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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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)

Room/suite

801 EIGHTEENTH STREET NW

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 \$ 112,720,438

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

WWW PVA ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1947

M State of legal domicile DC

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>PARALYZED VETERANS OF AMERICA ~ CHANGING LIVES, BUILDING FUTURES PARALYZED VETERANS OF AMERICA (PARALYZED VETERANS) WORKS TO POSITIVELY CHANGE LIVES AND BUILD BRIGHTER FUTURES FOR OUR NATION'S VETERANS WITH DISABILITIES AND THEIR FAMILIES, THROUGH OUR BROAD RANGE OF SERVICES AND EXPERTISE WHETHER IT'S FIGHTING FOR QUALITY HEALTH CARE AND DECENT BENEFITS FOR ALL WHO SERVED, PROVIDING OPPORTUNITIES TO GET BACK INTO LIFE THROUGH ADAPTIVE SPORTS, HELPING VETERANS WITH DISABILITIES GET GOOD JOBS AND CAREERS, ADVANCING A BARRIER-FREE AMERICA, EDUCATING CLINICIANS ABOUT SPINAL CORD INJURY, OR INVESTING IN A CURE FOR PARALYSIS, PARALYZED VETERANS LEADS THE WAY IN EMPOWERING PEOPLE WITH DISABILITIES WITH EVERYTHING THEY NEED TO LIVE FULL AND PRODUCTIVE LIVES OUR HISTORY IN 1947, PARALYZED VETERANS WAS FOUNDED BY A GROUP OF SERIOUSLY INJURED AMERICAN HEROES FROM THE "GREATEST GENERATION" OF WORLD WAR II THEY CREATED A NON-PROFIT ORGANIZATION TO MEET THE CHALLENGES THAT THEY FACED BACK IN THE</div></div>																								
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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	<div><div>*****</div><div>Signature of officer</div></div>	<div><div>2013-02-14</div><div>Date</div></div>		
	<div><div>JOHN D RING CFO</div><div>Type or print name and title</div></div>			
Paid Preparer's Use Only	<div><div>Preparer's signature</div><div>RICHARD LOCASTRO</div></div>	<div><div>Date</div><div>2013-02-14</div></div>	<div><div>Check if self-employed</div><div><input type="checkbox"/></div></div>	<div><div>Preparer's taxpayer identification number</div><div>(see instructions)</div></div>
	<div><div>Firm's name (or yours if self-employed), address, and ZIP + 4</div><div>GELMAN ROSENBERG & FREEDMAN</div><div>4550 MONTGOMERY AVENUE</div><div>BETHESDA, MD 20814</div></div>			<div><div>EIN</div><div></div></div>
				<div><div>Phone no</div><div>(301) 951-9090</div></div>

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization’s mission

PARALYZED VETERANS OF AMERICA ~ CHANGING LIVES, BUILDING FUTURES PARALYZED VETERANS OF AMERICA (PARALYZED VETERANS) WORKS TO POSITIVELY CHANGE LIVES AND BUILD BRIGHTER FUTURES FOR OUR NATION'S VETERANS WITH DISABILITIES AND THEIR FAMILIES, THROUGH OUR BROAD RANGE OF SERVICES AND EXPERTISE WHETHER IT'S FIGHTING FOR QUALITY HEALTH CARE AND DECENT BENEFITS FOR ALL WHO SERVED, PROVIDING OPPORTUNITIES TO GET BACK INTO LIFE THROUGH ADAPTIVE SPORTS, HELPING VETERANS WITH DISABILITIES GET GOOD JOBS AND CAREERS, ADVANCING A BARRIER-FREE AMERICA, EDUCATING CLINICIANS ABOUT SPINAL CORD INJURY, OR INVESTING IN A CURE FOR PARALYSIS, PARALYZED VETERANS LEADS THE WAY IN EMPOWERING PEOPLE WITH DISABILITIES WITH EVERYTHING THEY NEED TO LIVE FULL AND PRODUCTIVE LIVES OUR HISTORY IN 1947, PARALYZED VETERANS WAS FOUNDED BY A GROUP OF SERIOUSLY INJURED AMERICAN HEROES FROM THE "GREATEST GENERATION" OF WORLD WAR II THEY CREATED A NON-PROFIT ORGANIZATION TO MEET THE CHALLENGES THAT THEY FACED BACK IN THE

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 18,552,742 including grants of \$ 31,675) (Revenue \$ 339,196)

PARALYZED VETERANS OF AMERICA (PARALYZED VETERANS) WORKS TO PROACTIVELY CHANGE LIVES AND BUILD PRODUCTIVE FUTURES FOR OUR NATION'S VETERANS WITH DISABILITIES AND THEIR FAMILIES MORE THAN SIX DECADES AFTER OUR FOUNDING, WE CONTINUE THE FIGHT FOR QUALITY MEDICAL CARE, BENEFITS EARNED THROUGH SERVICE TO AMERICA, JOBS, ADAPTIVE SPORTS, ACCESSIBILITY, AND MEDICAL BREAKTHROUGHS FOR ALL VETERANS AND PEOPLE WITH DISABILITIES WE ARE VETERANS' "PARTNER FOR LIFE" WITH ADVOCACY, EXPERTISE AND A BROAD RANGE OF SERVICES DESIGNED TO MEET THEIR NEEDS WE PROVIDE OUR HELP FREE OF CHARGE, THANKS TO THE GENEROUS SUPPORT AND DONATIONS OF AMERICA'S BUSINESSES AND THE PUBLIC LAST YEAR ALONE, THROUGH OUR ADVOCACY, WE SECURED BILLIONS OF DOLLARS OF FUNDING FOR VITAL VA HEALTH CARE (CONTINUED ON SCHEDULE O) IN TURN, OUR STAFF OF OVER 250 PROFESSIONALS FOUGHT THROUGH MILES OF BUREAUCRATIC GOVERNMENT RED TAPE TO SECURE 250 MILLION IN SERVICE-EARNED BENEFITS FOR THOUSANDS OF VETERANS

4b

(Code) (Expenses \$ 32,691,973 including grants of \$) (Revenue \$ 87,623)

PARALYZED VETERANS OF AMERICA ENGAGES AND EDUCATES BOTH THE PUBLIC AND KEY DECISION MAKERS ABOUT THE CHALLENGES FACING VETERANS WITH SPINAL CORD INJURY AND THEIR FAMILIES ~ AND THE IMPORTANT SERVICES WE PROVIDE TO THESE BRAVE HEROES WHICH ALLOW THEM AND THEIR FAMILIES TO LEAD FULL AND PRODUCTIVE LIVES WHETHER IT'S A JANITOR WHOSE DAD SERVED IN VIETNAM, THE DOCTOR WHO'S THINKING ABOUT SPECIALIZING IN SPINAL CORD INJURY MEDICINE, OR THE STUDENT WHO HAS NO VETERANS IN HER FAMILY, OUR PRINT AND E-PUBLICATIONS ARE DESIGNED TO GET THEM ALL TO THINK ABOUT THE CHALLENGES FACING PARALYZED AND DISABLED VETERANS ~ AND TO MAKE HELPING VETERANS PART OF THEIR LIFE'S MISSION FOR EXAMPLE, THROUGH OUR CLINICAL PRACTICE GUIDELINES AND COMPANION CONSUMER GUIDES ~ ON ISSUES AS DIVERSE (CONTINUED ON SCHEDULE O) AS THE EARLY ACUTE MANAGEMENT OF ADULTS WITH SPINAL CORD INJURY TO BLADDER MANAGEMENT ~ WE LEAD THE WAY IN PROVIDING "GOLD STANDARD" PROFESSIONAL EDUCATION AND SELF-HELP INFORMATION TO HEALTH CARE PROFESSIONALS AND PATIENTS ALIKE LAST YEAR ALONE, OUR GUIDELINES WERE USED BY THOUSANDS OF DOCTORS, NURSES, PSYCHOLOGISTS, SOCIAL WORKERS AND THERAPISTS, POTENTIALLY HELPING MILLIONS OF PEOPLE LIVING WITH SCI/D AS PART OF THIS PROFESSIONAL EDUCATION PVA, ON AN ANNUAL BASIS BRINGS TOGETHER CLINICIANS AND RESEARCHES FROM BOTH THE PUBLIC AND PRIVATE SECTORS FOR A THREE-DAY HEALTH CARE SUMMIT DESIGNED TO IMPROVE CARE FOR ALL DISABLED AMERICANS

4c

(Code) (Expenses \$ 5,837,522 including grants of \$ 5,826,024) (Revenue \$)

PARALYZED VETERANS OF AMERICA THINKS NATIONALLY AND ACTS LOCALLY THROUGH OUR 34 CHAPTERS DOTTED ACROSS THE NATION WHETHER IT'S HELPING NEWLY INJURED VETERANS GET THE HELP THEY NEED OR ADVOCATING FOR BARRIER FREE SPORTING FACILITIES, OUR CHAPTERS ARE TRUSTED MEMBERS OF THEIR COMMUNITIES WHO WORK TIRELESSLY TO "PAY IT FORWARD" AND TO GET THE WORD OUR ABOUT OUR SERVICES TO MILLIONS EVERY YEAR

(Code) (Expenses \$ 7,008,115 including grants of \$ 1,443,729) (Revenue \$ 63,489)

ADVOCACY (EXPENSES 2,247,049 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 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 2,070,792 INCLUDING GRANTS OF 231,227 REVENUE OF 63,489) THE SPORTS AND RECREATION PROGRAMS HAVE A TRACK RECORD OF BUILDING CAMARADERIE AMONG PARTICIPANTS EVEN AS COMPETITORS PUSH THEMSELVES TO ACHIEVING PERSONAL BESTS IN OUTDOOR EVENTS SUCH AS -- TRAPSHOOTING, BASS FISHING AND HAND-CYCLING OR INDOOR EVENTS SUCH AS WEIGHTLIFTING, BILLIARDS, BOWLING, POOL OR WHEELCHAIR BASKETBALL-- ATHLETES WHO PARTICIPATE DERIVE THERAPEUTIC BENEFITS ON THE PHYSICAL, EMOTIONAL, AND SOCIAL LEVELS PVA ANNUALLY CO-PRESENTS THE NATIONAL VETERANS WHEELCHAIR GAMES, AND SPONSORS AN ANNUAL BASS TOUR, TRAPSHOOT CIRCUIT, BILLIARDS TOURNAMENT AND POOL TOURNAMENT FOR THE BENEFIT OF ITS MEMBERSHIP AND OTHERS WITH DISABILITIES RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION (EXPENSES 2,690,387 INCLUDING GRANTS OF 1,206,500, 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

4d

Other program services (Describe in Schedule O)





















(Expenses \$ 7,008,115 including grants of \$ 1,443,729) (Revenue \$ 63,489)

4e

Total program service expenses \$ 64,090,352

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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . .	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
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? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
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? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	99			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	312			
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	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
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				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	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	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
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				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				No
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
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 lines 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

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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, KY, LA, ME, MD, MA, MN, MI, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	RICHARD KALAFUS 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006 (202) 872-1300

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

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,719,204		197,907

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 20

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PEP DIRECT 19 STONEYBROOK DRIVE WILTON, NH 03086	MAIL PRODUCTION	12,799,048
US POSTMASTER 900 BRENTWOOD ROAD NE WASHINGTON, DC 20001	POSTAGE	8,566,115
TARGET MARKET 150 CROWN POINTE PARKWAY ATLANTA, GA 30338	MAIL PRODUCTION	6,390,923
SCA DIRECT 11200 WAPLES MILL ROAD SUITE 150 FAIRFAX, VA 22030	MAIL PRODUCTION	5,071,555
DIAMONDBACK DIRECT 844 RITCHIE HIGHWAY SUITE 202 SEVERNA PARK, MD 21146	MAIL PRODUCTION	3,589,576

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►113

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	54,338			
	b	Membership dues	1b				
	c	Fundraising events	1c	49,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	96,947,768			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	PARAPLEGIA NEWS	511120	173,861	26,052	147,809	
	b	INFORMATION PUBLICATIONS		87,623	87,623		
	c	VETERANS LEGAL SERVICES		85,806	85,806		
	d	SPORTS-N-SPOKES	511120	79,529	28,420	51,109	
	e	SPORTS EVENT REGISTRATION		63,489	63,489		
	f	All other program service revenue		6,550			6,550
	g	Total. Add lines 2a-2f			496,858		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,210,150			1,210,150
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties		1,616,515			1,616,515
	6a	(i) Real		(ii) Personal			
		104,725					
		104,725					
	d	Net rental income or (loss)		104,725			104,725
	7a	(i) Securities		(ii) Other			
		11,146,098		77,490			
		8,821,852		45,346			
		2,324,246		32,144			
	d	Net gain or (loss)		2,356,390			2,356,390
	8a	Gross income from fundraising events (not including \$ 49,000 of contributions reported on line 1c) See Part IV, line 18		1,017,496	741,361		741,361
	b	Less direct expenses		276,135			
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			103,577,105	291,390	198,918	6,035,691

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,247,753	7,247,753		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	53,675	53,675		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	543,751	469,257	23,381	51,113
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,154,522	13,166,407	777,716	2,210,399
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	854,428	737,551	36,270	80,607
9	Other employee benefits	2,876,379	2,252,891	150,661	472,827
10	Payroll taxes	1,272,619	1,098,537	54,023	120,059
11	Fees for services (non-employees)				
a	Management	85,200	85,200		
b	Legal	163,346	75,571	3,716	84,059
c	Accounting	212,052		212,052	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	1,275,167			1,275,167
f	Investment management fees	169,436	4,678	164,758	
g	Other	1,171,246	1,007,964	53,766	109,516
12	Advertising and promotion	1,481,014	460,119	962,628	58,267
13	Office expenses	895,015	759,369	70,043	65,603
14	Information technology	624,390	556,066	29,904	38,420
15	Royalties				
16	Occupancy	856,007	759,478	29,956	66,573
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,048,492	3,452,003	343,390	253,099
20	Interest	109,593	35,383	70,343	3,867
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	610,663	528,196	25,592	56,875
23	Insurance	177,637	153,338	7,541	16,758
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	59,574,134	30,082,831	1,600,983	27,890,320
b	READERSHIP COSTS	416,596	416,596		
c	PRINTING AND PUBLICATIONS	415,624	402,233	8,882	4,509
d	READERSHIP COSTS	147,542	147,542		
e					
f	All other expenses	185,868	137,714	4,167	43,987
25	Total functional expenses. Add lines 1 through 24f	101,622,149	64,090,352	4,629,772	32,902,025
26	Joint costs. Check here <input 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	59,588,181	30,082,831	1,600,983	27,904,367

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,039,035	1	4,660,498
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,906,887	4	4,062,772
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,284,361	9	980,675
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	13,870,462			
	b	Less: accumulated depreciation	10b	11,712,054	2,263,664	10c	2,158,408
	11	Investments—publicly traded securities			34,383,814	11	30,818,568
	12	Investments—other securities. See Part IV, line 11			668,985	12	679,373
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3,913,039	15	3,880,857
	16	Total assets. Add lines 1 through 15 (must equal line 34)			51,459,785	16	47,241,151
Liabilities	17	Accounts payable and accrued expenses			13,912,306	17	10,463,411
	18	Grants payable				18	
	19	Deferred revenue			384,080	19	607,751
	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			6,000,000	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			502,047	25	632,039
	26	Total liabilities. Add lines 17 through 25			20,798,433	26	11,703,201
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			26,091,743	27	32,985,565
	28	Temporarily restricted net assets			4,569,609	28	2,552,385
	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			30,661,352	33	35,537,950
	34	Total liabilities and net assets/fund balances			51,459,785	34	47,241,151

Part XI Reconciliation of Net Assets

Check 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	103,577,105
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,622,149
3	Revenue less expenses Subtract line 2 from line 1	3	1,954,956
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,661,352
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,921,641
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	35,537,950

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	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	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	100,630,481	100,719,341	107,947,509	102,627,131	97,051,106	508,975,568
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	904,996	868,920	878,536	864,059	874,753	4,391,264
4 Total. Add lines 1 through 3	101,535,477	101,588,261	108,826,045	103,491,190	97,925,859	513,366,832
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						513,366,832

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	101,535,477	101,588,261	108,826,045	103,491,190	97,925,859	513,366,832
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,521,621	3,283,636	2,998,567	3,389,745	2,931,390	16,124,959
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						529,491,791

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

12291,390

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	96 950 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97 040 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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-

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	73,271													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	290,559													
c	Total lobbying expenditures (add lines 1a and 1b)	363,830													
d	Other exempt purpose expenditures	64,032,034													
e	Total exempt purpose expenditures (add lines 1c and 1d)	64,395,864													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	340,949	452,114	393,324	363,830	1,550,217
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	71,776	74,591	55,339	73,271	274,977

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

Part I

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

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☒ No

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

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

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

☐ Yes ☒ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes☒ No

Part IV

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

1a

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

☐ Yes☒ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	6,221,490		6,221,490	
c Leasehold improvements	2,961,579		2,036,976	924,603
d Equipment	4,687,393		3,453,588	1,233,805
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,158,408

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1103,577,105
2	Total expenses (Form 990, Part IX, column (A), line 25)	2101,622,149
3	Excess or (deficit) for the year Subtract line 2 from line 1	31,954,956
4	Net unrealized gains (losses) on investments	42,921,641
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	92,921,641
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	104,876,597

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1158,293,149
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a2,921,641	
b	Donated services and use of facilities2b51,647,766	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e54,569,407
3	Subtract line 2e from line 1	3103,723,742
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 7b4a129,498	
b	Other (Describe in Part XIV)4b-276,135	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5103,577,105

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1153,416,552
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a51,647,766	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e51,647,766
3	Subtract line 2e from line 1	3101,768,786
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 7b4a129,498	
b	Other (Describe in Part XIV)4b-276,135	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5101,622,149

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	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 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 2009, FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	SPECIAL EVENT EXPENSES 276,135. SPECIAL EVENT EXPENSES -276,135.
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	SPECIAL EVENT EXPENSES -276,135.
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	SPECIAL EVENT EXPENSES -276,135.
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	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 FINANCIAL POSITION AND 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.

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

2011

Open to Public
Inspection

Name of the organization PARALYZED VETERANS OF AMERICA	Employer identification number 13-1946868
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

a	<input checked="" type="checkbox"/> Mail solicitations	e	<input checked="" type="checkbox"/> Solicitation of non-government grants
b	<input checked="" type="checkbox"/> Internet and e-mail solicitations	f	<input type="checkbox"/> Solicitation of government grants
c	<input checked="" type="checkbox"/> Phone solicitations	g	<input checked="" type="checkbox"/> Special fundraising events
d	<input checked="" type="checkbox"/> 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 ☐ No

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

(i) Name 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			
SCA DIRECT 11200 WAPLES MILL ROAD SUITE 150 FAIRFAX, VA 22030	MAIL		No	51,865,554	1,000,000	50,865,554
TARGET MARKET 1050 CROWNE POINTE PKWY 18TH FLOOR ATLANTA, GA 30338	MAIL		No	20,244,506	189,000	20,055,506
PEP DIRECT INC 19 STONEY BROOK DRIVE WILTON, NH 030860900	MAIL		No		46,704	-46,704
CHARITABLE AUTO RESOURCES INC 4669 MURPHY CANYON ROAD 100 SAN DIEGO, CA 92123	CAR DON		No	152,991	39,463	113,528
Total ▶				72,263,051	1,275,167	70,987,884

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

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>PVA HONORS GALA</u>	<u>GOLF TOURNAMENT</u>	<u>2</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	479,867	373,534	210,445	1,063,846	
	2	Less Charitable contributions	36,500		12,500	49,000	
3	Gross income (line 1 minus line 2)	443,367	373,534	197,945	1,014,846		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes	1,453	17,665	1,397	20,515	
	6	Rent/facility costs	6,500		5,730	12,230	
	7	Food and beverages	49,481		50	49,531	
	8	Entertainment	42,000		406	42,406	
	9	Other direct expenses	66,654	16,689	68,110	151,453	
	10	Direct expense summary Add lines 4 through 9 in column (d). ►					(276,135)
	11	Net income summary Combine lines 3 and 10 in column (d). ►					738,711

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash 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 lines 1 and 7 in column (d) ▶					

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? ☐ Yes ☐ No

b If "No," Explain _____

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

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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

2011

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?

☒ Yes ☐ No
- 2

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

Part II

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

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

43

3

Enter total number of other organizations listed in the line 1 table ▶

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.
Use Schedule I-1 (Form 990) 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	10	10,000			
(3) LEGAL RESEARCH GRANTS	3	6,000			
(4) DISASTER RELIEF GRANTS	3	2,335			
(5) ACCESSIBLE HOME IMPROVEME	1	5,340			

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	CHAPTER GRANTS-ALL 34 CHAPTERS OF PVA MUST PROVIDE A YEARLY BUDGET, AUDITED FINANCIAL STATEMENT AND COPY OF THE CHAPTER 990 THE NATIONAL ORGANIZATION ALSO INVESTIGATES ANY CHAPTER IF THERE IS ANY QUESTION RAISED ON THE ADMINISTRATION OF THE CHAPTER PVA HAS SPECIFIC REQUIREMENTS FOR THE CHAPTER EXECUTIVE DIRECTOR AND CHAPTER 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 REPORTS TO THE BOARD OF DIRECTORS

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA ARIZONA CHAPTER5015 N 7TH AVENUE SUITE 2 PHOENIX,AZ 85013	25-7174799	501	140,850				CHAPTER GRANT
PVA ARIZONA CHAPTER5015 N 7TH AVENUE SUITE 2 PHOENIX,AZ 85013	25-7174799	501	34,164				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA ARIZONA CHAPTER5015 N 7TH AVENUE SUITE 2 PHOENIX,AZ 85013	25- 7174799	501	6,000				SPORTS GRANT
PVA BAY AREA WESTERN CHAPTER3801 MIRANDA AVE RM A1-219 PALO ALTO,CA 943041207	94- 6132553	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA BAY AREA WESTERN CHAPTER3801 MIRANDA AVE RM A1-219 PALO ALTO, CA 943041207	94- 6132553	501	34,164				EXEC DIRECTOR GRANT
PVA BAYOU CHAPTER15489 DEDEAUX ROAD GULFPORT, MS 395032667	94- 6132553	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA BUCKEYE CHAPTER26250 EUCLID AVENUE SUITE 115 EUCLID, OH 44132	23-7193597	501	140,850				CHAPTER GRANT
PVA BUCKEYE CHAPTER26250 EUCLID AVENUE SUITE 115 EUCLID, OH 44132	23-7193597	501	34,164				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA BUCKEYE CHAPTER26250 EUCLID AVENUE SUITE 115 EUCLID,OH 44132	23-7193597	501	6,100				SPORTS GRANT
PVA CAL-DIEGO CHAPTERVAMC 3550 LAJOLLA VILLAGE DRIVE SUITE 1A-118 SAN DIEGO, CA 921610001	95-3691162	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA CAL-DIEGO CHAPTERVAMC 3550 LAJOLLA VILLAGE DRIVE SUITE 1A-118 SAN DIEGO, CA 921610001	95-3691162	501	6,330				GOV'T RELATIONS DIR
PVA CAL-DIEGO CHAPTERVAMC 3550 LAJOLLA VILLAGE DRIVE SUITE 1A-118 SAN DIEGO, CA 921610001	95-3691162	501	19,073				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA CALIFORNIA CHAPTER5901 E SEVENTH STREET BUILDING 150 R-204 LONG BEACH, CA 908225201	95-6089203	501	140,850				CHAPTER GRANT
PVA CENTRAL FLORIDA CHAPTER 2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA CENTRAL FLORIDA CHAPTER2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	501	20,417				EXEC DIRECTOR GRANT
PVA COLONIAL CHAPTER356 E MAIN STREET SUITE 103 NEWARK, DE 19711	23-7099908	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA COLONIAL CHAPTER356 E MAIN STREET SUITE 103 NEWARK,DE 19711	23-7099908	501	34,164				EXEC DIRECTOR GRANT
PVA COLONIAL CHAPTER356 E MAIN STREET SUITE 103 NEWARK,DE 19711	23-7099908	501	6,000				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA COLONIAL CHAPTER356 E MAIN STREET SUITE 103 NEWARK,DE 19711	23-7099908	501	15,000				EMERGENCY SUPPORT
PVA FLORIDA CHAPTER3799 N ANDREWS AVENUE FT LAUDERDALE,FL 333095261	59-1731533	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA FLORIDA CHAPTER3799 N ANDREWS AVENUE FT LAUDERDALE,FL 333095261	59- 1731533	501	34,164				EXEC DIRECTOR GRANT
PVA FLORIDA CHAPTER3799 N ANDREWS AVENUE FT LAUDERDALE,FL 333095261	59- 1731533	501	14,700				GOV'T RELATIONS DIR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVENUE TAMPA,FL 33613	23-7037565	501	140,850				CHAPTER GRANT
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVENUE TAMPA,FL 33613	23-7037565	501	26,278				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVENUE TAMPA,FL 33613	23-7037565	501	19,233				GOV'T RELATIONS DIR
PVA FLORIDA GULF COAST CHAPTER15435 NORTH FLORIDA AVENUE TAMPA,FL 33613	23-7037565	501	20,600				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA GATEWAY CHAPTER1311 LINDBERGH PLAZA CENTER ST LOUIS,MO 63132	51- 0217506	501	140,850				CHAPTER GRANT
PVA GATEWAY CHAPTER1311 LINDBERGH PLAZA CENTER ST LOUIS,MO 63132	51- 0217506	501	34,164				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA GATEWAY CHAPTER1311 LINDBERGH PLAZA CENTER ST LOUIS,MO 63132	51-0217506	501	22,788				GOV'T RELATIONS DIR
PVA GREAT PLAINS CHAPTER 7612 MAPLE STREET OMAHA,NE 681346502	23-7193599	501	145,135				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA GREAT PLAINS CHAPTER 7612 MAPLE STREET OMAHA, NE 681346502	23-7193599	501	28,056				EXEC DIRECTOR GRANT
PVA GREAT PLAINS CHAPTER 7612 MAPLE STREET OMAHA, NE 681346502	23-7193599	501	19,104				GOV'T RELATIONS DIR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA IOWA CHAPTER3703 1/2 DOUGLAS AVE LOUISVILLE,KY 402171236	42- 1320922	501	140,850				CHAPTER GRANT
PVA IOWA CHAPTER3703 1/2 DOUGLAS AVE LOUISVILLE,KY 402171236	42- 1320922	501	22,271				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA KENTUCKYINDIANA CHAPTER1030 GOSS AVENUE LOUISVILLE, KY 402171236	61- 1123123	501	140,850				CHAPTER GRANT
PVA KENTUCKYINDIANA CHAPTER1030 GOSS AVENUE LOUISVILLE, KY 402171236	61- 1123123	501	15,197				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA KENTUCKYINDIANA CHAPTER1030 GOSS AVENUE LOUISVILLE,KY 402171236	61-1123123	501	9,600				SPORTS GRANT
PVA KEYSTONE CHAPTER1113 MAIN STREET PITTSBURGH,PA 152152407	25-1291634	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA KEYSTONE CHAPTER1113 MAIN STREET PITTSBURGH, PA 152152407	25- 1291634	501	33,623				EXEC DIRECTOR GRANT
PVA LONE STAR CHAPTER3925 FOREST LANE GARLAND, TX 750426932	74- 6077762	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA LONE STAR CHAPTER3925 FOREST LANE GARLAND,TX 750426932	74-6077762	501	34,164				EXEC DIRECTOR GRANT
PVA LONE STAR CHAPTER3925 FOREST LANE GARLAND,TX 750426932	74-6077762	501	22,788				GOV'T RELATIONS DIR

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA LONE STAR CHAPTER3925 FOREST LANE GARLAND,TX 750426932	74-6077762	501	7,500				SPORTS GRANT
PVA MICHIGAN CHAPTER40550 GRAND RIVER AVENUE NOVI,MI 483752808	38-6120911	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MICHIGAN CHAPTER40550 GRAND RIVER AVENUE NOVI, MI 483752808	38-6120911	501	34,164				EXEC DIRECTOR GRANT
PVA MID-AMERICA CHAPTER6108 NW63RD STREET SUITE A OKLAHOMA CITY, OK 731327526	73-1100787	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MID-AMERICA CHAPTER6108 NW63RD STREET SUITE A OKLAHOMA CITY, OK 731327526	73-1100787	501	22,788				GOV'T RELATIONS DIR
PVA MID-AMERICA CHAPTER6108 NW63RD STREET SUITE A OKLAHOMA CITY, OK 731327526	73-1100787	501	15,600				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MID-ATLANTIC CHAPTER11620 BUSY STREET NORTH CHESTERFIELD, VA 232364060	54-0653585	501	140,850				CHAPTER GRANT
PVA MID-ATLANTIC CHAPTER11620 BUSY STREET NORTH CHESTERFIELD, VA 232364060	54-0653585	501	33,795				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MID-ATLANTIC CHAPTER11620 BUSY STREET NORTH CHESTERFIELD, VA 232364060	54-0653585	501	22,492				GOV'T RELATIONS DIR
PVA MID-ATLANTIC CHAPTER11620 BUSY STREET NORTH CHESTERFIELD, VA 232364060	54-0653585	501	12,100				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MID-SOUTH CHAPTER1030 JEFFERSON AVE ROOM 2D100 MEMPHIS VAMS 817 MEMPHIS, TN 381042127	62- 6042046	501	140,850				CHAPTER GRANT
PVA MID-SOUTH CHAPTER1030 JEFFERSON AVE ROOM 2D100 MEMPHIS VAMS 817 MEMPHIS, TN 381042127	62- 6042046	501	28,658				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MINNESOTA CHAPTER1 VETERANS DRIVE SCI - 238 MINNEAPOLIS, MN 554172309	41- 1724527	501	140,850				CHAPTER GRANT
PVA MINNESOTA CHAPTER1 VETERANS DRIVE SCI - 238 MINNEAPOLIS, MN 554172309	41- 1724527	501	34,164				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MOUNTAIN STATES CHAPTER 12200 E ILIFF AVE SUITE 107 AUROROA, CO 800145376	84-6036190	501	140,850				CHAPTER GRANT
PVA MOUNTAIN STATES CHAPTER 12200 E ILIFF AVE SUITE 107 AUROROA, CO 800145376	84-6036190	501	34,164				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA MOUNTAIN STATES CHAPTER 12200 E ILIFF AVE SUITE 107 AUROROA,CO 800145376	84-6036190	501	22,788				GOV'T RELATIONS DIR
PVA MOUNTAIN STATES CHAPTER 12200 E ILIFF AVE SUITE 107 AUROROA,CO 800145376	84-6036190	501	8,714				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NEVADA CHAPTER704 SOUTH JONES BLVD LAS VEGAS, NV 891073614	31- 1647467	501	140,850				CHAPTER GRANT
PVA NEVADA CHAPTER704 SOUTH JONES BLVD LAS VEGAS, NV 891073614	31- 1647467	501	32,910				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NEVADA CHAPTER704 SOUTH JONES BLVD LAS VEGAS, NV 891073614	31- 1647467	501	11,000				SPORTS GRANT
PVA NEW ENGLAND CHAPTER1600 PROVIDENCE HIGHWAY SUITE 143 WALPOLE, MA 020812557	04- 6112881	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NEW ENGLAND CHAPTER1600 PROVIDENCE HIGHWAY SUITE 143 WALPOLE, MA 020812557	04- 6112881	501	21,245				GOV'T RELATIONS DIR
PVA NEW ENGLAND CHAPTER1600 PROVIDENCE HIGHWAY SUITE 143 WALPOLE, MA 020812557	04- 6112881	501	7,500				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NORTH CENTRAL CHAPTER209 NORTH GARFIELD AVE SIOUX FALLS, SD 571045601	46-0359947	501	140,850				CHAPTER GRANT
PVA NORTH CENTRAL CHAPTER209 NORTH GARFIELD AVE SIOUX FALLS, SD 571045601	46-0359947	501	28,021				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NORTH CENTRAL CHAPTER209 NORTH GARFIELD AVE SIOUX FALLS, SD 571045601	46-0359947	501	20,235				GOV'T RELATIONS DIR
PVA NORTH CENTRAL CHAPTER209 NORTH GARFIELD AVE SIOUX FALLS, SD 571045601	46-0359947	501	8,550				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA NORTHWEST CHAPTER616 SW 152ND ST SUITE B BURIEN, WA 981662225	91- 1017716	501	140,850				CHAPTER GRANT
PVA NORTHWEST CHAPTER616 SW 152ND ST SUITE B BURIEN, WA 981662225	91- 1017716	501	33,832				EXEC DIRECTOR GRANT

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

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PVA NORTHWEST CHAPTER616 SW 152ND ST SUITE B BURIEN, WA 981662225	91- 1017716	501	7,705				SPORTS GRANT
PVA OREGON CHAPTER3700 SILVERTON ROAD NE SALEM, OR 973051472	93- 0713859	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA OREGON CHAPTER3700 SILVERTON ROAD NE SALEM,OR 973051472	93- 0713859	501	22,788				GOV'T RELATIONS DIR
PVA OREGON CHAPTER3700 SILVERTON ROAD NE SALEM,OR 973051472	93- 0713859	501	6,000				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA PUERTO RICO CHAPTER 912 MOLUCA ST URB COUNTRY CLUB SAN JUAN, PR 009241723	66-0346980	501	140,850				CHAPTER GRANT
PVA PUERTO RICO CHAPTER 912 MOLUCA ST URB COUNTRY CLUB SAN JUAN, PR 009241723	66-0346980	501	26,198				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA PUERTO RICO CHAPTER912 MOLUCA ST URB COUNTRY CLUB SAN JUAN, PR 009241723	66- 0346980	501	20,000				EMEGENCY SUPPORT
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH, GA 308155616	58- 6055069	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH,GA 308155616	58-6055069	501	22,202				EXEC DIRECTOR GRANT
PVA SOUTHEASTERN CHAPTER4010 DEANS BRIDGE ROAD HEPHZIBAH,GA 308155616	58-6055069	501	14,500				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA TEXAS CHAPTER 2656 SOUTH LOOP WEST SUITE 130 HOUSTON, TX 77054	74- 6077762	501	140,850				CHAPTER GRANT
PVA TEXAS CHAPTER 2656 SOUTH LOOP WEST SUITE 130 HOUSTON, TX 77054	74- 6077762	501	7,000				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA VAUGHAN CHAPTER2235 ENTERPRISE DRIVE SUITE 3501 WESTCHESTER,IL 601545806	36- 6156338	501	140,850				CHAPTER GRANT
PVA WEST VIRGINIA 336 CAMPBELLS CREEK DRIVE CHARLESTON,WV 253066806	55- 0718655	501	140,850				CHAPTER GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA WISCONSIN CHAPTER2311 S 108TH STREET WEST ALLIS, WI 532771901	39- 1393216	501	140,850				CHAPTER GRANT
PVA WISCONSIN CHAPTER2311 S 108TH STREET WEST ALLIS, WI 532771901	39- 1393216	501	22,743				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA WISCONSIN CHAPTER2311 S 108TH STREET WEST ALLIS,WI 532771901	39-1393216	501	19,941				GOV'T RELATIONS DIR
PVA WISCONSIN CHAPTER2311 S 108TH STREET WEST ALLIS,WI 532771901	39-1393216	501	13,598				SPORTS GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZIA CHAPTER833 GIBSON BLVD SE ALBUQUERQUE, NM 871024926	87- 1054926	501	140,850				CHAPTER GRANT
ZIA CHAPTER833 GIBSON BLVD SE ALBUQUERQUE, NM 871024926	87- 1054926	501	22,779				EXEC DIRECTOR GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN WHEELCHAIR BOWLING ASSOC 1547 ATTILBURGH BLVD MELBOURNE,FL 32904	59-1161641	501	6,003				SPORTS GRANT
PVA SPINAL CORD RESEARCH FOUNDATION801 EIGHTEENTH STREET NW WASHINGTON,DC 20006	52-1064398	501	648,000				RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	501	270,000				RESEARCH GRANT
HUMAN ENGINEERING RESEARCH LAB 7180 HIGHLAND DRIVE PITTSBURGH, PA 15206	25-0965591	501	121,500				RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENEFICAL DESIGNS INC2240 MERIDAN BLVD SUITE C MINDEN, NV 894234311	88- 0479254	501	30,000				RESEARCH GRANT
RESNA1700 N MOORE STREET ARLINGTON, VA 22209	36- 3102888	501	15,000				EDUCATION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL NEUROTRAUMA SOCIETYBOX 957039 LOS ANGELES, CA 900957039	20-0097245	501	7,000				EDUCATION GRANT
PVA EDUCATION & TRAINING FOUNDATION801 EIGHTEENTH STREET NW WASHINGTON, DC 20006	94-2733585	501	100,000				EDUCATION GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND VA MEDICAL CENTER 1201 BROAD ROCK BLVD RICHMOND,VA 23249	05- 0440574	GOV	25,000				SPORTS GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) JOHN RING	(i) (ii)	195,440		18,322	12,826	20,457	247,045	
(2) MARK DOWIS	(i) (ii)	183,833		17,234	12,064	13,475	226,606	
(3) HOMER TOWNSEND	(i) (ii)	171,288		2,433	10,423	8,345	192,489	
(4) LANA MCKENZIE	(i) (ii)	156,634		14,636	9,768	12,482	193,520	
(5) DOUGLAS K VOLLMER	(i) (ii)	144,098		7,880	4,559	17,583	174,120	
(6) NICHOLE KREIGER	(i) (ii)	114,613		24,564	8,318	4,470	151,965	

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.

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	PVA OWNS THREE WHEELCHAIR EQUIPPED VANS AND HAS AN EMPLOYEE WHO AS PART OF HIS JOB RESPONSIBILITY IS TO DRIVE AND TO DO ADMINISTRATIVE WORK. THIS EMPLOYEE USUALLY PICKS-UP THE PRESIDENT AT HIS HOTEL WHEN HE IS IN TOWN AND THE EXECUTIVE DIRECTOR AND 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 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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization PARALYZED VETERANS OF AMERICA	Employer identification number 13-1946868
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Identifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>PARALYZED VETERANS OF AMERICA ~ CHANGING LIVES, BUILDING FUTURES PARALYZED VETERANS OF AMERICA (PARALYZED VETERANS) WORKS TO POSITIVELY CHANGE LIVES AND BUILD BRIGHTER FUTURES FOR OUR NATION'S VETERANS WITH DISABILITIES AND THEIR FAMILIES, THROUGH OUR BROAD RANGE OF SERVICES AND EXPERTISE. WHETHER IT'S FIGHTING FOR QUALITY HEALTH CARE AND DECENT BENEFITS FOR ALL WHO SERVED, PROVIDING OPPORTUNITIES TO GET BACK INTO LIFE THROUGH ADAPTIVE SPORTS, HELPING VETERANS WITH DISABILITIES GET GOOD JOBS AND CAREERS, ADVANCING A BARRIER-FREE AMERICA, EDUCATING CLINICIANS ABOUT SPINAL CORD INJURY, OR INVESTING IN A CURE FOR PARALYSIS, PARALYZED VETERANS LEADS THE WAY IN EMPOWERING PEOPLE WITH DISABILITIES WITH EVERYTHING THEY NEED TO LIVE FULL AND PRODUCTIVE LIVES. OUR HISTORY: IN 1947, PARALYZED VETERANS WAS FOUNDED BY A GROUP OF SERIOUSLY INJURED AMERICAN HEROES FROM THE "GREATEST GENERATION" OF WORLD WAR II. THEY CREATED A NON-PROFIT ORGANIZATION TO MEET THE CHALLENGES THAT THEY FACED BACK IN THE 1940S - FROM A MEDICAL COMMUNITY NOT READY TO TREAT THEM TO AN ENVIRONMENT WITH MANY BARRIERS FOR PEOPLE WHO USE WHEELCHAIRS. FOR MORE THAN SIX DECADES, PARALYZED VETERANS' NATIONAL OFFICE AND OUR 34 CHAPTERS ACROSS THE NATION HAVE BEEN MAKING AMERICA A BETTER PLACE FOR ALL VETERANS AND PEOPLE WITH DISABILITIES. WHAT WE DO - WE FIGHT FOR ALL VETERANS WITH DISABILITIES ~ LAST YEAR WE SERVED 50,000 VETERANS AND THEIR FAMILIES - WE ADVOCATE FOR QUALITY VA HEALTH CARE AND DECENT VETERANS BENEFITS ~ THIS YEAR ALONE, WE ADVOCATED MORE THAN 65.3 BILLION IN VITAL VETERANS HEALTH CARE AND BENEFITS FUNDING. IN TURN, OUR STAFF FOUGHT THROUGH MILES OF BUREAUCRATIC RED TAPE TO SECURE 250 MILLION IN SERVICE-EARNED BENEFITS FOR THOUSANDS OF VETERANS - WE PROVIDE EXPERT INDEPENDENT OVERSIGHT FOR VA HEALTH CARE SERVICES AND FACILITIES ~ LAST YEAR WE DID 40 HOSPITAL VISITS AND HELPED MORE THAN 5200 CALLERS TO OUR HEALTH HOTLINE - WE PROVIDED 600 SCHOLARSHIPS TO EMPOWER HEALTH CARE PROFESSIONALS TO ATTEND OUR SUMMIT 2012, ONE OF THE WORLD'S LEADING CONFERENCES IN THE SPECIALIZED FIELD OF SPINAL CORD INJURY RESEARCH AND CARE - WE PUSH TO MAKE AMERICA MORE WHEELCHAIR ACCESSIBLE - WE EMPOWER VETERANS WITH THE TOOLS THEY NEED TO SECURE GOOD CAREERS ~ THIS YEAR ALONE, OUR PAVE (PAVING ACCESS FOR VETERANS EMPLOYMENT) PROGRAM HELPED HUNDREDS OF HARD-TO-PLACE CLIENTS SECURE COMPETITIVE CAREERS - WE INVEST IN RESEARCH TO FIND NEW TREATMENTS AND A CURE FOR PARALYSIS ~ THIS YEAR ALONE WE INVESTED 1.2 MILLION TO "HURRY HISTORY" - WE PROMOTE AND PROVIDE WHEELCHAIR SPORTS AND RECREATIONAL ACTIVITIES - WE DELIVER OUR SERVICES TO ALL VETERANS AND THEIR FAMILIES FREE OF CHARGE, THANKS TO THE GENEROUS SUPPORT AND DONATIONS OF THE AMERICAN PEOPLE. MAJOR ACHIEVEMENTS FROM OUR FIRST 67 YEARS - WE BUILT A NATIONAL 93-STRONG NETWORK OF EXPERT SERVICE OFFICERS WHO WORK AT VA HOSPITALS TO HELP ALL VETERANS SECURE THE MEDICAL AND VETERANS BENEFITS THEY HAVE EARNED THROUGH THEIR SERVICE AND SACRIFICE - WE'VE FOUGHT FOR AND SECURED BILLIONS OF DOLLARS IN BENEFITS AND TENS OF BILLIONS IN HEALTH-CARE FUNDING FOR ALL VETERANS - WE PIONEERED ADAPTIVE WHEELCHAIR SPORTS WITH WHEELCHAIR BASKETBALL, AND FOR MORE THAN TWO DECADES, WE HAVE COPRESENTED THE NATIONAL VETERANS WHEELCHAIR GAMES, THE LARGEST ANNUAL WHEELCHAIR SPORTS EVENT IN THE WORLD - WE LED THE CHARGE FOR THE LANDMARK AMERICANS WITH DISABILITIES ACT(1990), MAKING OUR NATION MORE ACCESSIBLE AND FOR THE ADA AMENDMENTS(2008) - WE'VE MADE THE AMERICAN BUILT ENVIRONMENT MORE BARRIER-FREE WITH OUR ARCHITECTS PROVIDING FREE EXPERT INPUT TO PROJECTS AS DIVERSE AS VA HOSPITALS, AIRPORTS AND BASEBALL STADIUMS - WE INVESTED WITH OUR CHAPTERS MORE THAN 100 MILLION OVER SIX DECADES IN RESEARCH, NEW TREATMENTS, AND THE SEARCH FOR A CURE FOR PARALYSIS - HELPING TO INCREASE THE AVERAGE LIFE SPAN OF PARALYZED VETERANS FROM WHAT WAS NEAR ZERO AFTER INJURY IN THE 1940S TO NEAR NORMAL TODAY - WE LED THE WAY IN PROVIDING WORLD-CLASS PROFESSIONAL EDUCATION, CLINICAL PRACTICE GUIDELINES, AND THROUGH OUR ANNUAL HEALTH SUMMITS, HAVE CREATED UNIQUE EDUCATIONAL NETWORKING OPPORTUNITIES FOR SPINAL CORD INJURY CLINICIANS - WE CREATED OUR PAVE (PAVING ACCESS FOR VETERANS EMPLOYMENT) PROGRAM, WHICH IS DESIGNED TO HELP HARD-TO-PLACE VETERANS WITH DISABILITIES SECURE COMPETITIVE CAREERS. WE WANT ALL VETERANS TO HAVE ACCESS TO THE AMERICAN DREAM OF A GOOD JOB WITH A GOOD COMPANY.</p>

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	IN TURN, OUR STAFF OF OVER 250 PROFESSIONALS FOUGHT THROUGH MILES OF BUREAUCRATIC GOVERNMENT RED TAPE TO SECURE 250 MILLION IN SERVICE-EARNED BENEFITS FOR THOUSANDS OF VETERANS

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	AS THE EARLY ACUTE MANAGEMENT OF ADULTS WITH SPINAL CORD INJURY TO BLADDER MANAGEMENT ~ WE LEAD THE WAY IN PROVIDING "GOLD STANDARD" PROFESSIONAL EDUCATION AND SELF-HELP INFORMATION TO HEALTH CARE PROFESSIONALS AND PATIENTS ALIKE. LAST YEAR ALONE, OUR GUIDELINES WERE USED BY THOUSANDS OF DOCTORS, NURSES, PSYCHOLOGISTS, SOCIAL WORKERS AND THERAPISTS, POTENTIALLY HELPING MILLIONS OF PEOPLE LIVING WITH SCI/D. AS PART OF THIS PROFESSIONAL EDUCATION PVA, ON AN ANNUAL BASIS BRINGS TOGETHER CLINICIANS AND RESEARCHERS FROM BOTH THE PUBLIC AND PRIVATE SECTORS FOR A THREE-DAY HEALTH CARE SUMMIT DESIGNED TO IMPROVE CARE FOR ALL DISABLED AMERICANS.

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>ADVOCACY (EXPENSES 2,247,049 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 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 2,070,792 INCLUDING GRANTS OF 231,227 REVENUE OF 63,489) THE SPORTS AND RECREATION PROGRAMS HAVE A TRACK RECORD OF BUILDING CAMARADERIE AMONG PARTICIPANTS EVEN AS COMPETITORS PUSH THEMSELVES TO ACHIEVING PERSONAL BESTS IN OUTDOOR EVENTS SUCH AS -- TRAPSHOOTING, BASS FISHING AND HAND-CYCLING OR INDOOR EVENTS SUCH AS WEIGHTLIFTING, BILLIARDS, BOWLING, POOL OR WHEELCHAIR BASKETBALL--ATHLETES WHO PARTICIPATE DERIVE THERAPEUTIC BENEFITS ON THE PHYSICAL, EMOTIONAL, AND SOCIAL LEVELS PVA ANNUALLY CO-PRESENTS THE NATIONAL VETERANS WHEELCHAIR GAMES, AND SPONSORS AN ANNUAL BASS TOUR, TRAPSHOOT CIRCUIT, BILLIARDS TOURNAMENT AND POOL TOURNAMENT FOR THE BENEFIT OF ITS MEMBERSHIP AND OTHERS WITH DISABILITIES RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION (EXPENSES 2,690,387 INCLUDING GRANTS OF 1,206,500, 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</p>

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	PVA HAS 19,222 MEMBERS

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	PVA HAS 34 CHAPTERS AND THE MEMBERS IN EACH CHAPTER ELECT THE BOARD MEMBER FROM THE CHAPTER OFFICERS ARE ELECTED BY THE BOARD AT THE ANNUAL MEETING HELD IN AUGUST OF EACH YEAR EACH BOARD MEMBER HAS ONE VOTE OFFICERS DO NOT HAVE A VOTE

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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 EMAILED TO ALL 34 BOARD MEMBERS AND NINE 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.

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	AT PVA'S FIRST BOARD OF DIRECTORS MEETING EACH YEAR BOARD MEMBERS ARE 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 FUTHERMORE, IF THEY A CONFLICT THEY MUST REPORT IT IF A BOARD MEMBER BECOMES AWARE OF A CONFLICT ON ANOTHER MEMBERS BEHALF, THEY HAVE BEEN INSTRUCTED TO POINT OUT THE CONFLICT TO PVA'S JUDICIAL COMMITTEE FOR APPROPRIATE INVESTIGATION KEY EMPLOYEES ALSO SIGN THIS STATEMENT AT THE SAME MEETING AND ARE TOLD THE SAME THING AS NOTED ABOVE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE(ED) IS THE TOP OFFICAL OF THE PARALYZED VETERANS OF AMERICA THE BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE EXECUTIVE DIRECTOR THE BOARD HAS ACCESS TO THE THIRD PARTY SALARY SURVEY DONE FOR PVA FOR THE ED POSITION PLUS OTHER PUBLISHED SURVEYS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	WITH REGARD TO COMPENSATION, PVA HAD A THIRD 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 MANAGMENT TO ENSURE COMPLIANCE WITH PVA'S INTERNAL POLICY FOR COMPENSATION THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER AND DIRECTOR OF HUMAN RESOURCE MANAGMENT APPROVE ALL SALARY CHANGES

Identifier	Return Reference	Explanation
STATES WHERE COPY OF RETURN IS FILED	FORM 990, PAGE 6, PART VI, LINE 17	KENTUCKY, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MINNESOTA, MICHIGAN, MISSISSIPPI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NORTH CAROLINA, NORTH DAKOTA, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	PVA POSTS ALL OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE, WWW.PVA.ORG PVA ALSO PROVIDES PAPER COPIES UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	INCREASE IN CHAIRTABLE GIFT ANNUITANTS PAYABLE AT 9/30/12 (249,051) UNREALIZED GAINS ON INVESTMENTS 3,170,692 TOTAL OTHER CHANGES 2,922,641

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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

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

(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 organization	
						Yes	No
(1) PVA SPINAL RESEARCH FOUNDATION 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006 52-1064398	RES GRANT	DC	501C3	7	PVA	Yes	
(2) PVA SPINAL CORD INJURY EDUCATION AND TRAINING FOUNDATION 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006 94-2733585	ED GRANTS	DE	501C3	7	PVA	Yes	
(3) PVA OUTDOOR RECREATION HERITAGEFUND 170 WEST SHRILEY AVENUE SUITE 201 WARRENTON, VA 20186 32-0010956	GRANTS	DE	501C3	7	PVA	Yes	
(4) PARALYSIS SOCIETY OF AMERICA 801 EIGHTENTH STREET NW WASHINGTON, DC 20006 52-1266735	INACTIVE	DC	501C3	7	PVA	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(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	12	3,376,418	Yes			Yes		99 000 %

Part IV

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

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

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:
Software Version:
EIN: 13-1946868
Name: PARALYZED VETERANS OF AMERICA

Form 990, Schedule R, Part V - Transactions With Related Organizations

(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	648,000	PVA BOARD APPROVAL
(2) PVA SPINAL CORD EDUC TRAIN FDN	B	100,000	PVA BOARD APPROVAL
(3) PVA OUTDOOR RECREATION HERITAGEFUND	B	1,000	PVA BOARD APPROVAL
(4) PVA SPINAL CORD RESEARCH FOUNDATION	N	98,660	SPECIFIC EMPLOYEE WORK
(5) PVA SPINAL CORD RESEARCH FOUNDATION	K	27,935	SPECIFIC EMPLOYEE WORK
(6) PVA SPINAL CORD EDUC TRAIN FDN	N	65,786	SPECIFIC EMPLOYEE WORK
(7) PVA SPINAL CORD EDUC TRAIN FDN	K	20,390	SPECIFIC EMPLOYEE WORK
(8) PVA OUTDOOR RECREATION HERITAGEFUND	K	42,000	PVA BOARD APPROVAL
(9) PVA SPINAL CORD RESEARCH FOUNDATION	B	648,000	PVA BOARD APPROVAL
(10) PVA SPINAL CORD EDUC TRAIN FDN	B	100,000	PVA BOARD APPROVAL
(11) PVA OUTDOOR RECREATION HERITAGEFUND	B	1,000	PVA BOARD APPROVAL
(12) PVA SPINAL CORD RESEARCH FOUNDATION	N	98,660	SPECIFIC EMPLOYEE WORK
(13) PVA SPINAL CORD RESEARCH FOUNDATION	K	27,935	SPECIFIC EMPLOYEE WORK
(14) PVA SPINAL CORD EDUC TRAIN FDN	N	65,786	SPECIFIC EMPLOYEE WORK
(15) PVA SPINAL CORD EDUC TRAIN FDN	K	20,390	SPECIFIC EMPLOYEE WORK
(16) PVA OUTDOOR RECREATION HERITAGEFUND	K	42,000	PVA BOARD APPROVAL

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services			
(Code) (Expenses \$	7,008,115	including grants of \$ 1,443,729) (Revenue \$ 63,489)
ADVOCACY (EXPENSES 2,247,049 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 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 2,070,792 INCLUDING GRANTS OF 231,227 REVENUE OF 63,489) THE SPORTS AND RECREATION PROGRAMS HAVE A TRACK RECORD OF BUILDING CAMARADERIE AMONG PARTICIPANTS EVEN AS COMPETITORS PUSH THEMSELVES TO ACHIEVING PERSONAL BESTS IN OUTDOOR EVENTS SUCH AS --TRAPSHOOTING, BASS FISHING AND HAND-CYCLING OR INDOOR EVENTS SUCH AS WEIGHTLIFTING, BILLIARDS, BOWLING, POOL OR WHEELCHAIR BASKETBALL--ATHLETES WHO PARTICIPATE DERIVE THERAPEUTIC BENEFITS ON THE PHYSICAL, EMOTIONAL, AND SOCIAL LEVELS PVA ANNUALLY CO-PRESENTS THE NATIONAL VETERANS WHEELCHAIR GAMES, AND SPONSORS AN ANNUAL BASS TOUR, TRAPSHOOT CIRCUIT, BILLIARDS TOURNAMENT AND POOL TOURNAMENT FOR THE BENEFIT OF ITS MEMBERSHIP AND OTHERS WITH DISABILITIES RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION (EXPENSES 2,690,387 INCLUDING GRANTS OF 1,206,500, 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			

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEONARD SMITH DIRECTOR ARI	20 00	X						0	0	0
SCOTT SOUZA DIR BAY AREA	20 00	X						0	0	0
JOE ROMAGNANO DIR BAYOU GU	20 00	X						0	0	0
CARL HARRIS DIRECTOR BUC	20 00	X						0	0	0
JIM RUSSELL DIRECTOR CAL	20 00	X						0	0	0
ART LYLES DIRCETOR CAL	20 00	X						0	0	0
KEN CARTER DIRECTOR CEN	20 00	X						0	0	0
RONALD HOSKINS DIRECTOR COL	20 00	X						0	0	0
CHARLES BROWN DIRECTOR FLO	20 00	X						0	0	0
DAVIS CELESTINE DIR FL GULF	20 00	X						0	0	0
STANLEY BROWN DIRECTOR GAT	20 00	X						0	0	0
TAMMY LAWTER DIR GREAT P	20 00	X						0	0	0
KENNETH LLOYD DIRECTOR IOW	20 00	X						0	0	0
RICHARD EISERT DIRECTOR KY-	20 00	X						0	0	0
JAMES REIMER DIRECTOR KEY	20 00	X						0	0	0
STEVEN RAY DIRECTOR LON	20 00	X						0	0	0
DAVID PECK DIRECTOR MIC	20 00	X						0	0	0
TOM RICHEY DIRECTOR MID	20 00	X						0	0	0
RAYMOND KENNEY JR DIR MID-ATL	20 00	X						0	0	0
TRUMAN SUTTLE DIRECTOR MID	20 00	X						0	0	0
TOM FJERSTAD PRP DIRECTOR MIN	20 00	X						0	0	0
JIM SACK DIR MOUNTAI	20 00	X						0	0	0
LESTER WOOD DIRECTOR NEV	20 00	X						0	0	0
CRAIG CASCELLA DIRECTOR NEW	20 00	X						0	0	0
MICHAEL OLSON DIR NORTH C	20 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
GARY PEARSON DIRECTOR NOR	20 00	X							0	0	0
PAUL DAHLKE DIRECTOR ORE	20 00	X							0	0	0
JIMMY TORRES DIRECTOR PUE	20 00	X							0	0	0
LARRY DODSON DIR SOUTHEA	20 00	X							0	0	0
DARRELL WILSON DIRECTOR TEX	20 00	X							0	0	0
DARRELL CARRELL DIR WEST VI	20 00	X							0	0	0
KENNETH NESS DIRECTOR WIS	20 00	X							0	0	0
KEVIN DAILY DIRECTOR ZIA	20 00	X							0	0	0
VACANT DIRECTOR-VAU	20 00	X							0	0	0
BILL LAWSON PRESIDENT	40 00			X					77,785	0	3,089
GENE CRAYTON PAST PRESIDE	35 00			X					9,000	0	0
AL KOVACH JR SENIOR VICE	35 00			X					9,000	0	0
DAVID ZURFLUH VICE PRESIDE	35 00			X					9,000	0	0
EDUARDO OYOLA-RIVERA VICE PRESIDE	35 00			X					9,000	0	0
KEN WEAS VICE PRESIDE	35 00			X					9,000	0	0
DAVID FOWLER VICE PRESIDE	35 00			X					9,000	0	0
FRANK RIGO SECRETARY	35 00			X					9,000	0	0
CRAIG ENENBACH TREASURER	35 00			X					9,000	0	0
JOHN RING CHIEF FIN O	60 00				X				213,762	0	33,283
MARK DOWIS DIR OF DEVE	50 00				X				201,067	0	25,539
HOMER TOWNSEND EXECUTIVE DI	50 00				X				173,721	0	18,768
LANA MCKENZIE DIR HEALTH	50 00				X				171,270	0	22,250
DOUGLAS K VOLLMER DIR OF GOV'	50 00				X				151,978	0	22,142
NICHOLE KREIGER DIR OF DIRE	50 00					X			139,177	0	12,788
LESLIE ZUPAN DIRECTOR OF	50 00					X			131,627	0	16,066

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANE EAKINS DIR CORP M	50 00					X		130,560	0	15,999
RICHARD KALAFUS CONTROLLER	50 00					X		130,560	0	15,998
BRIAN JONES DIR OF IND	50 00					X		125,697	0	11,985