

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 20,737,197 including grants of \$ 21,622) (Revenue \$ 426,635) See Additional Data
4b	(Code) (Expenses \$ 32,233,896 including grants of \$ 12,500) (Revenue \$ 67,830) See Additional Data
4c	(Code) (Expenses \$ 5,386,192 including grants of \$ 5,322,698) (Revenue \$) See Additional Data
	(Code) (Expenses \$ 6,275,464 including grants of \$ 1,632,349) (Revenue \$ 65,388) PVA ACHIEVEMENT IV - ADVOCACY (EXPENSES OF 1,966,954 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 CORD 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 PVA ACHIEVEMENT V - SPORTS AND RECREATION (EXPENSES OF 1,723,562 INCLUDING GRANTS OF 184,910 REVENUE OF 65,388) 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 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 PVA ACHIEVEMENT VI - RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION (EXPENSES OF 2,584,950 INCLUDING GRANTS OF 1,447,439 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 \$ 6,275,464 including grants of \$ 1,632,349) (Revenue \$ 65,388)
4e	Total program service expenses ▶ 64,632,749

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		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>		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 "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	94	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	312	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, IL, IN, KS, KY, LA, ME, MD, MN, MI, MS, NH, NJ, NM, NC, ND, OH, OR, PA, SC, TN, TX, UT, VA, WA, 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.
☒ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records.
 ► RICHARD KALAFUS PVA CFO PVA 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006 (202) 872-1300

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

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

Form **990** (2016)

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

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,829,881		274,868

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 ► 10

	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>		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>	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>		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	11,786,186
TARGET MARKETTEAM 600 NORTHPARK TOWN CENTER STE 1600 ATLANTA, GA 30328	MAIL PRODUCTION	8,406,347
GRANTMAIL DIRECT LTD ALBION PLAZA 2-6 GRAMVILLE ROAD HK HONG KONG HK	GIFTS/MAIL PROG	8,250,669
HUB LABELS INC 18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740	MAIL LABELS	6,927,705
CHLIC (CIGNA HEALTH INSURANCE) PO BOX 644546 PITTSBURGH, PA 15264	HEALTH INS	3,945,516

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 ► 69

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 . . .	1a	22,678			
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c	1,080,951			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	228,468			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	99,153,092			
	g	Noncash contributions included in lines 1a-1f \$	457,361				
	h	Total. Add lines 1a-1f	100,485,189				
Program Service Revenue			Business Code				
	2a	PARAPLEGIA NEWS	511120	217,879	11,315	206,564	
	b	VETERANS LEGAL SERVICES		133,376	133,376		
	c	INFORMATION PUBLICATIONS		67,830	67,830		
	d	SPORTS 'N SPOKES	511120	67,610	16,806	50,804	
	e	SPORTS EVENT REGISTRATION		65,388	65,388		
	f	All other program service revenue		7,770	7,770		
g	Total. Add lines 2a-2f	559,853					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	1,747,773		1,747,773	
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties	1,522,381		1,522,381	
	6a	(i) Real	(ii) Personal				
		Gross rents					
		b Less rental expenses					
		c Rental income or (loss)	152,290				
	d		Net rental income or (loss)	152,290		152,290	
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory	5,765,912				
		b Less cost or other basis and sales expenses	5,895,718				
		c Gain or (loss)	-129,806				
	d		Net gain or (loss)	-129,806		-129,806	
	8a	Gross income from fundraising events (not including \$ 1,080,951 of contributions reported on line 1c) See Part IV, line 18		209,800			
		a					
		b Less direct expenses	b				
	c		Net income or (loss) from fundraising events	6,063		6,063	
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
b Less direct expenses		b					
c		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances						
	a						
	b Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		104,343,743	302,485	257,368	3,298,701	

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 domestic organizations and domestic governments. See Part IV, line 21.	6,831,612	6,831,612		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	157,557	157,557		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,242,977	786,170	266,732	190,075
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.	15,677,496	12,921,104	757,805	1,998,587
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	767,553	666,942	30,518	70,093
9 Other employee benefits.	3,741,033	2,895,804	279,872	565,357
10 Payroll taxes.	1,286,869	1,118,186	51,166	117,517
11 Fees for services (non-employees):				
a Management.				
b Legal.	208,832	32,644	1,436	174,752
c Accounting.	194,859		194,859	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	64,967			64,967
f Investment management fees.	203,523		203,523	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,186,243	1,303,722	168,074	2,714,447
12 Advertising and promotion.	2,099,795	277,301	785,043	1,037,451
13 Office expenses.	885,595	623,013	121,436	141,146
14 Information technology.	1,131,850	763,708	43,329	324,813
15 Royalties.				
16 Occupancy.	1,039,854	923,534	35,283	81,037
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,141,194	2,988,450	473,900	678,844
20 Interest.	49,963	23,012	24,532	2,419
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	756,647	679,980	23,255	53,412
23 Insurance.	243,114	211,247	9,666	22,201
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	59,440,891	30,633,561	1,694,510	27,112,820
b MISCELLANEOUS EXPENSES	344,229	103,508	26,753	213,968
c READERSHIP COSTS-PN	336,535	336,535		
d PRINTING AND PUBLICATIONS	226,294	219,651	2,015	4,628
e All other expenses	184,212	135,508	6,890	41,814
25 Total functional expenses. Add lines 1 through 24e.	105,443,694	64,632,749	5,200,597	35,610,348
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).	59,440,891	30,633,561	1,694,510	27,112,820

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,152,981	1	1,343,150
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,114,212	4	3,827,857
	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		465,909	9	720,059
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	10,574,648		
	b	Less: accumulated depreciation	10b	7,238,697		
				3,077,053	10c	3,335,951
	11	Investments—publicly traded securities		50,750,539	11	59,442,580
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		3,881,062	15	3,881,062	
16	Total assets. Add lines 1 through 15 (must equal line 34)		64,441,756	16	72,550,659	
Liabilities	17	Accounts payable and accrued expenses		9,235,212	17	11,538,277
	18	Grants payable			18	
	19	Deferred revenue		666,642	19	1,013,810
	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.		1,144,069	25	1,274,624
	26	Total liabilities. Add lines 17 through 25		11,045,923	26	13,826,711
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		49,338,714	27	53,427,891
	28	Temporarily restricted net assets		4,057,119	28	5,296,057
	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		53,395,833	33	58,723,948
	34	Total liabilities and net assets/fund balances		64,441,756	34	72,550,659

Part XI Reconciliation of Net AssetsCheck 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	104,343,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	105,443,694
3	Revenue less expenses Subtract line 2 from line 1	3	-1,099,951
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,395,833
5	Net unrealized gains (losses) on investments	5	6,359,942
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	68,124
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	58,723,948

Part XII Financial Statements and ReportingCheck 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		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	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	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?		
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		

Additional Data

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

Form 990 (2016)

Form 990, Part III, Line 4a:

PVA ACHIEVEMENT I - VA BENEFITS AND MEDICAL ADVOCACY SERVICES 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 73 OFFICES AT DEPARTMENT OF VETERANS AFFAIRS (VA) MEDICAL CENTERS AND REGIONAL OFFICES THROUGHOUT THE UNITED STATES AND PUERTO RICO, DISTRIBUTED ACROSS THREE REGIONS WITH 161 EMPLOYEES TO ACCOMPLISH THIS GOAL PVA PROVIDES EXPERT ASSISTANCE AND ACCREDITED REPRESENTATION, WITHOUT CHARGE, TO VETERANS WITH A SPINAL CORD INJURY/DISEASE AND VETERANS OF ALL ERAS SEEKING HEALTH CARE AND OTHER VA BENEFITS TO WHICH THEY ARE ENTITLED 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, 2016, 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 PROFESSIONAL STAFF OF PHYSICIANS, ARCHITECTS, AND REGISTERED NURSES WHO PARTNER WITH SERVICE OFFICERS AND PVA CHAPTER MEMBERS THROUGHOUT THE YEAR TO MONITOR THE HEALTH CARE PROVIDED BY THE VA TO VETERANS WITH SPINAL CORD INJURY/DISEASE AT VA MEDICAL CENTERS THROUGHOUT THE COUNTRY THERE ARE CURRENTLY 25 VA HOSPITALS THAT HAVE SPECIALIZED SPINAL CORD INJURY & DISEASE CENTERS, WHICH ARE MONITORED DAILY BY FIELD STAFF AND VISITED BY A SURVEY 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 INJURY/DISEASE AND OTHER SEVERE DISABILITIES

Form 990, Part III, Line 4b:

PVA ACHIEVEMENT II - 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 ~ 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 RESEARCHERS FROM BOTH THE PUBLIC AND PRIVATE SECTORS FOR A THREE-DAY HEALTH CARE SUMMIT DESIGNED TO IMPROVE CARE FOR ALL DISABLED AMERICANS

Form 990, Part III, Line 4c:

PVA ACHIEVEMENT III - 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 OUT ABOUT OUR SERVICES TO MILLIONS EVERY YEAR

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
KEVIN PATTON DIR BAY ARE	20 00	X						0	0	0
WILLIE HARVEY DIR BAYOU GU	20 00	X						0	0	0
CARL HARRIS DIRECTOR, BU	20 00	X						0	0	0
JIM RUSSELL DIRECTOR, CA	20 00	X						0	0	0
JACQUELINE BASKETT DIRECTOR, CA	20 00	X						0	0	0
STEVE KIRK DIRECTRO CEN	20 00	X						0	0	0
RONALD P HOSKINS DIRECTOR, CO	20 00	X						0	0	0
JOSEPH DEL VECCHIO DIRECTOR FLO	20 00	X						0	0	0
EDUARDO OYOLA-RIVERA DIR FL GULF	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			
STANLEY D BROWN DIRECTOR GAT	20 00	X						0	0	0
DAVID NELSON JR DIR GREAT P	20 00	X						0	0	0
KENNETH E LLOYD DIRECTOR IOW	20 00	X						0	0	0
WILLIAM T VALLANDINGHAM DIRECTOR KY-	20 00	X						0	0	0
WILLIAM D JAKOVAC DIRECTOR KEY	20 00	X						0	0	0
MELSVIN K HASENYAGER DIRECTOR LON	20 00	X						0	0	0
DAVID PECK DIRECTOR MIC	20 00	X						0	0	0
WILLIAM H WOOD DIRECTOR MID	20 00	X						0	0	0
CHARLES R WEIR DIR MID-ATL	20 00	X						0	0	0
TRUMAN A SUTTLE DIRECTOR MID	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			
KEN J KLEIN DIRECTOR MIN	20 00	X						0	0	0
ALAN C JONES DIR MOUNTAI	20 00	X						0	0	0
LESTER WOOD DIRECTOR NEV	20 00	X						0	0	0
NEAL A WILLIAMS DIR NEW ENG	20 00	X						0	0	0
MICHAEL OLSON DIR NORTH C	20 00	X						0	0	0
MIKE PARTRIDGE DIRECTOR NOR	20 00	X						0	0	0
WILLIAM C GRAY DIRECTOR ORE	20 00	X						0	0	0
JAMES TORRES DIRECTOR PUE	20 00	X						0	0	0
PAUL STEWART DIR SOUTHEA	20 00	X						0	0	0
DARRELL WILSON DIRECTOR TEX	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				
GILBERT MILLER DIR WEST VI	20 00	X						0	0	0	
KEN NESS DIRECTOR WIS	20 00	X						0	0	0	
JOHN D RING CHIEF FIN O	50 00			X				227,787	0	36,635	
SHERMAN GILLUMS EXECUTIVE DI	8 00 50 00			X				172,890	0	12,258	
ALBERT KOVACH JR PRESIDENT	40 00 8 00			X				91,310	0	7,195	
DAVID ZURFLUH SENIOR VP	35 00 4 00			X				9,000	0	0	
HACK ALBERTSON VICE PRESIDE	35 00			X				9,000	0	0	
JOSEPH L FOX SR VICE PRESIDE	35 00			X				9,000	0	0	
KEN WEAS VICE PRESIDE	35 00			X				9,000	0	0	
LARRY J DODSON SECRETARY	40 00			X				9,000	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			
CHARLES O BROWN VICE PRESIDE	35 00			X				9,000	0	0
TOM WHEATON TREASURER	40 00			X				9,000	0	0
BILL LAWSON IMMEDIATE PA	30 00			X				9,000	0	0
LEONARD SELFON GENERAL COUN	50 00				X			200,121	0	15,588
LANA MCKENZIE AED OF MEDIC	50 00				X			191,075	0	37,619
DAVID FANNING ACTING AED O	50 00				X			162,901	0	35,557
WILLIAM BLAKE AED OF GOV'T	50 00					X		157,269	0	35,687
MARK LICHTER DIR OF ARCH	50 00					X		143,787	0	34,557
RICHARD KALAFUS CONTROLLER	50 00					X		140,143	0	22,324
LESLIE ZUPAN DIRECTOR OF	50 00					X		136,457	0	18,341

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			
LINDA BLAHUT DEPUTY GEN	50 00					X		134,141	0	19,107

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization PARALYZED VETERANS OF AMERICA	Employer identification number 13-1946868

Part I 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 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	77,739,110	101,739,309	104,956,855	100,829,097	100,485,189	485,749,560
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	703,920	907,212	954,719	968,846	1,000,739	4,535,436
4	Total. Add lines 1 through 3	78,443,030	102,646,521	105,911,574	101,797,943	101,485,928	490,284,996
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						490,284,996

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	78,443,030	102,646,521	105,911,574	101,797,943	101,485,928	490,284,996
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,304,307	3,100,710	3,363,882	3,219,533	3,422,444	15,410,876
9	Net income from unrelated business activities, whether or not the business is regularly carried on	269,277	375,303	92,256	253,017	257,368	1,247,221
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						506,943,093
12	Gross receipts from related activities, etc. (see instructions)					12	302,485
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 96.710 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 96.690 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 7202 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 fileForm 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-
2				
3				
4				
5				
6				

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)

111,252

b Total lobbying expenditures to influence a legislative body (direct lobbying)

299,421

c Total lobbying expenditures (add lines 1a and 1b)

410,673

d Other exempt purpose expenditures

104,947,306

e Total exempt purpose expenditures (add lines 1c and 1d)

105,357,979

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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?☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	406,151	325,084	367,427	410,673	1,509,335
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	88,741	87,662	107,270	111,252	394,925

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 on 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).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493313036417	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1				► \$	
b Assets included in Form 990, Part X				► \$	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
			Cat No 52283D Schedule D (Form 990) 2016		

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" on 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, for escrow or custodial account liability?

☐ 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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 on 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" on 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' on 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	4,750,531		3,243,425	1,507,106
d Equipment	5,824,117		3,995,272	1,828,845
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				3,335,951

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INVESTMENT IN 801 18TH STREET ASSOC	2,052,688
(2) DUE FROM 801 18TH SREET ASSOC	1,828,374
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	3,881,062

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASES PAYABLE	1,274,624
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,274,624

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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

Complete if the organization answered 'Yes' on 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 (losses) 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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 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 2014 FOR THE YEARS END ED JUNE 30, 2017 AND 2016, RESPECTIVELY, THERE WERE NO INTEREST OR PENALTIES TO UNCERTAIN TAX POSITIONS RECORDED IN STATEMENTS OF ACTIVITIES

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

OMB No 1545-0047

2016

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" on 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 INSURANCE AUTO AUCTIONS TWO WESTBROOK CORP CTR SUITE 500 WESTCHESTER, IL 60154	CAR DON	Yes		323,192	64,967	258,225
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				323,192	64,967	258,225

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- All States
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
- Cat No 50083H
- Schedule G (Form 990 or 990-EZ) 2016

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 HONORS GALA (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
1	Gross receipts	639,655	480,050	171,046	1,290,751
2	Less Contributions	618,553	462,398		1,080,951
3	Gross income (line 1 minus line 2)	21,102	17,652	171,046	209,800
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,617	718		2,335
	6 Rent/facility costs				
	7 Food and beverages	91,322			91,322
	8 Entertainment	1,825			1,825
	9 Other direct expenses	97,513	10,742		108,255
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				203,737
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				6,063

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

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

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

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

☐ Yes ☐ No

b If "No," explain _____

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

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct 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 conducted 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
SCHEDULE G, PAGE 1, PART I, LINE 2B, COLUMN (III)	INSURANCE AUTO AUCTIONS ACCEPTED AND SOLD DONATED CARS

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Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on 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
2016
Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

Part I

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

60

3

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) EDUCATIONAL SCHOLARSHIPS	12	12,500			
(2) DISASTER RELIEF	9	9,123			
(3) PVA SUMMIT SCHOARSHIPS	265	117,810			
(4) MS SCHOLARSHIPS	17	16,850			
(5) SPORTS TRAVEL GRANTS	2	1,274			
(5)					
(6)					
(7)					

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 STATEMENTS 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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CHAPTER PVA 5015 N 7TH AVENUE SUITE 2 PHOENIX, AZ 85013	25-7174799	501C3	158,100				CHAPTER GRANT
BAY AREA & WETERN CHAPTER PVA 3801 MIRANDA AVENUE PALO ALTO, CA 94304	94-6132553	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYOU GULF STATES CHAPTER PVA 15489 DEDEAUX ROAD GULPORT, MS 39503	94-6132553	501C3	158,100				CHAPTER GRANT
BUCKEYE CHAPTER PVA 26250 EUCLID AVE SUITE 115 EUCLID, OH 44132	23-7193597	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAL DIEGO CHAPTER PVA VAMC 3550 LAJOLLA VILLAGE DRIVE SAN DIEGO, CA 92161	95-3691162	501C3	158,100				CHAPTER GRANT
CALIFORNIA CHAPTER PVA 5901 E SEVENTH STREET LONG BEACH, CA 90822	95-6089203	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA CHAPTER PVA 2711 SOUTH DESIGN COURT SANFORD, FL 32773	59-1793434	501C3	158,100				CHAPTER GRANT
COLONIAL CHAPTER PVA 356 E MAIN STREET SUITE 103 NEWARK, DE 19711	23-7099908	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA CHAPTER PVA 3799 N ANDREWS AVENUE FT LAUDERDALE, FL 33309	59-1731533	501C3	158,100				CHAPTER GRANT
FLORIDA GULF COAST CHAPTER PVA 15435 NORTH FLORIDA AVENUE TAMPA, FL 33613	23-7037565	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT PLAINS CHAPTER PVA 7612 MAPLE STREET OMAHA, NE 68134	23-7193599	501C3	158,100				CHAPTER GRANT
IOWA CHAPTER PVA 3703 1/2 DOUGLAS AVENUE DES MOINES, IA 50310	42-1320922	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKYINDIANA CHAPTER PVA 1030 GOSS AVENUE LOUISVILLE, KY 40217	61-1123112	501C3	158,100				CHAPTER GRANT
KEYSTONE CHAPTER PVA 1113 MAIN STREET PITTSBURGH, PA 15215	25-1291634	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONE STAR CHAPTER PVA 3925 FOREST LANE GARLAND, TX 75042	74-6077762	501C3	158,100				CHAPTER GRANT
MICHIGAN CHAPTER PVA 40550 GRAND RIVER AVENUE NOVI, MI 48375	38-6120911	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID AMERICA CHAPTER PVA 6108 NW 63RD STREET SUITE A OKLAHOMA CITY, OK 73132	73-1100787	501C3	158,100				CHAPTER GRANT
MID-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 23236	54-0653585	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-SOUTH CHAPTER PVA 1030 JEFFERSON AVENUE ROOM 20100 MEMPHIS, TN 38104	62-6042046	501C3	158,100				CHAPTER GRANT
GATEWAY CHAPTER PVA 1311 LINDBERGH PLAZA CENTER ST LOUIS, MO 63132	51-0217506	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA CHAPTER PVA 1 VETERANS DRIVE SCI - 238 MINNEAPOLIS, MN 55417	41-1722452	501C3	158,100				CHAPTER GRANT
MOUNTAIN STATES CHAPTER PVA 12200 E ILLIFF AVE SUITE 107 AURORA, CO 80014	84-6036190	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVEDA CHAPTER PVA 704 SOUTH JONES BLVD LAS VEGAS, NV 89107	31-1647467	501C3	158,100				CHAPTER GRANT
NEW ENGLAND CHAPTER PVA 1600 PROVIDENCE HIGHWAY SUITE 143 WALPOLE, MA 02081	04-6112881	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL CHAPTER PVA 209 NORTH GARFIELD AVENUE SIOUX FALLS, SD 57104	46-0359947	501C3	158,100				CHAPTER GRANT
NORTHWEST CHAPTER PVA 616 SW 152ND STREET SUITE B BURIEN, WA 98166	91-1017716	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON CHAPTER PVA 3700 SILVETON ROAD NE SALEM, OR 97305	93-0713859	501C3	158,100				CHAPTER GRANT
PUERTO RICO CHAPTER PVA 812 MOLUCA STREET URB COUNTRY CLUB SAN JUAN, PR 00924	66-0346980	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN CHAPTER PVA 4010 DEANE BRIDGE ROAD HEPHZIBAH, GA 30815	58-6055069	501C3	158,100				CHAPTER GRANT
TEXAS CHAPTER PVA 2656 SOUTH LOOP WEST SUITE 130 HOUSTON, TX 77054	74-6077762	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAUGHAN CHAPTER PVA 2235 ENTERPRISE DRIVE SUITE 3501 WESTCHESTER, IL 60154	36-6156638	501C3	158,100				CHAPTER GRANT
WEST VIRGINIA CHAPTER PVA 336 CAMPBELL CREEK DRIVE CHARLESTON, WV 25306	55-0718655	501C3	158,100				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN CHAPTER PVA 2311 S 108TH STREET WEST ALLIS, WI 53277	39-1393216	501C3	158,100				CHAPTER GRANT
ZIA CHAPTER PVA 933 GIBSON BLVD ALBUQUERQUE, NM 87102	59-1161641	501C3	105,400				CHAPTER GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CHAPTER PVA 616 SW 152ND STREET SUITE B BURIEN, WA 98166	91-1017716	501C3	6,000				SHOOTING SPORTS GRT
KEYSTONE CHAPTER PVA 1113 MAIN STREET PITTSBURGH, PA 15215	25-1291634	501C3	6,000				SHOOTING SPORTS GRT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON CHAPTER PVA 3700 SILVERTON ROAD NE SALEM, OR 97305	93-0713859	501C3	6,000				SHOOTING SPORTS GRT
WISCONSIN CHAPTER PVA 2311 S 108TH STREET WEST ALLIS, WI 53277	39-1393216	501C3	6,000				SHOOTING SPORTS GRT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL CHAPTER PVA 209 NORTH GARFIELD AVENUE SIOUX FALLS, SD 57104	46-0359947	501C3	6,000				SPTS SHOOTING GRANT
MID-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 23236	54-0653585	501C3	6,000				SHOOTING SPORTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CHAPTER PVA 5015 N 7TH AVENUE SUITE 2 PHOENIX, AZ 85013	25-7174799	501C3	6,874				SHOOTING SPORTS GRT
MINNESOTA CHAPTER PVA 1 VETERANS DRIVE SCI - 238 MINNEAPOLIS, MN 55417	41-1722452	501C3	6,000				SHOOTING SPORTS GRAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VAUGHAN CHAPTER PVA 2235 ENTERPRISE DRIVE SUITE 3501 WESTCHESTER, IL 60154	36-6156638	501C3	6,000				SHOOTING SPORTS GRT
NEVEDA CHAPTER PVA 704 SOUTH JONES BLVD LAS VEGAS, NV 89107	31-1647467	501C3	6,000				SHOOTING SPORTS GRT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAL DIEGO CHAPTER PVA VAMC 3550 LAJOLLA VILLAGE DRIVE SAN DIEGO, CA 92161	95-3691162	501C3	6,000				SHOOTING SPORTS
BUCKEYE CHAPTER PVA 26250 EUCLID AVE SUITE 115 EUCLID, OH 44132	23-7193597	501C3	8,000				AIR RFLE GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN CHAPTER PVA 4010 DEANE BRIDGE ROAD HEPHZIBAH, GA 30815	58-6055069	501C3	7,500				FISHING SPORTS GRANT
MID AMERICA CHAPTER PVA 6108 NW 63RD STREET SUITE A OKLAHOMA CITY, OK 73132	73-1100787	501C3	7,500				FISHING SPORTS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST CHAPTER PVA 15435 NORTH FLORIDA AVENUE TAMPA, FL 33613	23-7037565	501C3	7,500				FISHING SPORTS GRANT
VAUGHAN CHAPTER PVA 2235 ENTERPRISE DRIVE SUITE 3501 WESTCHESTER, IL 60154	36-6156638	501C3	7,500				FISHING SPORTS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKYINDIANA CHAPTER PVA 1030 GOSS AVENUE LOUISVILLE, KY 40217	61-1123112	501C3	7,500				FISHING SPORTS GRANT
MID-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 23236	54-0653585	501C3	7,500				FISHING SPORTS GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENEFICIAL DESIGNS 2240 MERIDAN BLVD SUITE C MINDEN, NV 89423	88-0479254	501C3	30,000				RESEARCH GRANT
YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	501C3	270,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN ENGINEERING RESEARCH LAB 7180 HIGHLAND DRIVE PITTSBURGH, PA 15206	25-0965591	501C3	121,500				RESEARCH GRANT
PVA SPINAL CORD RESEARCH FOUNDATION 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006	52-1064398	501C3	648,000				RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA SPINAL CORD RESEARCH FOUNDATION 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006	52-1064398	501C3	143,278				RESEARCH GRANT
VA CINCINNATI OH		GOV	8,713				NVWG LOCAL COMMITTEE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PVA EDUCATION & TRAINING FOUNDATION 801 EIGHTEENTH STREET NW WASHINGTON, DC 20006	94-2733585	501C3	100,000				EDUCATION GRANT
PUERTO RICO CHAPTER PVA 812 MOLUCA STREET URB COUNTRY CLUB SAN JUAN, PR 00924	66-0346980	501C3	10,000				WHEELCHAIR REPAIR

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</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 type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 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?		No
3 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><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
7 For persons listed on 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.		No
8 Were any amounts reported on 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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 on 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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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.

Additional Data

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

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN D RING CHIEF FIN OFFICER	(i)	208,537		19,250	11,357	25,278	264,422	
	(ii)					-	-	
1SHERMAN GILLUMS EXECUTIVE DIRECTOR	(i)	166,905		5,985	10,014	2,244	185,148	
	(ii)					-	-	
2LEONARD SELFON GENERAL COUNSEL	(i)	187,328		12,793	5,635	9,953	215,709	
	(ii)					-	-	
3LANA MCKENZIE AED OF MEDICAL SER	(i)	183,280		7,795	11,197	26,422	228,694	
	(ii)					-	-	
4DAVID FANNING ACTING AED OF DEV	(i)	154,519		8,382	9,281	26,276	198,458	
	(ii)					-	-	
5WILLIAM BLAKE AED OF GOV'T RAL	(i)	154,347		2,922	9,265	26,422	192,956	
	(ii)					-	-	
6MARK LICHTER DIR OF ARCH & FAC	(i)	135,782		8,005	8,365	26,192	178,344	
	(ii)					-	-	
7RICHARD KALAFUS CONTROLLER	(i)	140,143			8,404	13,920	162,467	
	(ii)					-	-	
8LESLIE ZUPAN DIRECTOR OF IT	(i)	136,457			8,427	9,914	154,798	
	(ii)					-	-	
9LINDA BLAHUT DEPUTY GEN COUNSEL	(i)	134,141			8,507	10,600	153,248	
	(ii)					-	-	

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

2016

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	618	391,316	MARKET
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	12	66,045	MARKET
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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

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

Yes

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

Part II **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
SCHEDULE M, PAGE 1, PART I, LINE 32B	PVA CONDUCTS A CAR DONATION PROGRAM WHICH INSURANCE AUTO AUCTIONS, A PROFESSIONAL FUNDRAISER, CONDUCTS THERE WERE 612 CAR DONATIONS WHICH INSURANCE AUTO AUCTIONS TOOK POSSESSION OF THE CARS AND SOLD THEM

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493313036417
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization PARALYZED VETERANS OF AMERICA		Employer identification number 13-1946868	

990 Schedule O, Supplemental Information

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 OUR HISTORY IN 1946, 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 SEVEN DECADES, PARALYZED VETERANS' NATIONAL OFFICE AND OUR 34 CHAPTERS ACROSS THE NATION HAVE BEEN MAKING AMERICA A BETTER PLACE FOR ALL VETERANS AND PEOPLE WITH DISABILITIES WHAT WE DO - WE FIGHT FOR ALL VETERANS WITH DISABILITIES ~ LAST YEAR WE SERVED 50,000 VETERANS AND THEIR FAMILIES - WE ADVOCATE FOR QUALITY VA HEALTH CARE AND DECENT VETERANS BENEFITS ~ THIS YEAR ALONE, WE ADVOCATED MORE THAN 73 BILLION IN VITAL VETERANS HEALTH CARE AND BENEFITS FUNDING IN TURN, OUR STAFF FOUGHT THROUGH MILES OF BUREAUCRATIC RED TAPE TO SECURE OVER 1.07 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 36 HOSPITAL VISITS AND HELPED MORE THAN 3,400 CALLERS TO OUR HEALTH HOTLINE - WE PROVIDED 500 SCHOLARSHIPS TO EMPOWER HEALTH CARE PROFESSIONALS TO ATTEND OUR SUMMIT 2015, ONE OF THE WORLD'S LEADING CONFERENCE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>ES 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 MILLION TO INCUBATE SPINAL CORD INJURY RESEARCHERS BEFORE THEIR RESEARCH CAN CREATE ENOUGH SUPPORT FOR LARGE INVESTMENT BY GOVERNMENT OR INDUSTRY - WE PROMOTE AND PROVIDE WHEELCHAIR SPORTS AND RECREATIONAL ACTIVITIES - WE DELIVER OUR SERVICES TO ALL VETERANS AND THEIR FAMILIES FREE OF CHARGE, THANKS TO THE GENEROUS SUPPORT AND DONATIONS OF THE AMERICAN PEOPLE MAJOR ACHIEVEMENTS FROM OUR FIRST 70 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 SEVEN DECADES IN RESEARCH, NEW TREATMENTS, AND THE SEARCH FOR A CURE FOR PARALYSIS - HELPING TO INCREASE THE AVERAGE LIFE SPAN OF PARALYZED VETERANS FROM WHAT WAS NEAR ZERO AFTER INJURY IN THE 1940S TO NEAR NORMAL TODAY - WE LED THE WAY IN PROVIDING WORLD-CLASS PROFESSIONAL EDUCATION, CLINICAL PRACTICE GUIDELINES, AND THROUGH OUR ANNUAL HEALTH SUMMITS, HAVE CREATED UNIQUE EDUCATIONAL NETWORKING OPPORTUNITIES FOR SPINAL CORD INJURY CLINICIANS - WE CREATED OUR PAVE (PAVING ACCESS FOR VETERANS EMPLOYMENT) PROGRAM, WHICH IS DESIGNED TO HELP HARD-TO-PLACE VETERANS WITH DISABILITIES SECURE COMPETITIVE CAREERS WE WANT ALL VETERANS TO HAVE ACCESS TO THE AMERICAN DREAM OF A GOOD JOB WITH A GOOD COMPANY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>INJURY/DISEASE AND VETERANS OF ALL ERAS SEEKING HEALTH CARE AND OTHER VA BENEFITS TO WHICH THEY ARE ENTITLED 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, 2016, 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 PROFESSIONAL STAFF OF PHYSICIANS, ARCHITECTS, AND REGISTERED NURSES WHO PARTNER WITH SERVICE OFFICERS AND PVA CHAPTER MEMBERS THROUGHOUT THE YEAR TO MONITOR THE HEALTH CARE PROVIDED BY THE VA TO VETERANS WITH SPINAL CORD INJURY/DISEASE AT VA MEDICAL CENTERS THROUGHOUT THE COUNTRY THERE ARE CURRENTLY 25 VA HOSPITALS THAT HAVE SPECIALIZED SPINAL CORD INJURY & DISEASE CENTERS, WHICH ARE MONITORED DAILY BY FIELD STAFF AND VISITED BY A SURVEY 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 INJURY/DISEASE AND OTHER SEVERE DISABILITIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	COMPANION CONSUMER GUIDES ~ 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 RESEARCHERS FROM BOTH THE PUBLIC AND PRIVATE SECTORS FOR A THREE-DAY HEALTH CARE SUMMIT DESIGNED TO IMPROVE CARE FOR ALL DISABLED AMERICANS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>PVA ACHIEVEMENT IV - ADVOCACY (EXPENSES OF 1,966,954 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 THROUGHTOUT 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 CORD 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 PVA ACHIEVEMENT V - SPORTS AND RECREATION (EXPENSES OF 1,723,562 INCLUDING GRANTS OF 184,910 REVENUE OF 65,388) THE SPORTS AND RECREATION PROGRAMS HAVE A TRACK RECORD OF BUILDING CAMARADERIE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>AMONG PARTICIPANTS EVEN AS COMPETITORS PUSH THEMSELVES TO ACHIEVING PERSONAL BESTS IN OUT DOOR EVENTS SUCH AS TRAPSHOOTING, BASS FISHING AND HAND-CYCLING OR INDOOR EVENTS SUCH AS W EIGHTLIFTING, BILLIARDS, BOWLING, POOL OR WHEELCHAIR BASKETBALL-ATHLETES WHO PARTICIPATE D ERIVE THERAPEUTIC BENEFITS ON PHYSICAL, EMOTIONAL, AND SOCIAL LEVELS PVA ANNUALLY CO-PRES ENTS THE NATIONAL VETERANS WHEELCHAIR GAMES, AND SPONSORS AN ANNUAL BASS TOUR, TRAPSHOOT C IRCUIT, BILLIARDS TOURNAMENT AND POOL TOURNAMENT FOR THE BENEFIT OF ITS MEMBERSHIP AND OTH ERS WITH DISABILITIES PVA ACHIEVEMENT VI - RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION (EXPENSES OF 2,584,950 INCLUDING GRANTS OF 1,447,439 REVENUE OF 0) RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION AWARDS GRANTS FOR MEDICAL AND TECHNOLOGICAL RESEARCH INTO THE TREA TMENT OF SPINAL CORD INJURIES AND FOR THE DEVELOPMENT OF REHABILITATIVE METHODS AND DEVICE S 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 RESE ARCH FOUNDATION AND THE PVA EDUCATION FOUNDATION THE RESEARCH FOUNDATION IS ONE OF THE LE ADING PRIVATE SOURCES OF FUNDING FOR SPINAL CORD INJURY AND DISEASE RESEARCH THE EDUCATIO N 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 ENHANCIN G THEIR ABILITY TO PROVIDE THE MOST UP-TO-DATE SERVICES PVA ALSO FACILITATES THE DEVELOPM ENT AND PUBLICATION OF EVIDENCE BASED CLINICAL PRACTICE GUIDELINES IN ADDITION TO THE AFO REMENTIONED 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	PVA HAS 18,100 MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	PVA HAS 32 CHAPTERS AND THE MEMBERS IN EACH CHAPTER ELECT THE BOARD MEMBER FROM THE CHAPTER TWO CHAPTERS ARE UNDER NATIONAL MONITORING AND HAVE NO BOARD MEMBER OFFICERS ARE ELECTED BY THE BOARD AT THE ANNUAL MEETING HELD IN MAY, 2017 EACH BOARD MEMBER HAS ONE VOTE OFFICERS DO NOT HAVE A VOTE THERE ARE TWO CHAPTERS WHO DO NOT VOTE AT THIS TIME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS COMPLETED BY THE PVA ACTING CFO, WHO IS A CPA, AND REVIEWED IN DETAIL BY PVA'S OUTSIDE TAX ACCOUNTANTS, GELMAN, ROSENBERG & FREEDMAN, CPAS OF BETHESDA, MD A DRAFT COPY OF THE RETURN WAS EMAILED TO ALL 32 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 2016 FOR THE ED POSITION) PLUS OTHER PUBLISHED SURVEYS

990 Schedule O, Supplemental Information

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 2016 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

990 Schedule O, Supplemental Information

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, OREGON, PENNSYLVANIA, SOUTH CAROLINA, TENNESSEE, TEXAS, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DONATED VAN 68,124

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. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2016
		Open to Public Inspection

Name of the organization PARALYZED VETERANS OF AMERICA	Employer identification number 13-1946868
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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 18TH STREET NW WASHINGTON, DC 20006 52-1064398	RES GRANT	DC	501C3	7	PVA	Yes	
(2)PVA SPINAL CORD INJURY EDUCATION AND TRAINING FOUNDATION801 18TH STREET NW WASHINGTON, DC 20006 94-2733585	ED GRANTS	DE	501C3	7	PVA	Yes	
(3)PARALYSIS SOCIETY OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006 52-1266735	INACTIVE	DC	501C3	7	PVA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 801 18TH STREET ASSOCIATES 801 18TH STREET NW WASHINGTON, DC 20006 52-1242013	REAL ESTAT	DC	PVA	RELATED	12	3,376,474	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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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	648,000	PVA BOARD APPROVAL
(2) PVA SPINAL CORD EDUC & TRAIN FDN	B	100,000	PVA BOARD APPROVAL
(3) PVA SPINAL CORD RESEARCH FOUNDATION	O	47,097	SPECIFIC EMPLOYEE WORK
(4) PVA SPINAL CORD RESEARCH FOUNDATION	N	37,539	SPECIFIC EMPLOYEE WORK
(5) PVA SPINAL CORD EDUC & TRAIN FDN	O	23,538	SPECIFIC EMPLOYEE WORK
(6) PVA SPINAL CORD EDUC & TRAIN FDN	N	18,791	SPECIFIC EMPLOYEE WORK

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 related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	PVA SPINAL CORD RESEARCH FOUNDATION	B	648,000	PVA BOARD APPROVAL
(1)	PVA SPINAL CORD EDUC & TRAIN FDN	B	100,000	PVA BOARD APPROVAL
(2)	PVA SPINAL CORD RESEARCH FOUNDATION	O	47,097	SPECIFIC EMPLOYEE WORK
(3)	PVA SPINAL CORD RESEARCH FOUNDATION	N	37,539	SPECIFIC EMPLOYEE WORK
(4)	PVA SPINAL CORD EDUC & TRAIN FDN	O	23,538	SPECIFIC EMPLOYEE WORK
(5)	PVA SPINAL CORD EDUC & TRAIN FDN	N	18,791	SPECIFIC EMPLOYEE WORK