



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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **10/01/10**, and ending **09/30/11****B** Check if applicable:

Address change

Name change

Initial return

Terminated

Amended return

Application pending

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)

801 Eighteenth St., NW

Room/suite

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

Washington DC 20006**F** Name and address of principal officer**Bill Lawson****PVA, 801 Eighteenth St., NW****Washington DC 20006****D** Employer identification number**13-1946868****E** Telephone number**202-872-1300****G** Gross receipts **125,730,325****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)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4847(e)(1) or ☐ 527**J** Website: **www.pva.org****H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1947****M** State of legal domicile **DC****Part I Summary****1** Briefly describe the organization's mission or most significant activities**See Schedule O****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)**3****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5****6** Total number of volunteers (estimate if necessary)**6****7a** Total unrelated business revenue from Part VII, column (A), line 2a**7a****b** Net unrelated business taxable income from Form 990-B, line 34**7b**

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **35,740,686****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses - Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 28)**22** Net assets or fund balances - Subtract line 21 from line 20

	Prior Year	Current Year
8	107,947,509	102,627,131
9	943,236	839,814
10	849,486	4,293,441
11	1,839,170	2,691,320
12	111,579,401	110,451,706
13	9,324,956	8,859,064
14		
15	22,944,922	23,449,212
16a	956,448	844,230
17	77,413,592	81,212,194
18	110,639,918	114,364,700
19	939,483	-3,912,994
20	59,220,470	51,459,785
21	22,437,029	20,798,433
22	36,783,441	30,661,352

Part II Signature Block

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

Sign Here

Signature of officer

John D. Ring**CFO**

Date

3/6/12

Type or print name and title

Paid

Preparer

Use Only

Print/Type preparer's name

Richard LoCastro

Preparer's signature

Date

03/06/12Check ☐ if

self-employed

PTIN

P00288314Firm's name ▶ **Gelman, Rosenberg & Freedman**Firm's EIN ▶ **52-1392008**Firm's address ▶ **4550 Montgomery Avenue**Phone no **301-951-9090**Firm's address ▶ **Bethesda, MD 20814**

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

☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2010)

SCANNED APR 11 2012

91,919-24 8

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X**1** Briefly describe the organization's mission**See Schedule O****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 \$ **20,338,672** including grants of \$ **20,900**) (Revenue \$ **686,709**)

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 spinal cord dysfunction and other veterans, as appropriate, seeking health care and other benefits to which they are entitled.

The programs also maintains vocational rehabilitation offices to assist members in finding training and/or gainful (Continued on Schedule O)

4b (Code) (Expenses \$ **35,570,548** including grants of \$ **1,471,776**) (Revenue \$ **91,753**)

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 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 (Continued on Schedule O)

4c (Code) (Expenses \$ **7,215,465** including grants of \$ **7,186,686**) (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)(Expenses \$ **7,612,196** including grants of \$ **179,702**) (Revenue \$ **61,352**)**4e** Total program service expenses **70,736,881**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If "Yes," complete Schedule I, Parts I and II	X	
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? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

X Yes No

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	199
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	314
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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	Sponsoring organizations maintaining donor advised funds.		
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	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

Check if Schedule O contains a response to any question in this Part VI ☒ **X**

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a	X	
10b	X	
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b		X
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, IL, IN, KS**

18 Section 6104 requires an organization to make its Forms 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.
☒ Own website ☐ Another's website ☒ 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Richard Kalafus, PVA Controller 801 Eighteenth Street, NW Washington DC 20006 202-872-1300**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee ☐

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Gordon Moye Director Arizona	20.00	X						0	0	0
(2) Sherman Tucker Dir Bay Area Western	20.00	X						0	0	0
(3) Joseph M. Romagnano Dir Bayou Gulf State	20.00	X						0	0	0
(4) Carl Harris Director Buckeye	20.00	X						0	0	0
(5) Jim Russell Director Cal-Deigo	20.00	X						0	0	0
(6) Arthur Lyles Director California	20.00	X						0	0	0
(7) Steven N. Kirk Director Central FL	20.00	X						0	0	0
(8) Ronald P. Hoskins, Sr. Director Colonial	20.00	X						0	0	0
(9) Charles O. Brown Director, Florida	20.00	X						0	0	0
(10) Wayne Weber Dir. FL Gulf Coast	20.00	X						0	0	0
(11) Stanley D. Brown Director Gateway	20.00	X						0	0	0
(12) Tamara Lawter Dir. Great Plains	20.00	X						0	0	0
(13) Kenneth E. Lloyd Director Iowa	20.00	X						0	0	0
(14) Richard K. Eisert Director KY-IN	0.00	X						0	0	0
(15) James Reimer Director Keystone	20.00	X						0	0	0
(16) Steven Ray Director Lone Star	20.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) David Peck Director Michigan	20.00	X						0	0	0
(18) Ivenhoe Tom Richey, II Director Mid-America	0.00	X						0	0	0
(19) Truman Suttle Director Mid-South	20.00	X						0	0	0
(20) Thomas R. Fjerstad Director Minnesota	20.00	X						0	0	0
(21) James W. Sack Dir. Mountain States	20.00	X						0	0	0
(22) Lester Wood Director Nevada	20.00	X						0	0	0
(23) Craig C. Cascella Director New England	20.00	X						0	0	0
(24) Michael Olson Dir. North Central	20.00	X						0	0	0
(25) Gary E. Pearson Director Northwest	20.00	X						0	0	0
(26) Terry Brown Director Oregon	20.00	X						0	0	0
(27) James Torres Director Puerto Rico	20.00	X						0	0	0
(28) Larry Dodson Dir. Southeastern	20.00	X						0	0	0
1b Sub-total								1,675,574		270,583
c Total from continuation sheets to Part VII, Section A								1,675,574		270,583
d Total (add lines 1b and 1c)								1,675,574		270,583

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 **▶ 33**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

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 Wilton NH 03086	19 Stoneybrook Drive Mail Production	23,657,085
U.S. Postmater Washington DC 20006	900 Brentwood Road, NE Mail Postage	6,041,539
Target Mareteam Atlanta GA 30338	1050 Crown Pointe Parkway Mail Production	5,991,731
Paradysz Matera & Co., Inc. New York NY 10004	5 Hanover Square Mail Lists	3,485,780
Diamondback Direct Severna Park MD 21146	844 Ritchie Highway, Suite 202 Mail Production	2,959,638

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 **▶ 5**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) David Fowler Director Texas	20.00	X						0	0	0
(18) Raymond Kenney, Jr. Dir. VA Mid-Atlantic	20.00	X						0	0	0
(19) Darrell Carrell Dir. West Virginia	20.00	X						0	0	0
(20) Jack W. Stone Director Wisconsin	20.00	X						0	0	0
(21) Kevin Dailey Director Zia	20.00	X						0	0	0
(22) Vacant	0.00	X						0	0	0
(23) Bill Lawson President	40.00			X				80,580	0	8,695
(24) Gene Crayton Past President	35.00			X				9,000	0	0
(25) Al Kovach, Jr. Senior Vice Pres.	35.00			X				9,000	0	0
(26) Ken Weas Vice President	35.00			X				9,000	0	0
(27) Laura Ellington Vice President	35.00			X				9,000	0	0
(28) Craig Enenbach Treasurer	35.00			X				9,000	0	0
1b Sub-total								125,580		8,695
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ►

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

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

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 ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Frank Rigo Secretary	35.00			X				9,000	0	0
(18) Eduardo Oyola-Rivera Vice President	35.00			X				9,000	0	0
(19) William Mailander General Counsel	50.00				X			205,713	0	24,298
(20) John Ring Chief Fin. Officer	50.00				X			202,463	0	41,281
(21) Mark Dowis Dir. of Development	50.00				X			190,440	0	32,863
(22) Homer Townsend Executive Director	60.00				X			189,983	0	23,040
(23) Lana McKenzie Associate Exec. Dir.	50.00					X		167,768	0	30,986
(24) Douglas K. Vollmer Dir. of Gov't Rel.	50.00					X		154,243	0	34,733
(25) Michael Horan Dep. General Counsel	50.00					X		150,880	0	25,611
(26) Jane Eakins Dir. Corp. Marketing	50.00					X		135,252	0	24,482
(27) Richard Kalafus Controller	50.00					X		135,252	0	24,594
(28)										
1b Sub-total								1,549,994		261,888
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ►

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

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

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 ►

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 33,600				
	b Membership dues	1b				
	c Fundraising events	1c 97,959				
	d Related organizations	1d 100,000				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 102,395,572				
	g Noncash contributions included in lines 1a-1f	\$ 102,068				
	h Total. Add lines 1a-1f		102,627,131			
Program Service Revenue	2a Veterans Legal Representati	Busn Code	365,100	365,100		
	b Paraplegia News	511120	218,630	27,870	190,760	
	c Sports 'n Spokes	511120	95,754	32,483	63,271	
	d Information Publications		91,753	91,753		
	e Sport Event Registration		50,441	50,441		
	f All other program service revenue		18,136	10,911	7,225	
	g Total. Add lines 2a-2f		839,814			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,582,946		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			1,656,151			1,656,151
6a Gross Rents		(i) Real 150,648 (ii) Personal				
b Less rental exps						
c Rental inc or (loss)		150,648				
d Net rental income or (loss)			150,648			150,648
7a Gross amount from sales of assets other than inventory		(i) Securities 17,697,296 (ii) Other				
b Less cost or other basis & sales exps		14,986,801				
c Gain or (loss)		2,710,495				
d Net gain or (loss)			2,710,495			2,710,495
8a Gross income from fundraising events (not including \$ 97,959 of contributions reported on line 1c) See Part IV, line 18		a 1,176,339				
b Less direct expenses		b 291,818				
c Net income or (loss) from fundraising events			884,521			884,521
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
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		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			110,451,706	578,558	261,256	6,984,761

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	8,661,174	8,661,174		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	197,890	197,890		
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	1,192,318	661,643	132,559	398,116
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	17,100,315	14,437,604	753,373	1,909,338
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	902,655	780,763	35,997	85,895
9 Other employee benefits	2,856,786	2,274,739	163,294	418,753
10 Payroll taxes	1,397,138	1,208,472	55,717	132,949
11 Fees for services (non-employees)				
a Management	105,675	105,675		
b Legal	44,919	38,854	1,791	4,274
c Accounting	182,279		182,279	
d Lobbying				
e Professional fundraising services See Part IV, line 17	844,230			844,230
f Investment management fees	189,430	7,868	181,562	
g Other	1,671,350	1,018,566	53,493	599,291
12 Advertising and promotion	1,594,933	642,330	881,723	70,880
13 Office expenses	1,342,207	1,200,798	63,309	78,100
14 Information technology	689,504	620,051	29,169	40,284
15 Royalties				
16 Occupancy	884,577	783,249	29,924	71,404
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,243,196	3,721,349	438,211	83,636
20 Interest	161,947	36,462	121,474	4,011
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	657,584	570,289	25,780	61,515
23 Insurance	173,022	149,658	6,900	16,464
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Mail Program	68,058,301	32,849,895	4,411,622	30,796,784
b Readership Costs	439,372	439,372		
c Bad Debt Expense	427,281	4,083	314,454	108,744
d Readership Costs	168,116	168,116		
e Other	128,477	107,957	4,502	16,018
f All other expenses	50,024	50,024		
25 Total functional expenses. Add lines 1 through 24f	114,364,700	70,736,881	7,887,133	35,740,686
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	68,058,301	32,849,895	4,411,622	30,796,784

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	2,663,170	1	4,039,035
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,082,257	4	4,906,887
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,212,442	9	1,284,361
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,438,483		
	b Less accumulated depreciation	10b 5,174,819		
		2,314,820	10c	2,263,664
	11 Investments—publicly traded securities	41,965,297	11	34,383,814
	12 Investments—other securities See Part IV, line 11	1,088,810	12	668,985
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	3,893,674	15	3,913,039	
16 Total assets. Add lines 1 through 15 (must equal line 34)	59,220,470	16	51,459,785	
Liabilities	17 Accounts payable and accrued expenses	12,823,406	17	13,912,306
	18 Grants payable		18	
	19 Deferred revenue	1,291,197	19	384,080
	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	7,874,999	24	6,000,000
	25 Other liabilities Complete Part X of Schedule D	447,427	25	502,047
	26 Total liabilities. Add lines 17 through 25	22,437,029	26	20,798,433
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	31,663,763	27	26,091,743
	28 Temporarily restricted net assets	5,119,678	28	4,569,609
	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	36,783,441	33	30,661,352
	34 Total liabilities and net assets/fund balances	59,220,470	34	51,459,785

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,451,706
2	Total expenses (must equal Part IX, column (A), line 25)	2	114,364,700
3	Revenue less expenses Subtract line 2 from line 1	3	-3,912,994
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,783,441
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,209,095
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	30,661,352

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 Cash <input checked="" type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<input checked="" type="checkbox"/>	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)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

2010**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 described in **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 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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	101,878,710	100,630,481	100,719,341	107,947,509	102,627,131	513,803,172
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	780,741	904,996	868,920	878,536	864,059	4,297,252
4 Total. Add lines 1 through 3	102,659,451	101,535,477	101,588,261	108,826,045	103,491,190	518,100,424
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						518,100,424

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	102,659,451	101,535,477	101,588,261	108,826,045	103,491,190	518,100,424
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,198,529	3,521,621	3,283,636	2,998,567	3,389,745	16,392,098
9 Net income from unrelated business activities, whether or not the business is regularly carried on					884,521	884,521
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						535,377,043
12 Gross receipts from related activities, etc. (see instructions)					12	578,558

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.77 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.04 %
16a 33 1/3% support test—2010. 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. ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a 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. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. 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. ► <input type="checkbox"/>		
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. ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV . **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE C
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities**

OMB No 1545-0047

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceFor 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.**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

If the organization answered "Yes," 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, Part V, line 35a (Proxy Tax), then

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

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)		55,339													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		337,985													
c Total lobbying expenditures (add lines 1a and 1b)		393,324													
d Other exempt purpose expenditures		70,343,557													
e Total exempt purpose expenditures (add lines 1c and 1d)		70,736,881													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is.</th> <th>The lobbying nontaxable amount is</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is.	The lobbying nontaxable amount is	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000			
If the amount on line 1e, column (a) or (b) is.	The lobbying nontaxable amount is														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable 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	350,906	340,949	452,114	393,324	1,537,293
d Grassroots nontaxable 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	64,555	71,776	74,591	55,339	266,261

Schedule C (Form 990 or 990-EZ) 2010

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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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.

Part IV · **Supplemental Information** (continued)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**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

2010Open to Public
Inspection

Name of the organization

Employer identification number

Paralyzed Veterans of America**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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Yes ☐ No ☐

Yes No

	Yes	No
--	-----	----

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Investment in 801 18th Street Assoc.	2,052,688
(2) Due from 801 18th Street Assoc.	1,828,374
(3) Due from Heritage Fund	31,977
(4) Other	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	3,913,039

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Leases Payable	502,422
(3) Due to/from PVA Research Foundation	-375
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	502,047

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	110,553,574
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	114,364,700
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,811,126
4	Net unrealized gains (losses) on investments	4	-2,311,162
5	Donated services and use of facilities	5	102,067
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	-2,209,095
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-6,020,221

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	164,062,009
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-2,311,162
b	Donated services and use of facilities	2b	55,775,189
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	53,464,027
3	Subtract line 2e from line 1	3	110,597,982
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	145,542
b	Other (Describe in Part XIV)	4b	-291,818
c	Add lines 4a and 4b	4c	-146,276
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)	5	110,451,706

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	170,184,098
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	55,673,122
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	55,673,122
3	Subtract line 2e from line 1	3	114,510,976
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	145,542
b	Other (Describe in Part XIV)	4b	-291,818
c	Add lines 4a and 4b	4c	-146,276
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	114,364,700

Part XIV Supplemental 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, line 2, 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.

Part X - Liability Under 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 ASC 740-10 had no impact on the PVA's financial statement. PVA does not believe there are any material uncertain tax positions and; accordingly, it will not recognize any liability for

Part XIV Supplemental Information (continued)

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 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 fiscal years before 2008. For the years ended September 30, 2011 and 2010, there were no interest or penalties recorded or included in the consolidated statements of activities.

Part XIV - Supplemental Financial Information

Paralyzed Veterans of America did have a consolidated audit with its subsidiaries and did not have a separate audit. The consolidated audit report did have a supplemental schedule showing the Consolidating Statement of Activities with each company shown separately plus the eliminating entries. Schedule D, Part XI, XII, and XIII is a reconciliation between the 990 and the Supplemental Consolidating Statement of Activities.

Part XI, Line 8 - Reconciliation of Changes-Other

Special Event Expense	\$ 291,818
Special Event Expense	\$ -291,818

Part XII, Line 4b - Revenue Amounts Included on Return - Other

Special Event Expense	\$ -291,818
-----------------------	-------------

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Special Event Expense	\$ -291,818
-----------------------	-------------

**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

2010Open 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 email 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 services?☒ Yes ☐ Nob 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

(i) Name and address 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. 1 19 Stoney Brook Drive Wilton NH 03086-0900	Mail	X		74,161,044	485,580	73,675,464
Target MarkeTeam 2 1050 Crowne Pointe Pkwy, 18th Floor Atlanta GA 30338	Mail		X	0	358,650	-358,650
3						
4						
5						
6						
7						
8						
9						
10						
Total				74,161,044	844,230	73,316,814

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 PVA Honors Gala (event type)	(b) Event #2 PVA Golf Tourna (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	424,980	312,685	536,633	1,274,298
	2 Less Charitable contributions	25,030	19,185	53,744	97,959
	3 Gross income (line 1 minus line 2)	399,950	293,500	482,889	1,176,339
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,015	16,464	537	18,016
	6 Rent/facility costs	37,080	72	11,246	48,398
	7 Food and beverages	57,281		104	57,385
	8 Entertainment	1,880			1,880
	9 Other direct expenses	104,771	4,029	57,339	166,139
	10 Direct expense summary Add lines 4 through 9 in column (d)				291,818
	11 Net income summary Combine line 3, column (d), and line 10				884,521

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Sch G, Part I, Line 2b, Col (iii) - Custody or Control Arrangement

PEP Direct, Inc.

PEP acted as a caging facility for PVA donations.

Sch G, Part I, Line 2b, Col (v) - Fundraising vs. Reimbursement Explanation

PEP Direct, Inc.

Acted as a caging facility & printed and mailed direct mail campaigns

Target MarkeTeam

Managed direct mail campaigns and mail list purchases

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

Paralyzed Veterans of America**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?**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. Part II

can be duplicated if additional space is needed

☒ Yes ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA Arizona Chapter 5015 N. 7th Avenue, Suite 2 Phoenix AZ 85013	23-7174799	501c3	173,378				Chapter Grant
(2)	PVA Arizona Chapter 5015 N. 7th Avenue, Suite 2 Phoenix AZ 85013	23-7174799	501c3	37,285				Exec. Director Grant
(3)	PVA Arizona Chapter 5015 N. 7th Avenue, Suite 2 Phoenix AZ 85013	23-7174799	501c3	7,500				Shooting Sport Grant
(4)	PVA Bay Area Western Chap. 3801 Miranda Ave., Room A1-219 Palo Alto CA 94304-1207	94-6132553	501c3	173,378				Chapter Grant
(5)	PVA Bay Area Western Chap. 3801 Miranda Ave., Room A1-219 Palo Alto CA 94304-1207	94-6132553	501c3	37,960				Exec. Director Grant
(6)	PVA Bayou Gulf States Chapter 15489 Dedeaux Road Gulfport MS 39503-2667	72-1030827	501c3	173,378				Chapter Grant
(7)	PVA Bayou Gulf States Chapter 15489 Dedeaux Road Gulfport MS 39503-2667	72-1030827	501c3	13,016				Exec. Director Grant
(8)	PVA Buckeye Chapter 26250 Euclid Avenue, Suite 115 Euclid OH 44132	23-7193597	501c3	173,378				Chapter Grant
(9)	PVA Buckeye Chapter 26250 Euclid Avenue, Suite 115 Euclid OH 44132	23-7193597	501c3	36,957				Exec. Director Grant

2 Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations▶ **44**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

DAA

**SCHEDULE I
(Form 990)****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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

OMB No 1545-0047

2010**Open to Public
Inspection**☐ Yes☐ No**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?

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. Part II

can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA Buckeye Chapter 26250 Euclid Avenue, Suite 115 Euclid OH 44132	23-7193597	501c3	23,204				Gov't Relations Dir.
(2)	PVA Cal-Diego Chapter VAMC, 3350 LaJolla Village Drive San Diego CA 92161-0001	95-3691162	501c3	173,378				Chapter Grant
(3)	PVA Cal-Diego Chapter VAMC, 3350 LaJolla Village Drive San Diego CA 92161-0001	95-3691162	501c3	31,633				Exec. Director Grant
(4)	PVA Cal-Diego Chapter VAMC, 3350 LaJolla Village Drive San Diego CA 92161-0001	95-3691162	501c3	7,767				Gov't Relations Dir.
(5)	PVA Cal-Diego Chapter VAMC, 3350 LaJolla Village Drive San Diego CA 92161-0001	95-3691162	501c3	5,100				Bowling Sport Grant
(6)	PVA Cal-Diego Chapter VAMC, 3350 LaJolla Village Drive San Diego CA 92161-0001	95-3691162	501c3	7,500				Shooting Sport Grant
(7)	PVA California Chapter 5901 E. Seventh Street Long Beach CA 90822-5201	95-6089203	501c3	173,378				Chapter Grant
(8)	PVA Central Florida Chapter 2711 South Design Court Sanford FL 32773-8120	59-1793434	501c3	173,378				Chapter Grant
(9)	PVA Central Florida Chapter 2711 South Design Court Sanford FL 32773-8120	59-1793434	501c3	22,701				Exec. Director Grant

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

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

**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

2010**Open to Public
Inspection**

Employer identification number

13-1946868**Part I Paralyzed Veterans of America****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?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☐ No**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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA Central Florida Chapter 2711 South Design Court Sanford FL 32773-8120	59-1793434	501c3	18,592				Gov't Relations Dir.
(2)	PVA Central Florida Chapter 2711 South Design Court Sanford FL 32773-8120	59-1793434	501c3	7,500				Fishing Sport Grant
(3)	PVA Colonial Chapter 111 E. Scotland Drive Bear DE 19701	23-7099908	501c3	173,378				Chapter Grant
(4)	PVA Colonial Chapter 111 E. Scotland Drive Bear DE 19701	23-7099908	501c3	37,960				Exec. Director Grant
(5)	PVA Colonial Chapter 111 E. Scotland Drive Bear DE 19701	23-7099908	501c3	7,500				Shooting Sport Grant
(6)	PVA Florida Chapter 3799 N. Andrews Avenue Fort Lauderdale FL 33309-5261	59-1731533	501c3	173,378				Chapter Grant
(7)	PVA Florida Chapter 3799 N. Andrews Avenue Fort Lauderdale FL 33309-5261	59-1731533	501c3	34,699				Exec. Director Grant
(8)	PVA Florida Gulf Coast Chapter 15435 North Florida Avenue Tampa FL 33613	23-7037565	501c3	173,378				Chapter Grant
(9)	PVA Florida Gulf Coast Chapter 15435 North Florida Avenue Tampa FL 33613	23-7037565	501c3	31,949				Exec. Director Grant

2 Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

13-1946868**Paralyzed Veterans of America****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?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☐ No**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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA Florida Gulf Coast Chapter 15435 North Florida Avenue Tampa FL 33613	23-7037565	501c3	24,784				Gov't Relations Dir.
(2)	PVA Florida Gulf Coast Chapter 15435 North Florida Avenue Tampa FL 33613	23-7037565	501c3	5,100				Bowling Sport Grant
(3)	PVA Florida Gulf Coast Chapter 15435 North Florida Avenue Tampa FL 33613	23-7037565	501c3	7,500				Shooting Sport Grant
(4)	PVA Gateway Chapter 1311 Lindbergh Plaza Center St. Louis MO 63132	51-0217506	501c3	173,378				Chapter Grant
(5)	PVA Gateway Chapter 1311 Lindbergh Plaza Center St. Louis MO 63132	51-0217506	501c3	37,960				Exec. Director Grant
(6)	PVA Gateway Chapter 1311 Lindbergh Plaza Center St. Louis MO 63132	51-0217506	501c3	13,261				Gov't Relations Dir.
(7)	PVA Great Plains Chapter 7612 Maple Street Omaha NE 68134-6502	23-7193599	501c3	173,378				Chapter Grant
(8)	PVA Great Plains Chapter 7612 Maple Street Omaha NE 68134-6502	23-7193599	501c3	30,606				Exec. Director Grant
(9)	PVA Great Plains Chapter 7612 Maple Street Omaha NE 68134-6502	23-7193599	501c3	20,841				Gov't Relations Dir.

2 Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

**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

2010**Open to Public
Inspection**

Employer identification number

13-1946868**Part I Paralyzed Veterans of America****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?

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

☐ Yes ☐ No**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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PVA Iowa Chapter 3703 1/2 Douglas Ave. Des Moines IA 50310-5367		42-1320922	501c3	173,378				Chapter Grant
(2) PVA Iowa Chapter 3703 1/2 Douglas Ave. Des Moines IA 50310-5367		42-1320922	501c3	19,253				Exec. Director Grant
(3) PVA Kentucky-Indiana Chapter 1030 Goss Avenue Louisville KY 40217-1236		61-1123123	501c3	173,378				Chapter Grant
(4) PVA Kentucky-Indiana Chapter 1030 Goss Avenue Louisville KY 40217-1236		61-1123123	501c3	26,746				Exec. Director Grant
(5) PVA Keystone Chapter 1113 Main Street Pittsburgh PA 15215-2407		25-1291634	501c3	173,378				Chapter Grant
(6) PVA Keystone Chapter 1113 Main Street Pittsburgh PA 15215-2407		25-1291634	501c3	32,290				Exec. Director Grant
(7) PVA Lone Star Chapter 3925 Forest Lane Garland TX 75042-6932		74-6077762	501c3	173,378				Chapter Grant
(8) PVA Lone Star Chapter 3925 Forest Lane Garland TX 75042-6932		74-6077762	501c3	35,816				Exec. Director Grant
(9) PVA Lone Star Chapter 3925 Forest Lane Garland TX 75042-6932		74-6077762	501c3	25,314				Gov't Relatione Dir.

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

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)****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.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Paralyzed Veterans of America

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?

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 Part II can be duplicated if additional space is needed
☐ Yes
 ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA Lone Star Chapter 3925 Forest Lane Garland TX 75042-6932	74-6077762	501c3	6,000				Shooting Sport Grant
(2)	PVA Lone Star Chapter 3925 Forest Lane Garland TX 75042-6932	74-6077762	501c3	7,500				Fishing Sport Grant
(3)	PVA Michigan Chapter 40550 Grand River Avenue Novi MI 48375-2808	38-6120911	501c3	173,378				Chapter Grant
(4)	PVA Michigan Chapter 40550 Grand River Avenue Novi MI 48375-2808	38-6120911	501c3	37,960				Exec. Director Grant
(5)	PVA Michigan Chapter 40550 Grand River Avenue Novi MI 48375-2808	38-6120911	501c3	20,592				Gov't Relations Dir.
(6)	PVA Mid-America Chapter 6108 NW 63rd Street, Suite A Oklahoma City OK 73132-7526	73-1100787	501c3	173,378				Chapter Grant
(7)	PVA Mid-America Chapter 6108 NW 63rd Street, Suite A Oklahoma City OK 73132-7526	73-1100787	501c3	23,564				Gov't Relations Dir.
(8)	PVA Mid-America Chapter 6108 NW 63rd Street, Suite A Oklahoma City OK 73132-7526	73-1100787	501c3	7,500				Shooting Sport Grant
(9)	PVA Mid-America Chapter 6108 NW 63rd Street, Suite A Oklahoma City OK 73132-7526	73-1100787	501c3	7,500				Fishing Sport Grant

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

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

Paralyzed Veterans of America**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?

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. Part II

can be duplicated if additional space is needed

☐ Yes ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA Mid-South Chapter 1030 Jefferson Ave. Room 2D100 Memphis TN 38104-2127	62-6042046	501c3	173,378				Chapter Grant
(2)	PVA Mid-South Chapter 1030 Jefferson Ave. Room 2D100 Memphis TN 38104-2127	62-6042046	501c3	23,398				Exec. Director Grant
(3)	PVA Minnesota Chapter 1 Veterans Drive, SCI - 238 Minneapolis MN 55417-2309	41-1724527	501c3	173,378				Chapter Grant
(4)	PVA Minnesota Chapter 1 Veterans Drive, SCI - 238 Minneapolis MN 55417-2309	41-1724527	501c3	37,960				Exec. Director Grant
(5)	PVA Mountain States Chapter 12200 E. Iliff Ave., Suite 107 Aurora CO 80014-5376	84-6036190	501c3	173,378				Chapter Grant
(6)	PVA Mountain States Chapter 12200 E. Iliff Ave., Suite 107 Aurora CO 80014-5376	84-6036190	501c3	37,960				Exec. Director Grant
(7)	PVA Mountain States Chapter 12200 E. Iliff Ave., Suite 107 Aurora CO 80014-5376	84-6036190	501c3	25,080				Gov't Relations Dir.
(8)	PVA Mountain States Chapter 12200 E. Iliff Ave., Suite 107 Aurora CO 80014-5376	84-6036190	501c3	5,100				Bowling Sport Grant
(9)	PVA Nevada Chapter 704 South Jones Blvd. Las Vegas NV 89107-3614	31-1647467	501c3	173,378				Chapter Grant

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

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

Paralyzed Veterans of America**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?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☐ No**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. Part II can be duplicated if additional space is needed

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA Nevada Chapter 704 South Jones Blvd. Las Vegas NV 89107-3614	31-1647467	501c3	31,570				Exec. Director Grant
(2)	PVA Nevada Chapter 704 South Jones Blvd. Las Vegas NV 89107-3614	31-1647467	501c3	5,100				Bowling Sport Grant
(3)	PVA Nevada Chapter 704 South Jones Blvd. Las Vegas NV 89107-3614	31-1647467	501c3	7,500				Shooting Sport Grant
(4)	PVA New England Chapter 1600 Providence Highway, Suite 143 Walpole MA 02081-2557	04-6112881	501c3	173,378				Chapter Grant
(5)	PVA New England Chapter 1600 Providence Highway, Suite 143 Walpole MA 02081-2557	04-6112881	501c3	20,242				Exec. Director Grant
(6)	PVA New England Chapter 1600 Providence Highway, Suite 143 Walpole MA 02081-2557	04-6112881	501c3	7,500				Shooting Sport Grant
(7)	PVA North Central Chapter 209 North Garfield Ave. Sioux Falls SD 57104-5601	46-0359947	501c3	173,378				Chapter Grant
(8)	PVA North Central Chapter 209 North Garfield Ave. Sioux Falls SD 57104-5601	46-0359947	501c3	37,960				Exec. Director Grant
(9)	PVA North Central Chapter 209 North Garfield Ave. Sioux Falls SD 57104-5601	46-0359947	501c3	21,647				Gov't Relations Dir.

2 Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I
(Form 990)****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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

13-1946868**Paralyzed Veterans of America****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?**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. Part II can be duplicated if additional space is needed ☐☐ Yes ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA North Central Chapter 209 North Garfield Ave. Sioux Falls SD 57104-5601	46-0359947	501c3	7,500				Shooting Sport Grant
(2)	PVA Northwest Chapter 616 SW 152nd St., Suite B Burien WA 98166-2225	91-1017716	501c3	173,378				Chapter Grant
(3)	PVA Northwest Chapter 616 SW 152nd St., Suite B Burien WA 98166-2225	91-1017716	501c3	32,533				Exec. Director Grant
(4)	PVA Northwest Chapter 616 SW 152nd St., Suite B Burien WA 98166-2225	91-1017716	501c3	7,500				Shooting Sport Grant
(5)	PVA Oregon Chapter 3700 Silvertown Road NE Salem OR 97305-1472	93-0713859	501c3	173,378				Chapter Grant
(6)	PVA Oregon Chapter 3700 Silvertown Road NE Salem OR 97305-1472	93-0713859	501c3	25,203				Gov't Relations Dir.
(7)	PVA Puerto Rico Chapter 812 Moluca St., URB Country Club San Juan PR 00924-1723	66-0346980	501c3	173,378				Chapter Grant
(8)	PVA Puerto Rico Chapter 812 Moluca St., URB Country Club San Juan PR 00924-1723	66-0346980	501c3	26,198				Exec. Director Grant
(9)	PVA Southeastern Chapter 4010 Deans Bridge Road Hephzibah GA 30815-5616	58-6055069	501c3	173,378				Chapter Grant

2 Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

13-1946868**Paralyzed Veterans of America****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?

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

☐ Yes ☐ No**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 Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PVA Southeastern Chapter 4010 Deans Bridge Road Hephzibah GA 30815-5616		58-6055069	501c3	23,193				Exec. Director Grant
(2) PVA Southeastern Chapter 4010 Deans Bridge Road Hephzibah GA 30815-5616		58-6055069	501c3	7,500				Shooting Sport Grant
(3) PVA Texas Chapter 2656 South Loop West, Suite 130 Houston TX 77054		74-6077762	501c3	173,378				Chapter Grant
(4) PVA Vaughan Chapter 2235 Enterprise Drive, Suite 3501 Westchester IL 60154-5806		36-6156338	501c3	173,378				Chapter Grant
(5) PVA Virginia Mid-Atlantic Chapter 11620 Busy Street Richmond VA 23236-4060		54-0653585	501c3	173,378				Chapter Grant
(6) PVA Virginia Mid-Atlantic Chapter 11620 Busy Street Richmond VA 23236-4060		54-0653585	501c3	10,315				Exec. Director Grant
(7) PVA Virginia Mid-Atlantic Chapter 11620 Busy Street Richmond VA 23236-4060		54-0653585	501c3	20,079				Gov't Relations Dir.
(8) PVA Virginia Mid-Atlantic Chapter 11620 Busy Street Richmond VA 23236-4060		54-0653585	501c3	5,100				Bowling Sport Grant
(9) PVA Virginia Mid-Atlantic Chapter 11620 Busy Street Richmond VA 23236-4060		54-0653585	501c3	10,500				Shooting Sport Grant

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

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)****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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

OMB No 1545-0047

2010**Open to Public
Inspection**
☐ Yes
 ☐ No
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?

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. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PVA West Virginia Chapter 336 Cambells Creek Drive Charleston WV 25306-6806	55-0718655	501c3	173,378				Chapter Grant
(2)	PVA Wisconsin Chapter 2311 S. 108th Street West Allis WI 53227-1901	39-1393216	501c3	173,378				Chapter Grant
(3)	PVA Wisconsin Chapter 2311 S. 108th Street West Allis WI 53227-1901	39-1393216	501c3	16,593				Exec. Director Grant
(4)	PVA Wisconsin Chapter 2311 S. 108th Street West Allis WI 53227-1901	39-1393216	501c3	25,314				Gov't Relations Dir.
(5)	PVA Wisconsin Chapter 2311 S. 108th Street West Allis WI 53227-1901	39-1393216	501c3	7,500				Shooting Sport Grant
(6)	Zia Chapter 833 Gibson Blvd., SE Albuquerque NM 87105-4926	23-7196220	501c3	173,378				Chapter Grant
(7)	Zia Chapter 833 Gibson Blvd., SE Albuquerque NM 87105-4926	23-7196220	501c3	23,854				Exec. Director Grant
(8)	American Wheelchair Bowler Association 1547 Attilburgh Blvd. W. Melbourne FL 32904	59-1161641	501c3	6,051				Sports Grant
(9)	PVA Education and Training Foundation 801 Eighteenth Street, NW Washington DC 20006	94-2733585	501c3	100,000				Education Grant

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

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

▶ Attach to Form 990.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

Paralyzed Veterans of America**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?**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. Part II can be duplicated if additional space is needed☐ Yes ☐ No

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RESNA 1700 N. Moore Street Arlington VA 22209		36-3102888	501c3	15,000				Education Grant
(2) National Neurotrauma Society Box 957039 Los Angeles CA 90095-7039		20-0097245	501c3	15,000				Education Grant
(3) Cody Unser First Step Foundation P.O. Box 56696 Albuquerque NM 87187		80-0465416	501c3	15,000				Sports Grant
(4) PVA Spinal Cord Research Foundation 801 Eighteenth Street, NW Washington DC 20006		52-1064398	501c3	820,000				Research Grant
(5) Yale University 333 Cedar Street New Haven CT 06510		06-0646973	501c3	300,000				Research Grant
(6) Human Engineering Research Lab 7180 Highland Drive Pittsburgh PA 15206		25-0965591	501c3	150,000				Research Grant
(7) Beneficial Designs, Inc. 2240 Meridian Blvd., Suite C Minden NV 89423-4311		88-0479254	501c3	30,000				Research Grant
(8) Wilderness Inquiry, Inc. 808 14th Ave., SE Minneapolis MN 55414		93-0708637	501c3	7,255				Fishing Sports Grant
(9)								

2 Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Research Grants	1	30,000			
2 College Scholarships	14	12,500			
3 Sports Grant	1	1,789			
4 Multiple Scolersis Grants	33	4,976			
5 Accessible Home Improveme	12	147,325			
6 Disaster Relief	1	1,300			
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

CHAPTER GRANTS-All 34 Chapters of PVA must provide a yearly budget, audited financial statement and copy of the chapter 990. The national organization also investigates any chapter if there is any question raised on the administration of the Chapter. PVA has specific requirements for the Chapter Executive Director and Chapter Government Relations Director Grants which the chapter must follow to originally receive the grant and to continue to receive the grant on a monthly basis.

RESEARCH GRANTS - Research Grants are approved by the PVA Board of Directors. The PVA Director of Research monitors the grants and gives

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

reports to the Board of Directors.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010**Open To Public
Inspection**

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868**Part I Questions Regarding Compensation****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.☐ First-class or charter travel☒ Travel for companions☐ Tax indemnification and gross-up payments☐ Discretionary spending account☐ Housing allowance or residence for personal use☐ Payments for business use of personal residence☐ Health or social club dues or initiation fees☒ Personal services (e.g., maid, chauffeur, chef)**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.**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?**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.☐ Compensation committee☒ Independent compensation consultant☒ Form 990 of other organizations☐ Written employment contract☒ Compensation survey or study☒ Approval by the board or compensation committee**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 from the organization or a related organization?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations 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?**b** Any related organization?

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?**b** Any related organization?

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.**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
1	William Mailander	(i) 188,101	(ii) 3,743	(iii) 13,869	12,343	11,955	230,011	0
2	John Ring	(i) 198,811	(ii) 3,652	(iii) 0	12,148	29,133	243,744	0
3	Mark Dowis	(i) 187,206	(ii) 3,234	(iii) 0	11,426	21,437	223,303	0
4	Homer Townsend	(i) 185,640	(ii) 3,713	(iii) 630	5,699	17,341	213,023	0
5	Lana McKenzie	(i) 164,658	(ii) 3,110	(iii) 0	10,066	20,920	198,754	0
6	Douglas K. Vollmer	(i) 147,218	(ii) 2,605	(iii) 4,420	9,255	25,478	188,976	0
7	Michael Horan	(i) 132,889	(ii) 2,658	(iii) 15,333	9,053	16,558	176,491	0
8	Jane Eakins	(i) 132,600	(ii) 2,652	(iii) 0	8,115	16,367	159,734	0
9	Richard Kalafus	(i) 132,600	(ii) 2,652	(iii) 0	8,115	16,479	159,846	0
10		(i) 0	(ii) 0	(iii) 0	0	0	0	0
11		(i) 0	(ii) 0	(iii) 0	0	0	0	0
12		(i) 0	(ii) 0	(iii) 0	0	0	0	0
13		(i) 0	(ii) 0	(iii) 0	0	0	0	0
14		(i) 0	(ii) 0	(iii) 0	0	0	0	0
15		(i) 0	(ii) 0	(iii) 0	0	0	0	0
16		(i) 0	(ii) 0	(iii) 0	0	0	0	0

Schedule J (Form 990) 2010

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.

Part I, Line 1a - Fringe or Expense Explanation

PVA owns three 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 individuals in wheelchairs to meetings during the day. Both the President and the Executive Director use wheelchairs. 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 necessary. Spouse/attendant travel is allowed for any member of PVA whereby the member could not travel without their assistance.

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No 1545-0047

2010**Open To Public**
InspectionDepartment of the Treasury
Internal Revenue Service▶ Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30
▶ Attach to Form 990

Name of the organization

Paralyzed Veterans of AmericaEmployer identification number
13-1946868**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	57,068	Retail Price
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Trapshoot Guns)	X	15	45,000	Retail Price
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that
it must hold for at least three years from the date of the initial contribution, and which is not required to be
used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard
contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868**Form 990 - 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 United States Armed Forces who have experienced spinal cord injury or dysfunction.

Paralyzed Veterans uses that expertise to be the leading advocate for:

- Quality health care for PVA members,
- Research and education addressing spinal cord injury and dysfunction,
- Benefits available as a result of our members' military service,
- Civil rights and opportunities which maximize the independence of PVA members.

To enable PVA to continue to honor this commitment, PVA must recruit and retain members who have the experience, energy, dedication, and passion necessary to manage the organization and ensure adequate resources to sustain the programs essential for PVA to achieve its mission.

Form 990, Part III, Line 4a - First Achievement

employment in both the private and public sector. In FY 2011 there were six vocational rehabilitation offices with 6 employees.

This program also includes a medical staff of physicians and registered nurses, who along with members, and PVA service officers,

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

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 Appeals and the U.S. Court of Veterans Appeals.

This program also publishes the award winning magazine, Parapalegia Nes (PN) ten times per year. The PN explores current issues of importance to individuals who are spinal-cord-injured or have disabilities.

Form 990, Part III, Line 4b - Second Achievement

care professional and payer organizations representing physicians, therapists, nurses, psychologists and social workers.

CPGs 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. CPGs have also set a methodology for other medical societies and organizations 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 and the Air Carrier Access Act. Furthermore, PVA:

- Advocates for and monitors federal legislation and regulations that

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

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 issues 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, www.pva.org, also serves as a 24-hour vehicle to educate the public about spinal cord injury and disease and its prevention.

Form 990, Part III, Line 4d - All Other Achievements

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

Advocacy

(Expenses \$2,403,044 including grants of \$0: Revenue of \$0)

Advocacy maintains ongoing programs to promote the special needs of the 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 disease.

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

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

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 \$2,170,270 including grants of \$202,302: Revenue of \$61,352)

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

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

therapeutic benefits on the physical, emotional, and social levels. PVA annually co-presents the National Veterans Wheelchair Games, and sponsors an annual Bass Tour, Trapshoot Circuit, Billiards Tournament and Pool Tournament for the benefit of its membership and others with disabilities.

Research, Consumer and Professional Education

(Expenses \$3,038,833 including grants of \$1,451,800; Revenue of \$0)

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.

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

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

PVA has 19,159 members.

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

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. Officers do not have a vote.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters

PVA has detailed Chapter Guidelines. In addition the chapters are reviewed annually by elected officers of PVA.

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

The 990 is completed by the controller and reviewed in detail by the CFO and outside tax accountants, Gelman, Rosenberg & Freedman, CPAs of Bethesda, MD. A draft copy of the return was e-mailed to all 34 Board Members and eight officers. After the review and corrections a final copy of the return was emailed to the Board Members and officers. The return is signed by the CFO and by Gelman, Rosenberg & Freedman.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

At PVA's first Board of Director's 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

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

been instructed to point out the conflict to PVA's Judicial Committee for appropriate investigation. Key employees also sign this statement at the same meeting and are told the same thing as noted above.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Executive Director(ED) is the top official 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.

Form 990, Part VI, Line 15b - Compensation Process for Officers
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, Chief Financial Officer and Director of Human Resource Management approve all salary changes.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed
Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Michigan, 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

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

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

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.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

Unrealized Gains on Investments	\$ 2,311,162
---------------------------------	--------------

Donated Fixed Assets	-102,067
----------------------	----------

TOTAL	\$ 2,209,095
-------	--------------

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010**Open to Public Inspection**Employer identification number
13-1946868**Paralyzed Veterans of America****Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	PVA Spinal Cord Research Foundation 801 Eighteenth St., NW Washington DC 20006 52-1064398	Res. Grant	DC	501c3	7	PVA	X	
(2)	PVA Spinal Cord Injury Education 801 Eighteenth St., NW Washington DC 20006 94-2733585	Ed. Grants	DE	501c3	7	PVA	X	
(3)	PVA Outdoor RecreationHeritage Fund 801 Eighteenth St. NW Washington DC 20006 32-0010956	Grants	DE	501c3	7	PVA	X	
(4)	Paralysis Society of America 801 Eighteenth St., NW Washington DC 20006 52-1266735	Inactive	DC	501c3	7	PVA	X	
(5)								

Schedule R (Form 990) 2010 **Paralyzed Veterans of America** 13-1946868**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Dispro- portionate alloc ?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 801 18th Street Associates 801 Eighteenth Street, NW Washington DC 20006 52-1242013	Real Est.	DC	PVA	Related	99% 12	99% 3,342,618			N/A		X	99.00
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1)							
(2)							
(3)							
(4)							

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

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

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 or (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)

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	(d) Method of determining amount involved
(1)	PVA Spinal Cord Research Foundation	b	820,000	PVA Board Approval
(2)	PVA Spinal Cord Educ. & Training Fdn.	b	100,000	PVA Board Approval
(3)	PVA Outdoor Recreation Heritage Fund	c	100,000	ORHF Board Approval
(4)				
(5)				
(6)				

Schedule R (Form 990) 2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
	PARALYZED VETERANS OF AMERICA	13-1946868
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	801 EIGHTEENTH ST, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WASHINGTON, DC 20006	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of 801 EIGHTEENTH ST, NW - WASHINGTON, DC 20006
Telephone No. 202-872-1300 FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year or
- ☒ tax year beginning OCT 1, 2010, and ending SEP 30, 2011.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EQ and Form 8879-EQ for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)