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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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PARALYZED VETERANS OF AMERICA		D Employer identification number 13-1946868
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 801 EIGHTEENTH STREET NW	Room/suite	E Telephone number (202) 872-1300
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006		G Gross receipts \$ 114,232,250
F Name and address of principal officer BILL LAWSON PVA 801 EIGHTEENTH STREET NW WASHINGTON,DC 20006		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PVA.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1947	M State of legal domicile DC

Part I		Summary	
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities PARALYZED VETERANS OF AMERICA ~ CHANGING LIVES, BUILDING FUTURES PARALYZED VETERANS OF AMERICA (PARALYZED VETERANS) IS THE ONLY CONGRESSIONALLY CHARTERED VETERANS SERVICE ORGANIZATION DEDICATED SOLELY FOR THE BENEFIT AND REPRESENTATION OF VETERANS WITH SPINAL CORD INJURY OR DISEASE FOR NEARLY 70 YEARS, WE HAVE ENSURED THAT VETERANS HAVE RECEIVED THE BENEFITS EARNED THROUGH THEIR SERVICE TO OUR NATION, MONITORED THEIR CARE IN VA SPINAL CORD INJURY UNITS, AND FUNDED RESEARCH AND EDUCATION IN THE SEARCH FOR A CURE AND IMPROVED CARE FOR INDIVIDUALS WITH PARALYSIS AS A PARTNER FOR LIFE, PARALYZED VETERANS ALSO DEVELOPS TRAINING AND CAREER SERVICES, WORKS TO ENSURE ACCESSIBILITY IN PUBLIC BUILDINGS AND SPACES, PROVIDES HEALTH AND REHABILITATION OPPORTUNITIES THROUGH SPORTS AND RECREATION AND ADVOCATES FOR VETERANS AND ALL PEOPLE WITH DISABILITIES WITH MORE THAN 70 OFFICES AND 34 CHAPTERS, PARALYZED VETERANS SERVES VETERANS, THEIR FAMILIES, AND THEIR CAREGIVERS IN ALL 50 STATES, THE DISTRI		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	34
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	317
6 Total number of volunteers (estimate if necessary)	6		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	262,470	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 78,499,916	Current Year 101,739,309
	9 Program service revenue (Part VIII, line 2g)	390,830	519,901
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,354,456	2,340,685
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,667,037	2,474,755
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,912,239	107,074,650
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,003,440
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		16,011,266	21,452,751
16a Professional fundraising fees (Part IX, column (A), line 11e)		926,119	1,325,847
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 31,288,468			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		51,676,537	73,397,496
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		74,617,362	101,671,644
19 Revenue less expenses Subtract line 18 from line 12		7,294,877	5,403,006
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	55,874,101	62,926,538
	21 Total liabilities (Part X, line 26)	12,151,795	9,734,080
	22 Net assets or fund balances Subtract line 21 from line 20	43,722,306	53,192,458

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	*****	2014-11-13
	Signature of officer	Date
	JOHN D RING CFO Type or print name and title	

Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date 2014-11-13	Check <input type="checkbox"/> if self-employed	PTIN P00288314
	Firm's name ▶ GELMAN ROSENBERG & FREEDMAN			Firm's EIN ▶ 52-1392008	
	Firm's address ▶ 4550 MONTGOMERY AVENUE BETHESDA, MD 20814			Phone no	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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) IS THE ONLY CONGRESSIONALLY CHARTERED VETERANS SERVICE ORGANIZATION DEDICATED SOLELY FOR THE BENEFIT AND REPRESENTATION OF VETERANS WITH SPINAL CORD INJURY OR DISEASE FOR NEARLY 70 YEARS, WE HAVE ENSURED THAT VETERANS HAVE RECEIVED THE BENEFITS EARNED THROUGH THEIR SERVICE TO OUR NATION, MONITORED THEIR CARE IN VA SPINAL CORD INJURY UNITS, AND FUNDED RESEARCH AND EDUCATION IN THE SEARCH FOR A CURE AND IMPROVED CARE FOR INDIVIDUALS WITH PARALYSIS AS A PARTNER FOR LIFE, PARALYZED VETERANS ALSO DEVELOPS TRAINING AND CAREER SERVICES, WORKS TO ENSURE ACCESSIBILITY IN PUBLIC BUILDINGS AND SPACES, PROVIDES HEALTH AND REHABILITATION OPPORTUNITIES THROUGH SPORTS AND RECREATION AND ADVOCATES FOR VETERANS AND ALL PEOPLE WITH DISABILITIES WITH MORE THAN 70 OFFICES AND 34 CHAPTERS, PARALYZED VETERANS SERVES VETERANS, THEIR FAMILIES, AND THEIR CAREGIVERS IN ALL 50 STATES, THE DISTRI

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 19,636,162 including grants of \$ 236,848) (Revenue \$ 431,353)

VA BENEFITS AND MEDICAL ADVOCACY SERVICES - THE VA BENEFITS AND MEDICAL ADVOCACY SERVICES PROGRAM MAINTAINS SERVICE OFFICES WITH TRAINED EMPLOYEES WHO SPECIALIZE IN HELPING CATASTROPHICALLY DISABLED VETERANS AND DEPENDENTS SUBMIT DISABILITY-RELATED VA CLAIMS AND OBTAIN OTHER SERVICE-RELATED BENEFITS PVA MAINTAINS 72 OFFICES AT DEPARTMENT OF VETERANS AFFAIRS (VA) MEDICAL CENTERS AND REGIONAL OFFICES THROUGHOUT THE UNITED STATES AND PUERTO RICO, DISTRIBUTED ACROSS THREE REGIONS WITH 157 EMPLOYEES TO ACCOMPLISH THIS GOAL PVA PROVIDES EXPERT ASSISTANCE AND ACCREDITED REPRESENTATION, WITHOUT CHARGE, TO VETERANS WITH A SPINAL CORD DYSFUNCTION AND VETERANS OF ALL ERAS SEEKING HEALTH CARE AND OTHER VA BENEFITS TO WHICH THEY ARE ENTITLED (CONTINUED ON SCHEDULE O) THE PROGRAM ALSO OFFERS CAREER ASSISTANCE SERVICES, INCLUDING VOCATIONAL REHABILITATION, TO ASSIST VETERANS AND CAREGIVERS WHO FACE BARRIERS TO EMPLOYMENT WITH FINDING TRAINING PROGRAMS AND/OR CAREER OPPORTUNITIES IN BOTH THE PRIVATE AND PUBLIC SECTOR AS OF JUNE 30, 2014, THERE WERE SIX VOCATIONAL REHABILITATION OFFICES STAFFED BY CERTIFIED REHABILITATION COUNSELORS AND AN EMPLOYER NETWORK COORDINATOR LOCATED AT THE PVA NATIONAL OFFICE THE PROGRAM ALSO INCLUDES A MEDICAL STAFF OF PHYSICIANS, ARCHITECTS, AND REGISTERED NURSES WHO PARTNER WITH SERVICE OFFICERS AND PVA CHAPTER MEMBERS ON SITE TEAMS TO MONITOR THE HEALTH CARE PROVIDED BY THE VA TO VETERANS WITH SPINAL CORD DYSFUNCTIONS AT EACH VA MEDICAL CENTER THERE ARE CURRENTLY 25 VA HOSPITALS THAT HAVE SPECIALIZED SPINAL CORD INJURY & DISORDER CENTERS, WHICH ARE MONITORED DAILY BY FIELD STAFF AND VISITED BY A SITE TEAM EACH YEAR THIS PROGRAM ALSO PROVIDES FOR THE REPRESENTATION OF VETERANS BEFORE THE VA BOARD OF VETERANS' APPEALS, THE U S COURT OF APPEALS FOR VETERANS CLAIMS AND THE U S COURT OF APPEALS FOR THE FEDERAL CIRCUIT IN ADDITION, THE PROGRAM PUBLISHES MONTHLY MAGAZINES THAT EXPLORE CURRENT ISSUES OF IMPORTANCE TO PERSONS WITH SPINAL CORD DYSFUNCTION AND OTHER SEVERE DISABILITIES

4b

(Code) (Expenses \$ 34,857,112 including grants of \$) (Revenue \$ 80,254)

PUBLIC EDUCATION - 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 - (CONTINUED ON SCHEDULE O) ON ISSUES AS DIVERSE 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 SPINAL CORD INJURY/DISEASE(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 \$ 4,192,724 including grants of \$ 4,165,000) (Revenue \$)

CHAPTER AND COMMUNITY OUTREACH - 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 \$ 6,590,282 including grants of \$ 1,093,702) (Revenue \$ 8,294)

ADVOCACY (EXPENSES 2,237,395 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 2,317,453 INCLUDING GRANTS OF 193,452 REVENUE OF 8,294) 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 2,035,434 INCLUDING GRANTS OF 900,250, 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 \$ 6,590,282 including grants of \$ 1,093,702) (Revenue \$ 8,294)






















4e

Total program service expenses ▶

65,276,280

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 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? If "Yes," complete Schedule C, Part III 	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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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	Yes	
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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	116	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
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.	317	
2b	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).		No
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	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?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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?	16a	No
b	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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AK , AR , AZ , CA , CO , CT , DE , FL , GA , IL , IN , KS , KY , LA , MA , ME , MD , 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 <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	RICHARD KALAFUS CONTROLLER PVA 801 18TH STREET NW WASHINGTON,DC 20006 (202) 872-1300

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,317,276		144,564

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

		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
US POSTMASTER 900 BRENTWOOD ROAD NW WASHINGTON DC 20001	MAIL DELIVERY	13,731,524
TARGET MARKETTEAM 600 NORTHPARK TOWN CENTER STE 1600 ATLANTA GA 30328	MAIL PRODUCTIO	6,365,591
HUB LABELS INC 18223 SHAWLEY DRIVE HAGERSTOWN MD 21740	MAIL LABELS	4,772,976
GRANTMAIL DIRECT LTD KOWLOON HKKOWWLOONHK	GIFTS/MAIL PROG	4,338,689
REDFIELD & CO INC 1901 HOWARD STREET OMAHA NE 68102	MAIL LABELS	4,063,387

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 ▶63

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a41,775			
	b	Membership dues	1b			
	c	Fundraising events	1c476,260			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f101,221,274			
	g	Noncash contributions included in lines 1a-1f \$	372,563			
	h	Total. Add lines 1a-1f	101,739,309			
Program Service Revenue	Business Code					
	2a	PARAPLEGIA NEWS (PN)	511120222,540	17,798	204,742	
	b	VETERANS LEGAL SERVICES	113,665	113,665		
	c	SPORTS N SPOKES (SNS)	51112080,773	23,045	57,728	
	d	INFORMATION PUBLICATIONS	80,254	80,254		
	e	CONVENTION JOURNAL	14,375	14,375		
	f	All other program service revenue	8,294	8,294		
	g	Total. Add lines 2a-2f	519,901			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,281,610			1,281,610
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	1,739,488			1,739,488
	6a	(i) Real				
		167,612				
		(ii) Personal				
	b	Less rental expenses				
	c	Rental income or (loss)	167,612			
	d	Net rental income or (loss)	167,612			167,612
	7a	(i) Securities				
		8,042,959				
		(ii) Other				
	b	Less cost or other basis and sales expenses	6,983,884			
	c	Gain or (loss)	1,059,075			
	d	Net gain or (loss)	1,059,075			1,059,075
	8a	Gross income from fundraising events (not including \$ 476,260 of contributions reported on line 1c) See Part IV, line 18				
	a	549,019				
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events	375,303			375,303
	9a	Gross income from gaming activities See Part IV, line 19				
	a					
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	a					
	b	Less cost of goods sold				
	c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue		Business Code			
	11a	EARTHQUAKE INSURNACE CLAIM	192,352			192,352
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	192,352			
	12	Total revenue. See Instructions	107,074,650	257,431	262,470	4,815,440

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)

Check if Schedule O contains a response or note to any line 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	5,273,973	5,273,973		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	221,577	221,577		
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	658,991	278,864	145,761	234,366
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	15,627,482	13,212,127	645,974	1,769,381
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	707,370	619,091	26,328	61,951
9	Other employee benefits	3,189,373	2,548,623	179,256	461,494
10	Payroll taxes	1,269,535	1,111,098	47,252	111,185
11	Fees for services (non-employees)				
a	Management	167,720	167,720		
b	Legal	253,319	130,159	5,535	117,625
c	Accounting	240,977		240,977	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	1,325,847			1,325,847
f	Investment management fees	155,904		155,904	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,411,283	1,148,931	18,950	243,402
12	Advertising and promotion	3,270,519	570,331	1,453,124	1,247,064
13	Office expenses	815,297	647,174	100,387	67,736
14	Information technology	971,543	891,600	33,987	45,956
15	Royalties				
16	Occupancy	990,514	889,612	30,093	70,809
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,400,061	3,624,637	402,745	372,679
20	Interest	57,857	26,566	28,633	2,658
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	584,005	511,724	21,557	50,724
23	Insurance	262,529	231,223	9,492	21,814
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MAIL PROGRAM FUNDRAISING	58,587,922	32,132,043	1,510,591	24,945,288
b	PRINTING	442,200	428,990	9,192	4,018
c	READERSHIP COSTS	346,811	346,811		
d	ALL OTHER EXPENSES	183,717	130,936	10,932	41,849
e	All other expenses	255,318	132,470	30,226	92,622
25	Total functional expenses. Add lines 1 through 24e	101,671,644	65,276,280	5,106,896	31,288,468
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	58,587,922	32,132,043	1,510,591	24,945,288

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		6,446,735	1	4,923,469	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		4,821,001	4	5,245,821	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		583,366	9	997,553	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	8,267,068			
	b	Less accumulated depreciation	10b	6,253,744	2,090,260	10c	2,013,324
	11	Investments—publicly traded securities		37,324,806	11	45,865,309	
	12	Investments—other securities See Part IV, line 11		726,871	12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		3,881,062	15	3,881,062	
16	Total assets. Add lines 1 through 15 (must equal line 34)		55,874,101	16	62,926,538		
Liabilities	17	Accounts payable and accrued expenses		9,011,617	17	7,998,892	
	18	Grants payable		1,575,500	18		
	19	Deferred revenue		1,018,443	19	1,362,519	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21		
	22	Loans and other 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			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		546,235	25	372,669	
	26	Total liabilities. Add lines 17 through 25		12,151,795	26	9,734,080	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		39,356,949	27	48,141,079	
	28	Temporarily restricted net assets		4,365,357	28	5,051,379	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), 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		43,722,306	33	53,192,458	
34	Total liabilities and net assets/fund balances		55,874,101	34	62,926,538		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	107,074,650
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,671,644
3	Revenue less expenses Subtract line 2 from line 1	3	5,403,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,722,306
5	Net unrealized gains (losses) on investments	5	4,067,146
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,192,458

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
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	3b	

Additional Data

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 ARE	20 00	X						0	0	0
WILLIE HARVEY DIR BAYOU G	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
ARTHUR LYLES DIRECTOR CAL	20 00	X						0	0	0
STEVE KIRK DIRECTOR CEN	20 00	X						0	0	0
RON HOSKINS DIRECTOR COL	20 00	X						0	0	0
JUAN PEREZ DIRECTOR FLO	20 00	X						0	0	0
EDUARDO OYOLA-RIVERA DIR FL GULF	20 00	X						0	0	0
STANLEY BROWN DIRECTOR GAT	20 00	X						0	0	0
RANDY SQUIER DIR GREAT P	20 00	X						0	0	0
KENNY LLOYD DIRECTOR IOW	20 00	X						0	0	0
HACK ALBERTSON DIRECTOR KY-	20 00	X						0	0	0
JAMES RIEMER 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
WILLIAM WOOD DIRECTOR MID	20 00	X						0	0	0
RAYMOND KENNY JR DIR MID-ATL	20 00	X						0	0	0
TRUMAN SUTTLE DIRECTOR MID	20 00	X						0	0	0
KEN KLEIN DIRECTOR MIN	20 00	X						0	0	0
DAVID MCCLELLAN DIRECTOR MOU	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
MIKE PARTRIDGE	20 00	X						0	0	0
DIRECTOR NOR										
PAUL DAHLKE	20 00	X						0	0	0
DIRECTOR ORE										
JAMES TORRES	20 00	X						0	0	0
DIRECTOR PUE										
CHUCK TUREK	20 00	X						0	0	0
DIR SOUTHEA										
DARRELL WILSON	20 00	X						0	0	0
DIRECTOR TEX										
DARRELL CARRELL	20 00	X						0	0	0
DIRECTOR WES										
KEN NESS	20 00	X						0	0	0
DIRECTOR WIS										
MIKE D'ARCO	0 00	X						0	0	0
DIRECOTR ZIA										
VACANT	0 00	X						0	0	0
DIRECTOR VAU										
JOHN D RING	50 00			X				213,844	0	34,371
CHIEF FIN O	8 00									
HOMER TOWNSEND	50 00			X				168,132	0	18,660
EXECUTIVE DI	0 00									
BILL LAWSON	40 00			X				81,436	0	3,076
PRESIDENT	8 00									
GENE CRAYTON	30 00			X				9,000	0	0
IMM PAST PR	0 00									
ALBERT KOVACH JR	35 00			X				9,000	0	0
NATIONAL SEN	4 00									
CHARLIE BROWN	35 00			X				9,000	0	0
NATIONAL VP	0 00									
DAVID ZURFLUH	35 00			X				9,000	0	0
NATIONAL VP	0 00									
CRAIG ENENBACH	40 00			X				9,000	0	0
NATIONAL TRE	0 00									
LARRY DODSON	40 00			X				9,000	0	0
NATIONAL SEC	0 00									
TAMARA LAWTER	35 00			X				6,750	0	0
NATIONAL VP	0 00									
DAVID FOWLER	35 00			X				6,000	0	0
NATIONAL VP	0 00									
LANA MCKENZIE	50 00					X		171,454	0	23,222
DIR HEALTH	0 00									
LEONARD SELFON	50 00					X		168,179	0	13,437
GENERAL COUN	0 00									
SHERMAN GILLUMS	50 00									
DIRECTOR OF	0 00					X		155,566	0	10,408
DOUG VOLLMER	50 00									
DIR OF GOV'	0 00					X		155,486	0	27,766
RICHARD KALAFUS	50 00									
CONTROLLER	0 00					X		136,429	0	13,624

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization PARALYZED VETERANS OF AMERICA	Employer identification number 13-1946868
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) .
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) .
7	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4) .
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	107,947,509	102,627,131	97,051,106	77,739,110	101,739,309	487,104,165
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	878,536	864,059	874,753	703,920	907,212	4,228,480
4 Total. Add lines 1 through 3	108,826,045	103,491,190	97,925,859	78,443,030	102,646,521	491,332,645
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						491,332,645

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	108,826,045	103,491,190	97,925,859	78,443,030	102,646,521	491,332,645
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,998,567	3,389,745	2,931,390	2,304,307	3,188,710	14,812,719
9 Net income from unrelated business activities, whether or not the business is regularly carried on		884,521	741,361	269,277	375,303	2,270,462
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						508,415,826
12 Gross receipts from related activities, etc (see instructions)					12	257,431
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 2013 (line 6, column (f) divided by line 11, column (f))	14	96 640 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	97 050 %
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. 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—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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, Part V, 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 in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

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

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

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)		88,741													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		317,410													
c Total lobbying expenditures (add lines 1a and 1b)		406,151													
d Other exempt purpose expenditures		64,870,129													
e Total exempt purpose expenditures (add lines 1c and 1d)		65,276,280													
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 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	393,324	363,830	246,365	406,151	1,409,670
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	55,339	73,271	56,923	88,741	274,274

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)).

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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				
c Leasehold improvements	3,448,495		2,452,772	995,723
d Equipment	4,818,573		3,800,972	1,017,601
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,013,324

Schedule D (Form 990) 2013

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
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 PVA'S FINANCIAL STATEMENTS. PVA DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. PVA HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, PVA HAS FILED INTERNAL REVENUE SERVICE FORM 990 AND FORM 990-T TAX RETURNS AS REQUIRED AND ALL OTHER APPLICABLE RETURNS IN THOSE JURISDICTIONS WHERE IT IS REQUIRED. PVA BELIEVES THAT IT IS NO LONGER SUBJECT TO U S FEDERAL, STATE AND LOCAL, OR NON-U S INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2010. FOR THE TWELVE MONTHS ENDED JUNE 30, 2014, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES.

[illegible]

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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

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

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

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

☒ Yes ☐ 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.

(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			
1 RUSS REID 11200 WAPLES MILLS ROAD SUITE 150 FAIRFAX, VA 22030	MAIL		No	62,528,201	861,139	61,667,062
2 TARGET MARKETTEAM 600 NORTHPARK TOWN CENTER STE 160 ATLANTA, GA 30328	MAIL		No	20,272,595	181,675	20,090,920
3 PM DIGITAL 5 HANNOVER SQUARE 6TH FLOOR NEW YORK CITY, NY 10004	INTERNET		No	1,036,706	134,970	901,736
4 RUSS REID 11200 WAPLES MILLS ROAD SUITE 150 FAIRFAX, VA 22030	SUSTAINER		No	1,999,436	128,412	1,871,024
5 CHARITABLE AUTO RESOURCES 8804 BALBOA AVE SAN DIEGO, CA 92123	CARDON		No	221,763	19,650	202,113
6						
7						
8						
9						
10						
Total ▶				86,058,701	1,325,846	84,732,855

3

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

AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, IL, IN, KS, KY, LA, MA, MD, ME, MN, MI, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, SC, TN, TX, UT, VA, WA, WV, WI

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>HONORS GALA</u>	<u>PVA GOLF TOURNA</u>	<u>1</u>	(add col (a) through	
		(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	526,340	414,193	84,746	1,025,279
	2	Less Contributions . . .	376,260	100,000		476,260
3	Gross income (line 1 minus line 2)	150,080	314,193	84,746	549,019	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes . . .	1,555	24,558		26,113
	6	Rent/facility costs . . .	14,078			14,078
	7	Food and beverages .	64,717			64,717
	8	Entertainment	2,500			2,500
	9	Other direct expenses .	63,634	2,674		66,308
	10	Direct expense summary Add lines 4 through 9 in column (d) ►				(173,716)
	11	Net income summary Subtract line 10 from line 3, column (d) ►				375,303

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			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Subtract line 7 from line 1, 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 _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Return Reference	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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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. Part II can be duplicated 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

53

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ACCESSIBLE VAN	5		188,412	PURCHASED	
(2) DISASTER RELIEF	3	2,700			
(3) RESEARCH	1	7,500			
(4) SCHOLARSHIPS	22	22,965			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
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 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

Additional Data

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
ARIZONA CHAPTER PVA 5015 N 7TH AVE SUITE 2 PHOENIX,AZ 85013	25-7174799	501C3	122,500				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
BAY AREA & WESTERN CHAPTER PVA 3801 MIRANDA AVE RM AL-219 PALO ALTO,CA 943041207	94-6132553	501C3	122,500				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
BAYOU GULF STATES CHAPTER PVA 15489 DEDEAUX ROAD GULFPORT, MS 395032667	94-6132553	501C3	122,500				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
BUCKEYE CHAPTER PVA 26250 EUCLID AVE SUITE 115 EUCLID, OH 44132	23-7193597	501C3	122,500				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
CAL-DIEGO CHAPTER PVA VAMC 3550 LAJOLLA VILLAGE DRIVE SAN DIEGO,CA 921610001	95-3691162	501C3	122,500				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
CALIFORNIA CHAPTER PVA 5901 E SEVENTH STREET LONG BEACH, CA 908225201	95-6089203	501C3	122,500				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
CENTRAL FLORIDA PVA 2711 SOUTH DESIGN COURT SANFORD, FL 327738120	59-1793434	501C3	122,500				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
COLONIAL CHAPTER 356 E MAIN STREET SUITE 103 NEWARK, DE 19711	23-7099908	501C3	122,500				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
FLORIDA CHAPTER PVA 3799 N ANDREWS AVENUE FT LAUDERDALE, FL 333095261	59-1731533	501C3	122,500				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
FLORIDA GULF COAST CHAPTER PVA 15435 NORTH FLORIDA AVENUE TAMPA,FL 33613	23-7037565	501C3	122,500				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
GATEWAY CHAPTER PVA 1311 LINDBERGH PLAZA CENTER ST LOUIS,MO 63132	51-0217506	501C3	122,500				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
GREAT PLAINS CHAPTER PVA 7612 MAPLE STREET OMAHA, NE 681346502	23-7193599	501C3	122,500				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
IOWA CHAPTER PVA 3703 1/2 DOUGLAS AVENUE DES MOINES,IA 503105367	42-1320922	501C3	122,500				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
KENTUCKYINDIANA CHAPTER PVA 1030 GOSS AVENUE LOUISVILLE, KY 402171236	61-1123112	501C3	122,500				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
KEYSTONE CHAPTER PVA 1113 MAIN STREET PITTSBURGH, PA 152152407	25-1291634	501C3	122,500				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
LONE STAR CHAPTER PVA 3925 FOREST LANE GARLAN, TX 750426932	74-6077762	501C3	122,500				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
MICHIGAN CHAPTER PVA 40550 GRAND RIVER AVENUE NOVI, MI 483752808	38-6120911	501C3	122,500				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
MID-AMERICA CHAPTER PVA 6108 NW 63RD STREET SUITE A OKLAHOMA CITY, OK 731327526	73-1100787	501C3	122,500				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
MID-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 232364060	54-0653585	501C3	122,500				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
MID-SOUTH CHAPTER PVA 1030 JEFFERSON AVE ROOM 20100 MEMPHIS, TN 381042127	62-6042046	501C3	122,500				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
MINNESOTA CHAPTER PVA 1 VETERAN DRIVE SCI - 238 MINNEAPLIS,MN 554172309	41-1724527	501C3	122,500				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
MOUNTAIN STATES CHAPTER PVA 12200 E ILIFF AVE SUITE 107 AURORA,CO 800014537	84-6036190	501C3	122,500				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
NEVADA CHAPTER PVA 704 SOUTH JONES BLVD LAS VEGAS,NV 891073614	31-1647467	501C3	122,500				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
NEW ENGLAND CHAPTER PVA 1600 PROVIDENCE HIGHWAY SUITE 143 WALPOLE, MA 02081	04-6112881	501C3	122,500				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
NORTH CENTRAL CHAPTER PVA 209 NORTH GARFIELD AVE SIOUX FALLS, SD 571045601	46-0359947	501C3	122,500				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
NORTHWEST CHAPTER PVA 616 SW 152ND ST SUITE B BURIEN, WA 981662225	91-1017716	501C3	122,500				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
OREGON CHAPTER PVA 3700 SILVERTON ROAD NE SALEM, OR 973051472	93-0713859	501C3	122,500				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
PUERTO RICO CHAPTER PVA 812 MOLUCA ST URB COUNTRY CLUB SAN JUAN, PR 009241723	66-0346980	501C3	122,500				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
SOUTHEASTERN CHAPTER PVA 4010 DEANS BRIDGE ROAD HEPHZIBAH, GA 308155616	58-6055069	501C3	122,500				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
TEXAS CHAPTER PVA 2656 SOUTH LOOP WEST SUITE 130 HOUSTON, TX 77054	74-6077762	501C3	122,500				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
VAUGHAN CHAPTER PVA 2235 ENTERPRISE DRIVE SUITE 3501 WESTCHESTER, IL 601545806	36-6156338	501C3	122,500				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
WEST VIRGINIA PVA 336 CAMPVALLS CREEK DRIVE CHARLESTON, WV 253066806	55-0718655	501C3	122,500				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
WISCONSIN CHAPTER PVA 2311 S 108TH STREET WEST ALLIS, WI 532771901	39-1393216	501C3	122,500				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
ZIA CHAPTER PVA 933 GIBSON BLVD ALBUQUERQUE, NM 871024926	59-1161641	501C3	122,500				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
RESNA 1700 N MOORE STREET ARLINGTON, VA 22209	36-3102888	501C3	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
BENEFICAL DESIGNS 2240 MERIDIAN BLVD SUITE C MINDEN, NV 894234311	88-0479254	501C3	30,000				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	501C3	202,500				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
HUMAN ENGINEERING RESEARCH LAB 7180 HIGHLAND DRIVE PITTSBURGH, PA 15206	25-0965591	501C3	81,000				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
PVA SPINAL CORD RESEACH FOUNDATION 801 EIGHTEENTH STREET NW WASHINGTON,DC 20006	52-1064398	501C3	486,000				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
PVA EDUCATION & TRAINING FOUNDATION 801 EIGHTEENTH STREET NW WASHINGTON,DC 20006	94-2733585	501C3	75,000				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
KENTUCKYINDIANA CHAPTER PVA 1030 GOSS AVENUE LOUISVILLE, KY 402171236	61-1123112	501C3	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
MID-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 232364060	54-0653585	501C3	5,562				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
MID-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 232364060	54-0653585	501C3	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
MID-AMERICA CHAPTER PVA 6108 NW 63RD STREET SUITE A OKLAHOMA CITY, OK 731327526	73-1100787	501C3	5,185				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
MID-AMERICA CHAPTER PVA 6108 NW 63RD STREET SUITE A OKLAHOMA CITY, OK 731327526	73-1100787	501C3	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
BUCKEYE CHAPTER PVA 26250 EUCLID AVE SUITE 115 EUCLID, OH 44132	23-7193597	501C3	5,256				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
FLORIDA GULF COAST CHAPTER PVA 15435 NORTH FLORIDA AVENUE TAMPA, FL 33613	23-7037565	501C3	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
WISCONSIN CHAPTER PVA 2311 S 108TH STREET WEST ALLIS, WI 532771901	39-1393216	501C3	5,893				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
NORTHWEST CHAPTER PVA 616 SW 152ND ST SUITE B BURIEN,WA 981662225	91-1017716	501C3	5,494				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
SOUTHEASTERN CHAPTER PVA 4010 DEANS BRIDGE ROAD HEPHZIBAH, GA 308155616	58-6055069	501C3	5,455				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
KEYSTONE CHAPTER PVA 1113 MAIN STREET PITTSBURGH, PA 152152407	25-1291634	501C3	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
NORTH CENTRAL CHAPTER PVA 209 NORTH GARFIELD AVE SIOUX FALLS, SD 571045601	46-0359947	501C3	6,528				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
NATIONAL NEUROTRAUMA SOCIETY 9030 RON DEN LANE WINDMERE, FL 34786		501C3	7,000				EDUCATION GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

Part I

Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOHN D RING CHIEF FIN OFFICER	(i) (ii)	196,285		17,559		34,371	248,215	
(2)HOMER TOWNSEND EXECUTIVE DIRECTOR	(i) (ii)	159,028		9,104		18,660	186,792	
(3)LANA MCKENZIE DIR HEALTH SERVICES	(i) (ii)	158,647		12,807		23,222	194,676	
(4)LEONARD SELFON GENERAL COUNSEL	(i) (ii)	162,821		5,358		13,437	181,616	
(5)SHERMAN GILLUMS DIRECTOR OF VBD	(i) (ii)	154,454		1,112		10,408	165,974	
(6)DOUG VOLLMER DIR OF GOV'T REL	(i) (ii)	146,480		9,006		27,766	183,252	
(7)RICHARD KALAFUS CONTROLLER	(i) (ii)	135,409		1,020		13,617 7	150,046 7	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	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 DRIVES INDIVIDUALS IN WHEELCHAIRS TO MEETINGS DURING THE DAY THE EMPLOYEE ALSO IS RESPONSIBLE FOR RENTING AND SCHEDULING WHEELCHAIR EQUIPPED VANS FOR OUT OF TOWN MEETINGS AND RUNNING A PROGRAM THAT OFTEN MOVES 50 TO 100 WHEELCHAIR USERS FROM THE AIRPORT TO THE HOTEL AND AROUND THE MEETING CITY AS NEEDED ABOUT 40% OF THIS EMPLOYEE'S TIME IS ON ADMINISTRATIVE TASKS SUCH AS ANSWERING THE PHONE PVA ALLOWS SPOUSE TRAVEL OF EXECUTIVE COMMITTEE MEMBERS TO ALL MEETINGS, CHAPTER VISITS AND SPORTING EVENTS THE AMOUNT OF TRAVEL REQUIRED OF THE NINE MEMBERS OF THE PVA EXECUTIVE COMMITTEE IS EXTENSIVE AS PREVIOUSLY STATED ALL MEMBERS HAVE SPINAL CORD INJURY OR DISEASE AND ARE WHEELCHAIR USERS MAKING THE ASSISTANCE OF A SPOUSE NECESSARY SPOUSE/ATTENDANT TRAVEL IS ALLOWED FOR ANY MEMBER OF PVA WHEREBY THE MEMBER COULD NOT TRAVEL WITHOUT THEIR ASSISTANCE

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	269	297,563	BLUE BOOK AND MARKET
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	75,000	APPRAISAL
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29

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

30a

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

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

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

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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2013

Open to Public Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number

13-1946868

Return Reference	Explanation	
	FORM 990 - ORGANIZATION'S MISSION	<p>PARALYZED VETERANS OF AMERICA ~ CHANGING LIVES, BUILDING FUTURES PARALYZED VETERANS OF AMERICA (PARALYZED VETERANS) IS THE ONLY CONGRESSIONALLY CHARTERED VETERANS SERVICE ORGANIZATION DEDICATED SOLELY FOR THE BENEFIT AND REPRESENTATION OF VETERANS WITH SPINAL CORD INJURY OR DISEASE. FOR NEARLY 70 YEARS, WE HAVE ENSURED THAT VETERANS HAVE RECEIVED THE BENEFITS EARNED THROUGH THEIR SERVICE TO OUR NATION, MONITORED THEIR CARE IN VA SPINAL CORD INJURY UNITS, AND FUNDED RESEARCH AND EDUCATION IN THE SEARCH FOR A CURE AND IMPROVED CARE FOR INDIVIDUALS WITH PARALYSIS. AS A PARTNER FOR LIFE, PARALYZED VETERANS ALSO DEVELOPS TRAINING AND CAREER SERVICES, WORKS TO ENSURE ACCESSIBILITY IN PUBLIC BUILDINGS AND SPACES, PROVIDES HEALTH AND REHABILITATION OPPORTUNITIES THROUGH SPORTS AND RECREATION AND ADVOCATES FOR VETERANS AND ALL PEOPLE WITH DISABILITIES. WITH MORE THAN 70 OFFICES AND 34 CHAPTERS, PARALYZED VETERANS SERVES VETERANS, THEIR FAMILIES, AND THEIR CAREGIVERS IN ALL 50 STATES, THE DISTRICT OF COLUMBIA AND PUERTO RICO. 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 IN TO 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.</p> <p>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.</p> <p>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 \$6.3 BILLION IN VITAL VETERANS HEALTH CARE AND BENEFITS FUNDING. IN TURN, OUR STAFF FOUGHT THROUGH MILES OF BUREAUCRATIC RED TAPE TO SECURE OVER 1 BILLION IN SERVICE-EARNED BENEFITS FOR THOUSANDS OF VETERANS - WE PROVIDE EXPERT INDEPENDENT OVERSIGHT FOR VA HEALTH CARE SERVICES AND FACILITIES ~ LAST YEAR WE DID 400 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 2013, 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.</p> <p>MAJOR ACHIEVEMENTS FROM OUR FIRST 68 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 CO-PRESENTED 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 ANNU</p>

Return Reference	Explanation	
	FORM 990 - ORGANIZATION'S MISSION	AL HEALTH SUMMITS, HAVE CREATED UNIQUE EDUCATIONAL NETWORKING OPPORTUNITIES FOR SPINAL COR D 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 CA REERS WE WANT ALL VETERANS TO HAVE ACCESS TO THE AMERICAN DREAM OF A GOOD JOB WITH A GOOD COMPANY

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>THE PROGRAM ALSO OFFERS CAREER ASSISTANCE SERVICES, INCLUDING VOCATIONAL REHABILITATION, TO ASSIST VETERANS AND CAREGIVERS WHO FACE BARRIERS TO EMPLOYMENT WITH FINDING TRAINING PROGRAMS AND/OR CAREER OPPORTUNITIES IN BOTH THE PRIVATE AND PUBLIC SECTOR AS OF JUNE 30, 2014, THERE WERE SIX VOCATIONAL REHABILITATION OFFICES STAFFED BY CERTIFIED REHABILITATION COUNSELORS AND AN EMPLOYER NETWORK COORDINATOR LOCATED AT THE PVA NATIONAL OFFICE THE PROGRAM ALSO INCLUDES A MEDICAL STAFF OF PHYSICIANS, ARCHITECTS, AND REGISTERED NURSES WHO PARTNER WITH SERVICE OFFICERS AND PVA CHAPTER MEMBERS ON SITE TEAMS TO MONITOR THE HEALTH CARE PROVIDED BY THE VA TO VETERANS WITH SPINAL CORD DYSFUNCTIONS AT EACH VA MEDICAL CENTER THERE ARE CURRENTLY 25 VA HOSPITALS THAT HAVE SPECIALIZED SPINAL CORD INJURY & DISORDER CENTERS, WHICH ARE MONITORED DAILY BY FIELD STAFF AND VISITED BY A SITE TEAM EACH YEAR THIS PROGRAM ALSO PROVIDES FOR THE REPRESENTATION OF VETERANS BEFORE THE VA BOARD OF VETERANS' APPEALS, THE U S COURT OF APPEALS FOR VETERANS CLAIMS AND THE U S COURT OF APPEALS FOR THE FEDERAL CIRCUIT IN ADDITION, THE PROGRAM PUBLISHES MONTHLY MAGAZINES THAT EXPLORE CURRENT ISSUES OF IMPORTANCE TO PERSONS WITH SPINAL CORD DYSFUNCTION AND OTHER SEVERE DISABILITIES</p>

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	ON ISSUES AS DIVERSE 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 SPINAL CORD INJURY/DISEASE(SC/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.

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>ADVOCACY (EXPENSES 2,237,395 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 POLICY MAKERS TO INITIATE AND IMPLEMENT LEGISLATION THAT PROVIDES NECESSARY BENEFITS AND SERVICES FOR VETERANS, THEIR DEPENDENTS AND THEIR SURVIVORS, INCLUDING COMPENSATION, PENSION, INSURANCE, HOUSING AND 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 POLICY MAKERS 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 2,317,453 INCLUDING GRANTS OF 193,452 REVENUE OF 8,294) 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 2,035,434 INCLUDING GRANTS OF 900,250, 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>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	PVA HAS 18,670 MEMBERS

Return Reference	Explanation
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, 2013 EACH BOARD MEMBER HAS ONE VOTE OFFICERS DO NOT HAVE A VOTE

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS COMPLETED BY THE PVA CONTROLLER AND REVIEWED IN DETAIL BY THE PVA CFO AND OUTSIDE TAX ACCOUNTANTS, GELMAN, ROSENBERG & FREEDMAN, CPAS OF BETHESDA, MD. A DRAFT COPY OF THE RETURN WAS EMAILED TO ALL 33 BOARD MEMBERS AND ELEVEN 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.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	AT PVA'S FIRST BOARD OF DIRECTOR'S MEETING EACH YEAR BOARD MEMBERS ARE REQUIRED TO SIGN A STATEMENT THAT THEY HAVE READ AND AGREE TO ABIDE BY THE PVA CONFLICT OF INTEREST POLICY BEFORE THEY ARE CERTIFIED AS DIRECTORS. FURTHERMORE, IF THEY HAVE A CONFLICT THEY MUST REPORT IT. IF A BOARD MEMBER BECOMES AWARE OF A CONFLICT ON ANOTHER MEMBER'S BEHALF, THEY HAVE BEEN INSTRUCTED TO POINT OUT THE CONFLICT TO THE BOARD CHAIR FOR APPROPRIATE INVESTIGATION.

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR (ED) IS THE TOP OFFICIAL OF THE PARALYZED VETERANS OF AMERICA THE PVA BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE ED THE PVA BOARD HAS ACCESS TO THE THIRD PARTY SALARY SURVEY DONE FOR PVA (UPDATED IN 2014 FOR THE ED POSITION) PLUS OTHER PUBLISHED SURVEYS

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	WITH REGARD TO COMPENSATION, THAT PVA HAD A THIRD PARTY REVIEW SALARIES FOR ALL EMPLOYEES IN THE ORGANIZATION THE SURVEY WAS UPDATED BY THE SAME THIRD PARTY IN 2014 AND REVIEWED BY THE PVA EXECUTIVE DIRECTOR AND THE PVA DIRECTOR OF HUMAN RESOURCE MANAGEMENT TO ENSURE COMPLIANCE WITH PVA'S INTERNAL POLICY FOR COMPENSATION THE EXECUTIVE DIRECTOR, CHIEF FINANCIAL OFFICER AND DIRECTOR OF HUMAN RESOURCE MANAGEMENT APPROVE ALL SALARY CHANGES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 17	KENTUCKY, LOUISIANA, MASSACHUSETTS, MAINE, MARYLAND, 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

Return Reference	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 IT WEBSITE, WWW.PVA.ORG PVA ALSO PROVIDES PAPER COPIES UPON WRITTEN REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SPECIAL EVENT EXPENSE 341,034 SPECIAL EVENT EXPENSES -341,034

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 (if applicable) 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 entity?	
						Yes	No
(1) PVA SPINAL CORD RESEARCH FOUNDATION 801 EIGHTEENTH ST NW WASHINGTON, DC 20006 52-1064398	RES GRANT	DC	501C3	7	PVA	Yes	
(2) PVA SPINAL CORD INJURY EDUCATION AND TRAINING FOUNDATION 801 EIGHTEENTH ST NW WASHINGTON, DC 20006 94-2733585	ED GRANTS	DE	501C3	7	PVA	Yes	
(3) PARALYSIS SOCIETY OF AMERICA 801 EIGHTEENTH ST 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) Disproporionate 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 ST NW WASHINGTON, DC 20006 52-1242013	REAL ESTAT	DC	PVA	RELATED	12	3,376,438	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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b No

1c No

1d No

1e No

1f No

1g No

1h No

1i No

1j No

1k No

1l Yes

1m No

1n Yes

1o Yes

1p Yes

1q No

1r No

1s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PVA SPINAL CORD RESEARCH FOUNDATION	B	486,000	PVA BOARD APPROVAL
(2) PVA SPINAL CORD EDUC & TRAIN FDN	B	75,000	PVA BOARD APPROVAL
(3) PVA SPINAL CORD RESEARCH FOUNDATION	O	93,667	SPECIFIC EMPLOYEE WORK
(4) PVA SPINAL CORD RESEARCH FOUNDATION	Q	12,803	SPECIFIC EMPLOYEE WORK
(5) PVA SPINAL CORD EDUC & TRAIN FDN	O	64,142	SPECIFIC EMPLOYEE WORK
(6) PVA SPINAL CORD EDUC & TRAIN FDN	Q	8,767	SPECIFIC EMPLOYEE WORK

Schedule R (Form 990) 2013

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

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-s)	(c) Amount Involved	(d) Method of determining amount involved
PVA SPINAL CORD RESEARCH FOUNDATION	B	486,000	PVA BOARD APPROVAL
PVA SPINAL CORD EDUC & TRAIN FDN	B	75,000	PVA BOARD APPROVAL
PVA SPINAL CORD RESEARCH FOUNDATION	O	93,667	SPECIFIC EMPLOYEE WORK
PVA SPINAL CORD RESEARCH FOUNDATION	Q	12,803	SPECIFIC EMPLOYEE WORK
PVA SPINAL CORD EDUC & TRAIN FDN	O	64,142	SPECIFIC EMPLOYEE WORK
PVA SPINAL CORD EDUC & TRAIN FDN	Q	8,767	SPECIFIC EMPLOYEE WORK