1 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	181,710				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	22,496				GOV'T RELATIONS DIR
PVA MOUNTAIN STATES CHAPTER12200 E ILIFF AVE AURORA,CO 800145376	84-6036190	3	7,861				WHEELCHAIR GAMES

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NEVADA CHAPTER704 SOUTH JONES BLVD LAS VEGAS,NV 891073614	31-1647467	3	181,710				CHAPTER GRANT
PVA NEVADA CHAPTER704 SOUTH JONES BLVD LAS VEGAS,NV 891073614	31-1647467	3	26,913				EXEC DIRECTOR GRANT
PVA NEVADA CHAPTER704 SOUTH JONES BLVD LAS VEGAS,NV 891073614	31-1647467	3	6,818				WHEELCHAIR SHOOTING
PVA NEW ENGLAND CHAPTER1600 PROVIDENCE HIGHWAY WALPOLE,MA 020812557	04-6112881	3	181,710				CHAPTER GRANT
PVA NEW ENGLAND CHAPTER1600 PROVIDENCE HIGHWAY WALPOLE,MA 020812557	04-6112881	3	18,413				GOV'T RELATIONS DIR
PVA NORTH CENTRAL CHAPTER209 N GARFIELD AVE SIOUX FALLS,SD 571045601	46-0359947	3	181,710				CHAPTER GRANT
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	20,283				GOV'T RELATIONS DIR
PVA NORTH CENTRAL CHAPTER209 N GARFIELD AVE SIOUX FALLS,SD 571045601	46-0359947	3	6,818				WHEELCHAIR SHOOTING
PVA NORTHWEST CHAPTER 616 SW 152ND STREET BURIEN,WA 981662225	91-1017716	3	181,710				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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NORTHWEST CHAPTER 616 SW 152ND STREET BURIEN,WA 981662225	91-1017716	3	32,533				EXEC DIRECTOR GRANT
PVA NORTHWEST CHAPTER 616 SW 152ND STREET BURIEN,WA 981662225	91-1017716	3	6,818				WHEELCHAIR SHOOTING
PVA OREGON CHAPTER 3700 SILVETON ROAD NE SALEM,OR 973051472	93-0713859	3	181,710				CHAPTER GRANT
PVA PUERTO RICO CHAPTERURB COUNTRY CLUB ROAD SAN JUAN,PR 009241723	66-0346980	3	181,710				CHAPTER GRANT
PVA PUERTO RICO CHAPTERURB COUNTRY CLUB ROAD SAN JUAN,PR 009241723	66-0346980	3	26,195				EXEC DIRECTOR GRANT
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH,GA 308155616	58-6055069	3	181,710				CHAPTER GRANT
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH,GA 308155616	58-6055069	3	36,049				EXEC DIRECTOR GRANT
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH,GA 308155616	58-6055069	3	6,818				WHEELCHAIR SHOOTING
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH,GA 308155616	58-6055069	3	7,500				WHEELCHAIR FISHING
PVA TEXAS CHAPTER2807 OLD SPANISH TRAIL HOUSTON,TX 770542207	74-6077762	3	181,710				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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA VAUGHAN CHAPTER 2235 ENTERPRISE DRIVE WESTCHESTER, IL 601545806	36-6156338	3	181,710				CHAPTER GRANT
PVA VAUGHAN CHAPTER 2235 ENTERPRISE DRIVE WESTCHESTER, IL 601545806	36-6156338	3	6,818				WHEELCHAIR SHOOTING
PVA VAUGHAN CHAPTER 2235 ENTERPRISE DRIVE WESTCHESTER, IL 601545806	36-6156338	3	7,500				WHEELCHAIR FISHING
PVA VIRGINIAMID-ATLANTIC CHAPTER11620 BUSY STREET RICHMOND,VA 232364060	54-0653585	3	181,710				CHAPTER GRANT
PVA VIRGINIAMID-ATLANTIC CHAPTER11620 BUSY STREET RICHMOND,VA 232364060	54-0653585	3	21,530				EXEC DIRECTOR GRANT
PVA WEST VIRGINIA CHAPTER336 CAMBELLS CREEK DRIVE CHARLESTON, WV 253066806	55-0718655	3	181,710				CHAPTER GRANT
PVA WISCONSIN CHAPTER 2311 S 108TH STREET WEST ALLIS, WI 532271901	39-1393216	3	181,710				CHAPTER GRANT
PVA WISCONSIN CHAPTER 2311 S 108TH STREET WEST ALLIS, WI 532271901	39-1393216	3	24,340				GOV'T RELATIONS DIR
PVA WISCONSIN CHAPTER 2311 S 108TH STREET WEST ALLIS, WI 532271901	39-1393216	3	6,818				WHEELCHAIR SHOOTING
PVA ZIA CHAPTER833 GIBSON BOULEVARD SE ALBUQUERQUE, NM 871024926	23-7196220	3	181,710				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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA ZIA CHAPTER833 GIBSON BOULEVARD SE ALBUQUERQUE, NM 871024926	23-7196220	3	22,779				EXEC DIRECTOR GRANT
DEPARTMENT OF VETERANS AFFAIRS1055 CLERMONT STREET DENVER, CO 80220		GOV	28,715				WHEELCHAIR GAMES
AMERICAN WHEELCHAIR BOWLING ASSOCPO BOX 69 CLOVER, VA 24534	59-1161641	3	6,051				SPORTS GRANT
PVA EDUCATION AND TRAINING FOUNDATI801 EIGHTEENTH STREET NW WASHINGTON, DC 20006	94-2733585	3	50,000				EDUCATION GRANT
INT'L SYMP ON NEURAL REGENERATIONVA MEDICAL CENTER 508 FULTON ST BUILDING 16 ROOM 38 DURHAM, NC 27705	27-3142454	3	15,000				EDUCATION GRANT
RESNA1700 N MOORE STREET ARLINGTON, VA 22209	36-3102888	3	45,000				RESEARCH GRANT
NATIONAL NEUROTRAUMA SOCIETYBOX 957039 LOS ANGELES, CA 900957039	20-0097245	3	15,000				RESEARCH GRANT
CHESAPEAKE HEALTH EDUCATION PROGRAM BUILDING 82H 1ST FLOOR PERRY POINT, MD 21902	52-1711309	3	55,000				EDUCATION GRANT
PVA SPINAL CORD RESEARCH FOUNDATION 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006	52-1064398	3	760,000				RESEARCH GRANT
YALE UNIVERSITY333 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	3	300,000				RESEARCH 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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN RESEARCH ENGINEERING LAB VA PITTSBURGH HEALTHCARE SYSTEMS 7180 HIGLAND DRIVE 151R1-HD PITTSBURGH, PA 15206	25-0965591	3	80,000				RESEARCH GRANT
ACADEMY OF SCI PROFESSIONALS VAPSHCS-SEATTLE DIVISION1660 S COLUMBIA WAY STOP 128 SEATTLE, WA 98108	13-2937225	3	200,119				EDUCATION GRANT
NATIONAL WHEELCHAIR POOLPLAYERS ASS9757 MOUNT LOMPOC CT LAS VEGAS,NV 89178	38-3395485	3	6,000				SPORTS GRANT
BENEFICIAL DESIGNS INC 1617 WATER STREET MINDEN,NV 89423	88-0479254	3	30,000				RESEARCH CRANT



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
PARALYZED VETERANS OF AMERICA

Employer identification number  
13-1946868

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "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/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RING JOHN D	(i) (ii)	195,574	3,977	12,724		40,628	252,903	
MAILANDER WILLIAM	(i) (ii)	184,398	3,743	14,819		23,642	226,602	
DOWIS MARK	(i) (ii)	182,199	3,734	15,535		33,271	234,739	
TOWNSEND HOMER	(i) (ii)	183,540	3,713			20,221	207,474	
JORDAN MAURICE	(i) (ii)	169,621				30,308	199,929	
KREIGER NICHOLE C	(i) (ii)	139,283	4,327	18,973		22,957	185,540	
VOLLMER DOUGLAS K	(i) (ii)	144,197	2,927	4,966		33,256	185,346	
HORAN MICHAEL P	(i) (ii)	130,934	4,658	13,496		24,053	173,141	
DOLEZAL JEFFREY	(i) (ii)	142,390	2,958			13,729	159,077	
ZUPAN LESLIE	(i) (ii)	131,717	2,674			24,055	158,446	

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	Ret urn Reference	Explanat ion
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, 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 EQUIPPED 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. SPOUSE/ATTENDANT TRAVEL IS ALLOWED FOR ANY MEMBER OF PVA WHEREBY THE MEMBER COULD NOT TRAVEL WITHOUT THEIR ASSISTANCE.

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
PARALYZED VETERANS OF AMERICA

Employer identification number  
13-1946868

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			YesNo
2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . .		
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . .		

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . .										

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
RICHARD L GLOTFELTY	OFFICER(Accessible Home Imp Grant)	20,000
CRAIG F ENENBACH	OFFICER(Accessible Home Imp Grant)	20,000

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493042002451

SCHEDULE O  
(Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.  
▶ Attach to Form 990.

Name of the organization  
PARALYZED VETERANS OF AMERICA

Employer identification number  
13-1946868

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - 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 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.
FIRST ACHIEVEMENT 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 2010 THERE WERE FIVE VOCATIONAL REHABILITATION OFFICES WITH 5 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, PARAPLEGIA NEWS (PN) TEN TIMES PER YEAR. THE PN EXPLORES CURRENT ISSUES OF IMPORTANCE TO INDIVIDUALS WHO ARE SPINAL-CORD-INJURED OR HAVE DISABILITIES.
SECOND ACHIEVEMENT 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 PHYSICIANS, THERAPISTS, NURSES, PSYCHOLOGISTS AND 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 ORGANIZATIONS 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 AND THE AIR CARRIER ACCESS ACT. FURTHERMORE, 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 DISABILITIES 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.
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	ADVOCACY (EXPENSES 2,705,036 INCLUDING GRANTS OF 0) ADVOCACY MAINTAINS ONGOING PROGRAMS TO PROMOTE THE SPECIAL NEEDS OF SPINAL CORD INJURED AND INDIVIDUALS WITH DISABILITIES, INCLUDING 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 ACCESS TO QUALITY HEALTH CARE THROUGHOUT THE VA HEALTH-CARE SYSTEM. PVA ARCHITECTS USING THEIR EXPERTISE IN SPINAL CORD INJURY/DISEASES 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 ASSESSMENT 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. SPORTS AND RECREATION (EXPENSES 1,921,976 INCLUDING GRANTS OF 201,148) THE SPORTS AND RECREATION PROGRAMS HAVE A TRACK RECORD OF BUILDING CAMARADERIE AMONG PARTICIPANTS EVEN AS COMPETITORS PUSH THEMSELVES 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--ATHLETES 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 2,882,727 INCLUDING GRANTS OF 1,541,119) 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 ONE OF THE LEADING PRIVATE SOURCES 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 FACILITATES 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 NEUROSCIENCE AND REGENERATION RESEARCH CENTER AT YALE UNIVERSITY, ONE OF THE LEADING FACILITIES IN SPINAL CORD RESEARCH IN THE WORLD.
SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAGE 6, PART VI, LINE 4	PVA BOARD OF DIRECTORS CHANGED ITS VOTING PROCEDURES FROM A WEIGHTED VOTE BASED ON THE NUMBER OF MEMBERS PER CHAPTER WITH EACH BOARD MEMBER REPRESENTING A CHAPTER TO ONE MEMBER, ONE VOTE.
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	PVA HAS 19,708 MEMBERS.
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	PVA HAS 34 CHAPTERS AND THE MEMBERS IN EACH CHAPTER ELECT THE BOARD MEMBER FROM THE CHAPTER. OFFICERS ARE ELECTED BY THE BOARD AT THE ANNUAL MEETING HELD IN AUGUST OF EACH YEAR. EACH BOARD MEMBER HAS ONE VOTE.
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	PVA HAS DETAILED CHAPTER GUIDELINES. IN ADDITION THE CHAPTERS ARE REVIEWED ANNUALLY BY ELECTED OFFICERS OF PVA.

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	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 E-MAILED TO THE BOARD MEMBERS AND OFFICERS. THE RETURN IS SIGNED BY THE CFO AND BY GELMAN, ROSENBERG & FREEDMAN.

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 REQUIRED 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 COMPENSATION PROCESS FOR TOP OFFICIAL FORM 990, PAGE 6, PART VI, LINE 15A 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 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 MANAGEMENT APPROVE ALL SALARY CHANGES STATES WHERE COPY OF RETURN IS FILED FORM 990, PAGE 6, PART VI, LINE 17 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, ALASKA, MICHIGAN, MISSOURI GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PAGE 6, PART VI, LINE 19 PVA POSTS ALL OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE, WWW.PVA.ORG PVA ALSO PROVIDES PAPER COPIES UPON WRITTEN REQUEST CUSTODY OR CONTROL ARRANGEMENT SCHEDULE G, PAGE 1, PART I, LINE 2B, COLUMN (III) PEP DIRECT, INC PEP ACTS AS CAGING FACILITY FOR PVA DONATIONS



Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
								Yes	No		Yes	No
801 18TH STREET ASSOCIATES												
801 EIGHTEENTH STREET NW WASHINGTON, DC20006 52-1242013	REAL EST	DC	N/A		UNRELATED	13	3,342,618	No				No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
---	-------------------------	---	-------------------------------------	--	---------------------------------	--	--------------------------------



Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	PVA SPINAL CORD RESEARCH FOUNDATION	B	760,000
(2)	PVA SPINAL CORD EDUC&TRAINING FUND	B	50,000
(3)	PVA OUTDOOR RECREATIONHERITAGE FUND	C	1,150,265
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

**Part VI**   **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:  
Software Version:  
EIN: 13-1946868  
Name: PARALYZED VETERANS OF AMERICA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code )	(Expenses \$ 7,509,739	including grants of \$ 1,742,267 )	(Revenue \$ )
ADVOCACY (EXPENSES 2,705,036 INCLUDING GRANTS OF 0) ADVOCACY MAINTAINS ONGOING PROGRAMS TO PROMOTE THE SPECIAL NEEDS OF SPINAL CORD INJURED AND INDIVIDUALS WITH DISABILITIES, INCLUDING 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 ACES TO QUALITY HEALTH CARE THROUGHOUT THE VA HEALTH-CARE SYSTEM PVA ARCHITECTS USING THEIR EXPERTISE IN SPINAL CORD INJURY/DISEASES 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 ASSESSMENT 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 SPORTS AND RECREATION (EXPENSES 1,921,976 INCLUDING GRANTS OF 201,148) THE SPORTS AND RECREATION PROGRAMS HAVE A TRACK RECORD OF BUILDING CAMARADERIE AMONG PARTICIPANTS EVEN AS COMPETITORS PUSH THEMSELVES 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--ATHELETS 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 2,882,727 INCLUDING GRANTS OF 1,541,119) 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 ONE OF THE LEADING PRIVATE SOURCES 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 NEUROSCIENCE AND REGENERATION RESEARCH CENTER AT YALE UNIVERSITY, ONE OF THE LEADING FACILITIES IN SPINAL CORD RESEARCH IN THE WORLD			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARDY ARTHUR DIRECTOR, AZ	20 00	X						0	0	0
HOLLINGSHEAD DAVID W DIR, BAY ARE	20 00	X						0	0	0
ROMAGNANO JOSEPH DIR, BAYOU G	20 00	X						0	0	0
TYNA TERRANCE DIRECTOR, BU	20 00	X						0	0	0
RUSSELL JAMES DIRECTOR, CA	20 00	X						0	0	0
LYLES ARTHUR DIRECTOR, CA	20 00	X						0	0	0
WEAS KENNETH DIR, CENTRAL	20 00	X						0	0	0
HOSKINS SR RONALD P DIRECTOR, CO	20 00	X						0	0	0
BROWN CHARLES O DIRECTOR, FL	20 00	X						0	0	0
OYOLA-RIVERA EDUARDO DIR, FL GULF	20 00	X						0	0	0
BROWN STANLEY D DIRECTOR, GA	20 00	X						0	0	0
LAWTER TAMARA DIR, GREAT P	20 00	X						0	0	0
LLOYD KENNETH E DIRECTOR, IO	20 00	X						0	0	0
EISERT RICHARD K DIRECTOR, KY	20 00	X						0	0	0
GANZY DORIS A DIRECTOR, KE	20 00	X						0	0	0
RAY STEVEN DIRECTOR, LO	20 00	X						0	0	0
PECK DAVID DIRECTOR, MI	20 00	X						0	0	0
RICHEY IVENHOE T DIR, MID-AME	20 00	X						0	0	0
SUTTLE TRUMAN DIR, MID-SOU	20 00	X						0	0	0
FJERSTAD THOMAS R DIRECTOR, MN	20 00	X						0	0	0
SACK JAMES W DIR, MOUNTAI	20 00	X						0	0	0
STAVINSKI STANLEY DIRECTOR, NV	20 00	X						0	0	0
CASCELLA CRAIG C DIR, NEW ENG	20 00	X						0	0	0
OLSON MICHAEL DIR, NORTH C	20 00	X						0	0	0
PEARSON GARY E DIR, NORTHWE	20 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BROWN TERRY DIRECTOR, OR	20 00	X						0	0	0
TORRES JAMES DIRECTOR, PR	20 00	X						0	0	0
FOWLER DAVID DIRECTOR, TX	20 00	X						0	0	0
MCDERMOTT GARY E DIR, VAUGHAN	20 00	X						0	0	0
COFFIELD DAVID DIR, VA MID-	20 00	X						0	0	0
CARRELL DARRELL DIRECTOR, WV	20 00	X						0	0	0
JACK W STONE DIRECTOR, WI	20 00	X						0	0	0
DAILY KEVIN DIRECTOR, ZI	20 00	X						0	0	0
VACANT DIR , VAUGHA	20 00	X						0	0	0
CRAYTON GENE A PRESIDENT	40 00			X				75,000	0	7,374
LAWSON WILLIAM J SENIOR VICE	40 00			X				9,000	0	0
GLOTFELTY RICHARD L VICE PRESIDE	40 00			X				9,000	0	0
JACKSON JOHN T VICE PRESIDE	40 00			X				9,000	0	0
KOVACH JR AL VICE PRESIDE	40 00			X				9,000	0	0
ELLINGTON LAURA M VICE PRESIDE	40 00			X				9,000	0	0
RIGO FRANK J SECRETARY	40 00			X				9,000	0	0
ENENBACH CRAIG F TREASURER	40 00			X				9,000	0	0
PLEVA SR RANDY L PAST PRESIDE	40 00			X				9,000	0	0
RING JOHN D CHIEF FIN O	60 00				X			212,275	0	40,628
MAILANDER WILLIAM GENERAL COUN	60 00				X			202,960	0	23,642
DOWIS MARK DIR OF DEVE	60 00				X			201,468	0	33,271
TOWNSEND HOMER EXECUTIVE DI	60 00				X			187,253	0	20,221
JORDAN MAURICE DEPUTY EXEC	60 00				X			169,621	0	30,308
KREIGER NICHOLE C DIR OF DIRE	60 00					X		162,583	0	22,957
VOLLMER DOUGLAS K DIR OF GOV'	60 00					X		152,090	0	33,256

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HORAN MICHAEL P DEP GEN CO	60 00					X		149,088	0	24,053
DOLEZAL JEFFREY DIR OF VETE	60 00					X		145,348	0	13,729
ZUPAN LESLIE DIRECTOR OF	60 00					X		134,391	0	24,055

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
VETERANS LEGAL REPRESENTATION		411,400	411,400		
PARAPLEGIA NEWS	511,120	271,421	30,710	240,711	
SPORTS N SPOKES	511,120	108,395	35,428	72,967	
INFORMATION PUBLICATIONS		89,527	89,527		
OTHER PROGRAMS		53,358	53,358		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MAIL PROGRAM FUNDRAISING	64,247,301	28,942,960	4,835,293	30,469,048
READERSHIP COSTS	400,237	400,237		
PRINTING AND PUBLICATIONS	212,200	193,734	11,557	6,909
READERSHIP COSTS	171,484	171,484		
ALL OTHER EXPENSES	81,712	38,520	28,689	14,503