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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
PARALYZED VETERANS OF AMERICA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
801 EIGHTEENTH ST NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20006

D Employer identification number
13-1946868

E Telephone number
(202) 872-1300

G Gross receipts $ 108,160,813

F Name and address of principal officer:
DAVID ZURFLUH
801 EIGHTEENTH ST NW
WASHINGTON, DC 20006

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PVA.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1947

M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	287
6	Total number of volunteers (estimate if necessary)	6	975
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	145,144
b	Net unrelated business taxable income from Form 990-T, line 39	7b	-750

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	88,284,522	88,814,016
	9	Program service revenue (Part VIII, line 2g)	393,318	315,061
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,367,143	7,529,386
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,315,799	886,063
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,360,782	97,544,526
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,023,812	5,353,981
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,430,632	22,846,340
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,147,484	1,048,702
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶33,180,288		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	59,371,595	59,338,834
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	88,973,523	88,587,857
	19	Revenue less expenses. Subtract line 18 from line 12	3,387,259	8,956,669
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	67,577,844	75,160,828
	21	Total liabilities (Part X, line 26)	6,604,763	8,774,039
	22	Net assets or fund balances. Subtract line 21 from line 20	60,973,081	66,386,789

Part II Signature Block

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

Sign Here

****** 2021-05-10
Signature of officer Date

CHERYL TOPPING CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00288314
Firm's name ▶ GELMAN ROSENBERG & FREEDMAN			Firm's EIN ▶ 52-1392008	
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930			Phone no. (301) 951-9090	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the 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 $ 15,912,398 including grants of $) (Revenue $ 208,557)

See Additional Data

4b (Code:) (Expenses $ 19,617,592 including grants of $ 45,104) (Revenue $ 48,284)

See Additional Data

4c (Code:) (Expenses $ 4,673,137 including grants of $ 4,671,670) (Revenue $)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)

(Expenses $ 5,673,294 including grants of $ 637,207) (Revenue $ 58,220)

4e **Total program service expenses** ▶ 45,876,421

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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*(see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	112			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 287			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year?*If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ 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? . .	**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
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?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments?*If "No," provide an explanation in Schedule O* . .	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	**16**		No

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	**1a** 33			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
AL , AR , CA , FL , GA , IL , KS , KY , MA , MD , MN , MI , MS , NH , NJ , NM , NC , NY , OR , PA , SC , TN , UT , VA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶CHERYL TOPPING 801 EIGHTEENTH ST NW WASHINGTON, DC 20006 (202) 872-1300

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(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										

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,921,458	0	304,741

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 ▶ 33

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EDGE DIRECT LLC 3030 WATERVIEW AVE BALTIMORE, MD 21230	GIFTS/MAIL PROGRAM	39,000,127
HEARTLAND DIRECT INTERNATONAL LLC 2900 E APACHE STREET TULSA, OK 74110	GIFTS/MAIL PROGRAM	3,359,761
US POSTMASTER 900 BRENTWOOD ROAD NW WASHINGTON, DC 20001	MAIL DELIVERY	2,309,017
BLACKBAUD INC 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	DATA MANAGEMENT	1,588,253
LAKE GROUP MEDIA INC 1 BRYRAM BROOK LANE ARMONK, NY 10504	DATA MANAGEMENT	1,570,238

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 ▶ 51

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	113,913				
b Membership dues	1b					
c Fundraising events	1c	780,190				
d Related organizations	1d					
e Government grants (contributions)	1e	136,705				
f All other contributions, gifts, grants, and similar amounts not included above	1f	87,783,208				
g Noncash contributions included in lines 1a - 1f: $	1g	552,081				
h **Total.** Add lines 1a-1f ▶			88,814,016			
Program Service Revenue	Business Code					
2a PARAPLEGIA NEWS	511120		124,483	6,758	117,725	
b SPORTS EVENT REGISTRATION	900090		58,220	58,220		
c INFORMATION PUBLICATIONS	900090		48,284	48,284		
d VETERANS LEGAL SERVICES	900090		45,589	45,589		
e SPORTS 'N SPOKES	511120		35,815	8,396	27,419	
f All other program service revenue.			2,670	2,670		
g **Total.** Add lines 2a–2f. ▶	315,061					
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			1,259,915			1,259,915
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶			1,014,197			1,014,197
	(i) Real	(ii) Personal				
6a Gross rents 6a	64,458					
b Less: rental expenses 6b	0					
c Rental income or (loss) 6c	64,458					
d Net rental income or (loss) ▶			64,458			64,458
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory 7a	16,485,901	23,379				
b Less: cost or other basis and sales expenses 7b	10,239,809	0				
c Gain or (loss) 7c	6,246,092	23,379				
d Net gain or (loss) ▶			6,269,471			6,269,471
8a Gross income from fundraising events (not including $ 780,190 of contributions reported on line 1c). See Part IV, line 18	8a	69,810				
b Less: direct expenses	8b	376,478				
c Net income or (loss) from fundraising events ▶			-306,668			-306,668
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS INCOME	900099		114,076			114,076
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d ▶			114,076			
12 **Total revenue.** See instructions ▶			97,544,526	169,917	145,144	8,415,449

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	5,175,925	5,175,925		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	178,056	178,056		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,336,262		1,060,802	275,460
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	15,823,178	12,243,040	2,123,117	1,457,021
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	798,759	687,063	67,055	44,641
9 Other employee benefits	3,613,813	2,572,172	602,583	439,058
10 Payroll taxes	1,274,328	1,021,616	172,060	80,652
11 Fees for services (non-employees):				
a Management				
b Legal	294,354		54,779	239,575
c Accounting	197,161		197,161	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,048,702			1,048,702
f Investment management fees	171,528		171,528	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,653,093	2,300,663	316,310	36,120
12 Advertising and promotion	1,518,983	1,099,213	391,894	27,876
13 Office expenses	754,359	424,470	321,309	8,580
14 Information technology	1,195,672	822,852	339,192	33,628
15 Royalties				
16 Occupancy	1,002,612	799,489	153,530	49,593
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,948,600	2,170,072	647,735	130,793
20 Interest	95,120	2,656	92,254	210
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	694,180	438,501	161,428	94,251
23 Insurance	262,685		262,685	
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	46,569,787	15,497,613	2,324,347	28,747,827
b PRINTING & PUBLICATIONS	462,102	409,021	53,081	
c BAD DEBT EXPENSE	344,791		1,900	342,891
d OTHER EXPENSES	168,807	33,999	11,398	123,410
e All other expenses	5,000		5,000	
25 **Total functional expenses.** Add lines 1 through 24e	88,587,857	45,876,421	9,531,148	33,180,288
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 ▶ ☑ if following SOP 98-2 (ASC 958-720).	46,349,419	15,497,613	2,324,288	28,527,518

Part X Balance Sheet

Check 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		3,508,684	1	14,371,368
	2	Savings and temporary cash investments		264,326	2	468,966
	3	Pledges and grants receivable, net		7,913,853	3	11,647,354
	4	Accounts receivable, net		673,615	4	686,778
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,329,556	9	377,007
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,646,675			
	b	Less: accumulated depreciation	10b 9,028,903	2,112,947	10c	2,617,772
	11	Investments—publicly traded securities		47,893,801	11	41,615,022
	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	3,376,561
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		67,577,844	16	75,160,828
Liabilities	17	Accounts payable and accrued expenses		4,520,422	17	7,720,927
	18	Grants payable			18	
	19	Deferred revenue		903,654	19	234,500
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		1,180,687	25	818,612
	26	**Total liabilities.** Add lines 17 through 25		6,604,763	26	8,774,039
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		60,407,761	27	66,119,289
	28	Net assets with donor restrictions		565,320	28	267,500
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		60,973,081	32	66,386,789
	33	Total liabilities and net assets/fund balances		67,577,844	33	75,160,828

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	97,544,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	88,587,857
3	Revenue less expenses. Subtract line 2 from line 1	3	8,956,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,973,081
5	Net unrealized gains (losses) on investments	5	-3,289,720
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	-253,241
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,386,789

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 13-1946868

Name: PARALYZED VETERANS OF AMERICA

Form 990 (2019)

Form 990, Part III, Line 4a:

VA BENEFITS AND MEDICAL ADVOCACY SERVICES - EACH YEAR, OUR NATIONAL SERVICE OFFICERS (NSOS) HELP THOUSANDS OF VETERANS AND FAMILY MEMBERS OBTAIN THE BENEFITS THEY HAVE EARNED THROUGH THEIR MILITARY SERVICE OR THE SERVICE OF THEIR LOVED ONE. IN MANY CASES, OUR NSOS ARE ONE OF THE FIRST PEOPLE AT A VETERAN'S BEDSIDE AFTER INJURY, AND THEIR FIRST LINE OF CONTACT TO GETTING ASSISTANCE WITH HEALTH CARE AND BENEFITS' NEEDS.IN FY 20, PARALYZED VETERANS OF AMERICA'S VETERANS BENEFITS STAFF SECURED $280,588,907 IN ANNUAL AND RETROACTIVE BENEFITS FOR OUR CLIENTS, INCLUDING $19,352,584 IN PAYMENTS FOR AUTOMOBILE GRANTS AND $59,568,142 IN PAYMENTS FOR SPECIALLY ADAPTED HOUSING (SAH) GRANTS.IN FY 20, WE FILED 26,338 NEW ISSUES/CLAIMS AND SECURED 1,520 "SIGNIFICANT RETROACTIVE AWARDS" (OVER $100,000). WE CONDUCTED 11,942 HOSPITAL AND OFFICE INTERVIEWS AND HAD OVER 169,800 CLIENT CONTACTS DURING THE YEAR.TO ENSURE THAT VETERANS WITH SPINAL CORD INJURY AND DISEASE (SCI/D) ARE RECEIVING THE BEST HEALTH CARE POSSIBLE, PARALYZED VETERANS OF AMERICA'S TEAM OF LICENSED MEDICAL PROFESSIONALS, INCLUDING PHYSICIANS AND NURSES, CONDUCTS ANNUAL SITE SURVEYS TO ASSESS THE QUALITY OF CARE AT EACH OF THE 25 DEPARTMENT OF VETERANS AFFAIRS (VA) SCI/D CENTERS, AND LONG-TERM CARE CENTERS. AFTER EACH VISIT, THESE FINDINGS, ALONG WITH OUR RECOMMENDATIONS, ARE THEN INCORPORATED INTO A SITE SURVEY REPORT AND SUBMITTED TO THE SECRETARY OF THE DEPARTMENT OF VETERANS AFFAIRS FOR REVIEW AND CONSIDERATION. WITH CURRENT TRAVEL RESTRICTIONS AND THE THREAT OF THE COVID-19 PANDEMIC, THE TEAM HAS SCHEDULED SITE VISITS TO OCCUR IN A VIRTUAL FORMAT TO ENSURE THIS IMPORTANT WORK CONTINUES.OUR DEDICATED TEAM OF NURSES CONTINUALLY WORKS TO EDUCATE INDIVIDUALS WITH SCI/D, WHETHER IT'S THROUGH ARTICLES COVERING HEALTH PROMOTION AND DISEASE PREVENTION FEATURED IN PN MAGAZINE (PARAPLEGIA NEWS) AND OUR PVA MEMBER NEWSLETTER. THEY ALSO PROVIDE ASSISTANCE WITH ACCESSING MEDICAL RECORDS TO EVALUATE VETERANS FOR PVA MEMBERSHIP ELIGIBILITY AND SERVE AS A RESOURCE TO ANSWER QUESTIONS AND PROVIDE GUIDANCE TO NATIONAL SERVICE OFFICERS, MEMBERS AND STAFF.PARALYZED VETERANS OF AMERICA'S EMPLOYMENT PROGRAM, PAVE (PAVING ACCESS FOR VETERANS EMPLOYMENT), PROVIDES CAREER ASSISTANCE AND VOCATIONAL REHABILITATION SUPPORT TO TRANSITIONING SERVICE MEMBERS, VETERANS, MILITARY SPOUSES AND CAREGIVERS ACROSS THE COUNTRY. IN FY 20, PAVE STAFF PLACED 302 INDIVIDUALS IN MEANINGFUL EMPLOYMENT OPPORTUNITIES AND CARRIES AN ACTIVE CASELOAD OF MORE THAN 825 CLIENTS. THE PROGRAM OPERATES THROUGH EIGHT LOCATIONS NATIONWIDE: ATLANTA, LONG BEACH, MINNEAPOLIS, PHILADELPHIA, RICHMOND, SAN ANTONIO, SAN DIEGO, AND WASHINGTON,D.C. SINCE THE INCEPTION OF THE PROGRAM, WE HAVE HELPED MORE THAN 4,840 VETERANS, MILITARY SPOUSES AND CAREGIVERS FIND MEANINGFUL EMPLOYMENT.THROUGH THE PAVE PROGRAM, CLIENTS RECEIVE HIGH-TOUCH ENGAGEMENT AS THEY LOOK FOR MEANINGFUL EMPLOYMENT. PAVE STAFF WORK WITH ANY VETERAN WHO NEEDS OUR HELP, BUT WE SPECIALIZE IN THOSE WITH BARRIERS TO EMPLOYMENT, SUCH AS CATASTROPHIC INJURY OR ILLNESS. IN FY 20, PVA LAUNCHED PAVE CONNECT, A VIRTUAL CAREER PROGRAM. PAVE CONNECT BRIDGES THE GAP BETWEEN CAREER RESOURCES AND VETERANS WITH DISABILITIES WHO ARE NOT WILLING TO OR ABLE TO ATTEND TRADITIONAL HIRING EVENTS. THROUGH A SERIES OF INFORMAL VIRTUAL SESSIONS, VETERANS WITH DISABILITIES, THEIR FAMILY MEMBERS, AND CAREGIVERS ARE ABLE TO LEARN FROM CAREER EXPERTS AND NETWORK WITH EMPLOYERS AND INDUSTRY EXPERTS.THE PAVE PROGRAM HAS STRONG RELATIONSHIPS WITH KEY EMPLOYERS, WHOM WE CONSIDER OUR ALLIES, AS WE HELP OUR CLIENTS FIND THE RIGHT FIT. WE ARE ALSO ABLE TO PROVIDE NEEDED SUPPORT TO EMPLOYERS SO THAT THEY CAN SUCCESSFULLY INTEGRATE THESE INDIVIDUALS INTO THEIR ORGANIZATIONS.

Form 990, Part III, Line 4b:

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 MAKE HELPING VETERANS PART OF THEIR LIFE'S MISSION.THROUGHOUT 2020 PVA HAS PROVIDED TIMELY, DETAILED ONLINE RESOURCES AND WEBINARS RESOURCES RELATED TO COVID-19 SPECIFICALLY FOR VETERANS AND OTHERS LIVING WITH SCI/D. THESE INCLUDE TOPICS SUCH AS MEDICAL TREATMENT, PREVENTION EFFORTS, MANAGING ISOLATION AND LONELINESS AND FINANCIAL RELIEF RESOURCES.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 MEDICAL COMPLICATIONS SUCH AS NEUROGENIC BLADDER AND DEEP VEIN THROMBOSIS -- WE LEAD THE WAY IN THE FIELD OF SPINAL CORD INJURY CARE TO PROVIDE "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/DISEASES (SCI/D).OTHER RESOURCES ARE AVAILABLE TO VETERANS AND OTHERS LIVING WITH SPINAL CORD INJURIES AND DYSFUNCTIONS, MULTIPLE SCLEROSIS AND AMYOTROPHIC LATERAL SCLEROSIS, THEIR FAMILIES AND CARE GIVERS. THESE INCLUDE WEB BASE DESCRIPTIONS AND RESOURCES ABOUT THESE DISABILITIES, MEDICAL EMERGENCY CARDS, RESOURCES ON ACCESSIBLE AND UNIVERSAL DESIGN HOMES AND COMMUNITIES, ADVOCACY RELATED TO DISABILITY RIGHTS AND AIR TRAVEL AND OTHER KEY NEEDS OF VETERANS AND OTHERS LIVING WITH MOBILITY RELATED DISABILITIES.

Form 990, Part III, Line 4c:

CHAPTER AND COMMUNITY OUTREACH - PARALYZED VETERANS OF AMERICA THINKS NATIONALLY AND ACTS LOCALLY THROUGH OUR 33 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 III **- 4 Program Service Accomplishments (See the Instructions)**

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses $ 1,796,533 including grants of $) (Revenue $)

ADVOCACY - PARALYZED VETERANS OF AMERICA'S GOVERNMENT RELATIONS PROGRAM FOCUSES ON POLICY PRIORITIES THAT AFFECT OUR MEMBERS, AS WELL AS EFFORTS TO IMPROVE THE LIVES OF ALL INDIVIDUALS WITH DISABILITIES. THIS PAST YEAR, OUR LEGISLATIVE STAFF FOCUSED ON PROTECTING VA'S SPINAL CORD INJURY (SCI) SYSTEM OF CARE TO INCLUDE HIGHLIGHTING ISSUES AROUND STAFFING, ADEQUATE FUNDING, AND THE NEED FOR ADDITIONAL SCI LONG-TERM CARE FACILITIES. PVA ALSO FOCUSED ON IMPROVEMENTS TO VA'S COMPREHENSIVE FAMILY CARE GIVER PROGRAM, VA'S ADAPTIVE HOUSING PROGRAM, AND VA'S AUTOMOBILE ALLOWANCE GRANT.OUR NATIONAL ADVOCACY STAFF CONTINUED THEIR FOCUS ON IMPROVING ACCESS TO AIR TRAVEL FOR PEOPLE WITH DISABILITIES, INCLUDING OVERSIGHT OF THE IMPLEMENTATION OF DISABILITY-RELATED PROVISIONS IN THE FAA REAUTHORIZATION ACT, REFORMS AIR CARRIER ACCESS ACT, AND PARTICIPATION IN EFFORTS TO DECREASE DAMAGE TO WHEELCHAIRS. STAFF ALSO FOCUSED ON DEVELOPING EDUCATIONAL MATERIALS TO HIGHLIGHT THE RIGHTS OF PEOPLE WITH DISABILITIES UNDER THE AMERICANS WITH DISABILITIES ACT IN VOTING AND ACCESSING PUBLIC ACCOMMODATIONS. FINALLY STAFF ADVOCATED FOR LEGISLATION THAT WILL PROVIDE REFORMS TO SOCIAL SECURITY BENEFITS TO ENSURE IMPROVEMENTS FOR RECIPIENTS AND THE LONG-TERM SOLVENCY OF THE PROGRAM.ARCHITECTUREAT PARALYZED VETERANS OF AMERICA, WE PROMOTE STATE-OF-THE-ART HEALING FACILITIES FOR SPINAL CORD INJURED VETERANS AT VA HOSPITALS, AS WELL AS BARRIER-FREE ENVIRONMENTS AROUND THE COUNTRY FOR ALL PEOPLE WITH DISABILITIES. TO ACCOMPLISH THIS, WE EMPLOY ON-STAFF LICENSED ARCHITECTS WHO WORK DIRECTLY WITH DEPARTMENT OF VETERANS AFFAIRS AND DESIGN TEAMS ACROSS THE COUNTRY THROUGHOUT EACH DESIGN AND CONSTRUCTION PROCESS. NATIONALLY, PVA'S ARCHITECTURE PROGRAM HAS BROUGHT ABOUT POSITIVE CHANGE IN DESIGN BEYOND OUR WORK WITH THE VA. WE ARE ALSO STRONG ADVOCATES FOR ACCESSIBLE DESIGN IN THE BUILDING AND CONSTRUCTION INDUSTRIES. OUR ARCHITECTS SERVE ON COMMITTEES WHICH WRITE ACCESSIBILITY STANDARDS AND BUILDING CODES, AND WORK WITH CITIES AND MUNICIPALITIES TO IMPROVE ACCESS TO ALL TYPES OF FACILITIES. THEY ALSO HELP ADVANCE ACCESSIBLE DESIGN THROUGH TEACHING, PUBLIC SPEAKING, SEMINARS AND PUBLICATIONS THAT DEAL WITH ACCESSIBILITY ISSUES AND APPROACHES WHICH ELIMINATE BARRIERS IN THE BUILT ENVIRONMENT. IN FY20, PVA ARCHITECTURE ASSISTED OVER 50 HOMEOWNERS, BUILDING OWNERS, ARCHITECTS, AND CONTRACTORS REQUESTING HELP ON THEIR DESIGN AND CONSTRUCTION PROJECTS IN ORDER TO IMPROVE ACCESSIBILITY FOR THEMSELVES OR OTHERS WITH DISABILITIES. PVA'S ARCHITECTS ALSO PROVIDE TECHNICAL ASSISTANCE AND REVIEW ARCHITECTURAL PLANS, AS REQUESTED BY DIFFERENT CHAPTERS OF PVA, TO ENSURE THE HIGHEST LEVEL OF ACCESSIBILITY FOR PUBLIC AND PRIVATE PROJECTS IN THEIR COMMUNITIES THROUGHOUT THE UNITED STATES.

(Code:) (Expenses $ 2,023,617 including grants of $ 74,255) (Revenue $ 58,220)

SPORTS AND RECREATION - FROM HANDCYCLING, BASS FISHING, BOWLING AND BILLIARDS, TO BOCCIA, SHOOTING SPORTS, A QUAD RUGBY TOURNAMENT, AND THE ANNUAL NATIONAL VETERANS WHEELCHAIR GAMES, PARALYZED VETERANS OF AMERICA PROVIDES A WIDE VARIETY OF SPORTS AND RECREATION OPPORTUNITIES TO ENHANCE THE FITNESS AND QUALITY OF LIFE FOR VETERANS WITH DISABILITIES. IT IS OFTEN THROUGH PARTICIPATING IN ADAPTIVE SPORTS THAT MANY DISABLED VETERANS REALIZE THEY CAN STILL LIVE AN ACTIVE LIFESTYLE IN SPITE OF THEIR INJURIES. THE 39TH ANNUAL NATIONAL VETERANS WHEELCHAIR GAMES, CO-PRESENTED EACH YEAR BY PVA AND THE DEPARTMENT OF VETERANS AFFAIRS, WERE HELD IN LOUISVILLE, KENTUCKY, JULY 11-JULY 16, 2019. THE EVENT IS ONE OF THE PREMIER WHEELCHAIR REHABILITATION SPORTING EVENTS IN THE WORLD BRINGING IN VETERANS FROM ALL OVER THE UNITED STATES.

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses $ 1,853,144 including grants of $ 562,952) (Revenue $)

RESEARCH, CONSUMER AND PROFESSIONAL EDUCATION - PARALYZED VETERANS OF AMERICA SUPPORTS RESEARCH, EDUCATIONAL PROGRAMS, AND OTHER INITIATIVES THAT UNITE PEOPLE AND ACTIVITIES TOWARD A SINGLE MISSION: IMPROVED QUALITY OF LIFE FOR EVERYONE WITH SPINAL CORD INJURY OR DISORDERS (SCI/D), AND DISEASES LIKE MULTIPLE SCLEROSIS (MS) AND AMYOTROPHIC LATERAL SCLEROSIS (ALS). IN 2020, WORKING WITH EXPERT RESEARCHERS AND CLINICIANS FROM ACROSS THE US AND CANADA, PVA PUBLISHED THREE NEW CLINCIAL PRACTICE GUIDELINES (CPG) ON MANAGEMENT OF SECONDARY HEALTH CONDITIONS AFTER SCI/D, INCLUDING ONE ON MENTAL HEALTH AND SUICIDE PREVENTION. THESE AND 10 OTHER CPGS, COMPANION CONSUMER GUIDES AND OUR SELFCARE MANUAL "YES, YOU CAN" ARE DISSEMINATED NATIONALLY AND WORLDWIDE TO EDUCATE CLINICIANS AND TO IMPROVE CARE AND TREATMENT OF VETERANS AND OTHERS LIVING WITH SCI/D. PVA RESEARCH AND EDUCATION STAFF MANAGE THE PVA RESEARCH FOUNDATION, DEDICATED TO FUNDING RESEARCH TO FIND A CURE FOR SPINAL CORD INJURY. IN FY20, THE FOUNDATION AWARDED OVER $700,00 IN NEW SPINAL CORD INJURY RESEARCH GRANTS IN THE AREAS OF BASIC SCIENCE, CLINICAL PRACTICE, DESIGN AND DEVELOPMENT AND FELLOWSHIPS. ADDED TO OUR OTHER ONGOING GRANTS, WE MANAGED $1.8 MILLION IN GRANTS IN 2020.IN 2020, THE PVA EDUCATION FOUNDATION FUNDED OVER $200,000 IN GRANTS TO MEET THIS MISSION. THE PROJECTS FUNDED VARY BROADLY IN TOPIC AND SCOPE, BUT EACH WILL HAVE AN IMPACT IN MOVING INFORMATION TO EDUCATION FOR THOSE WHO PARTICIPATE, AND ULTIMATELY HELP IMPROVE THE QUALITY OF LIFE FOR VETERANS AND OTHERS LIVING WITH SCI, AS WELL AS THEIR FAMILIES AND CAREGIVERS. THE 2019 PVA HEALTHCARE SUMMIT AND EXPO WAS HELD IN ORLANDO. FL, AUGUST 14-17, 2019. OVER 800 PARTICIPANTS INCLUDING 520 PHYSICIANS, PHARMACISTS, NURSES, THERAPISTS, PSYCHOLOGISTS, SOCIAL WORKERS AND OTHER HEALTH CARE PROFESSIONALS ATTENDED THE ANNUAL EDUCATIONAL CONFERENCE DESIGNED TO IMPROVE CLINICAL PERFORMANCE AND PROVIDE SCI/D SPECIFIC CONTINUING EDUCATION CREDITS.

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JOSEPH HAMILTON DIRECTOR, ARIZONA	20.00 0.00	X						0	0	0
REESE LEVASSEUR DIRECTOR, BAY AREA & WESTERN	20.00 0.00	X						0	0	0
CHERYL LEWIS DIRECTOR, BAYOU GULF STATES	20.00 4.00	X						0	0	0
DOUG BECKLEY DIRECTOR, BUCKEYE	20.00 0.00	X						0	0	0
RICHARD JOHNSON DIRECTOR, CAL-DIEGO	20.00 0.00	X						0	0	0
JOSE REYNOSO DIRECTOR, CALIFORNIA	20.00 0.00	X						0	0	0
CRAIG ENENBACH DIRECTOR, CENTRAL FLORIDA	20.00 0.00	X						0	0	0
ANN ADAIR DIRECTOR, COLONIAL	20.00 4.00	X						0	0	0
REDZUAN RAZAK DIRECTOR, FLORIDA	20.00 0.00	X						0	0	0
STEPHEN BUSH DIRECTOR, FLORIDA GULF COAST	20.00 0.00	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 BROWN DIRECTOR, GATEWAY	20.00 0.00	X						0	0	0
DAVID NELSON DIRECTOR, GREAT PLAINS	20.00 0.00	X						0	0	0
KENNETH LLOYD DIRECTOR, IOWA	20.00 0.00	X						0	0	0
ROY GRAY DIRECTOR, KENTUCKY-INDIANA	20.00 0.00	X						0	0	0
WILLIAM JAKOVAC DIRECTOR, KEYSTONE	20.00 0.00	X						0	0	0
MELVIN HASENYAGER DIRECTOR, LONE STAR	20.00 0.00	X						0	0	0
ROBERT VANCE DIRECTOR, MICHIGAN	20.00 0.00	X						0	0	0
WILLIAM H HODGE WOOD DIRECTOR, MID-AMERICA	20.00 4.00	X						0	0	0
JEFF DOLEZAL DIRECTOR, MID-ATLANTIC	20.00 0.00	X						0	0	0
CINDY MCINTOSH DIRECTOR, MID-SOUTH	20.00 0.00	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			
TODD KEMERY DIRECTOR, MINNESOTA	20.00 0.00	X						0	0	0
MICHAEL SOLANO DIRECTOR, MOUNTAIN STATES	20.00 0.00	X						0	0	0
DAN KAMINSKI DIRECTOR, NEVADA	20.00 0.00	X						0	0	0
MICHAEL NEGRETE DIRECTOR, NEW ENGLAND	20.00 0.00	X						0	0	0
MICHAEL OLSON DIRECTOR, NORTH CENTRAL	20.00 0.00	X						0	0	0
MIKE PARTRIDGE DIRECTOR, NORTHWEST	20.00 0.00	X						0	0	0
WILLIAM GRAY DIRECTOR, OREGON	20.00 0.00	X						0	0	0
RUBEN SIERRA DIRECTOR, PUERTO RICO	20.00 0.00	X						0	0	0
PAUL STEWART DIRECTOR, SOUTHEASTERN	20.00 0.00	X						0	0	0
ANNE ROBINSON DIRECTOR, TEXAS	20.00 0.00	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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JOSUE CORDOVA DIRECTOR, VAUGHAN	20.00 0.00	X						0	0	0
DARRELL CARRELL DIRECTOR, WEST VIRGINIA	20.00 0.00	X						0	0	0
DERRICK TRENTIN DIRECTOR, WISONSIN	20.00 0.00	X						0	0	0
WILLIAM BLAKE EXECUTIVE DIRECTOR	40.00 0.00			X				198,384	0	38,183
CHERYL TOPPING CHIEF FINANCIAL OFFICER	40.00 8.00			X				189,230	0	23,561
SHAUN CASTLE DEPUTY EXECUTIVE DIRECTOR	40.00 8.00			X				142,880	0	31,357
DAVID ZURFLUH PRESIDENT	40.00 8.00			X				102,000	0	3,467
ALBERT KOVACH JR IMMEDIATE PAST PRESIDENT	30.00 0.00			X				8,000	0	0
CHARLES BROWN SENIOR VICE PRESIDENT	35.00 4.00			X				8,000	0	0
ROBERT THOMAS VICE PRESIDENT	35.00 0.00			X				8,000	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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
HACK ALBERTSON VICE PRESIDENT	35.00 0.00			X				8,000	0	0
TAMMY JONES VICE PRESIDENT	35.00 0.00			X				8,000	0	0
KEN NESS VICE PRESIDENT (FROM 7/19)	35.00 0.00			X				0	0	0
TOM WHEATON TREASURER	35.00 0.00			X				8,000	0	0
MARCUS MURRAY SECRETARY (FROM 7/19)	35.00 0.00			X				0	0	0
SCOTT PEARL CHIEF DEV. & MKT. OFF. (UNTIL 12/19)	40.00 0.00				X			190,315	0	33,389
LEONARD SELFON GENERAL COUNSEL	40.00 0.00				X			177,691	0	15,507
DAVID FANNING SR. DIR. PLANNED & STRAT. FUNDRAIS.	40.00 0.00				X			158,626	0	35,750
PETER GAYTAN AED OF VETERANS BENEFITS	40.00 0.00					X		150,978	0	33,833
MARK LICHTER DIRECTOR OF ARCHITECTURE	40.00 0.00					X		138,710	0	30,465

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			
HEATHER ANSLEY AED OF GOVERNMENT	40.00 0.00					X		149,680	0	18,787
FITZ-EARL ANDREW MCKENZIE ACTING DIRECTOR OF IT	40.00 0.00					X		131,342	0	20,982
LINDA BLAUHUT DEPUTY OF GENERAL COUNSEL	40.00 0.00					X		143,622	0	19,460

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

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

The organization is not a private foundation because it is: (For lines 1 through 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	100,829,097	100,485,189	100,912,178	88,284,522	88,814,016	479,325,002
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..	968,846	1,000,739	1,011,838	961,456	973,895	4,916,774
4 **Total.** Add lines 1 through 3	101,797,943	101,485,928	101,924,016	89,245,978	89,787,911	484,241,776
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). .						7,940,586
6 **Public support.** Subtract line 5 from line 4.						476,301,190

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	101,797,943	101,485,928	101,924,016	89,245,978	89,787,911	484,241,776
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	3,219,533	3,422,444	3,062,835	2,587,859	2,338,570	14,631,241
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .			37,906	195,705	114,076	347,687
11 **Total support.** Add lines 7 through 10						499,220,704

12 Gross receipts from related activities, etc. (see instructions) **12** 1,205,528

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 95.410 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15** 95.630 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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? *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.*	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)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	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? *If "Yes," provide detail in **Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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))? *If "Yes," provide detail in **Part VI.***	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? *If "Yes," provide detail in **Part VI.***	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? *If "Yes," provide detail in **Part VI.***	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**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? *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.*	**1**		
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? *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.*	**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)? *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).*	**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?	**1**		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**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 ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ 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.**

			Yes	No
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? *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.*	**2a**		
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? *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.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

			Yes	No
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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**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 (explain in Part VI). **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 ☐ 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 13-1946868

Name: PARALYZED VETERANS OF AMERICA

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.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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	Employer identification number
PARALYZED VETERANS OF AMERICA	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ..... ▶ $

3 Volunteer hours for political campaign activities (see instructions) .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ $

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

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
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)	140,234	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	296,134	
c Total lobbying expenditures (add lines 1a and 1b)	436,368	
d Other exempt purpose expenditures	88,462,454	
e Total exempt purpose expenditures (add lines 1c and 1d)	88,898,822	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

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.

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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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	410,673	505,867	424,235	436,368	1,777,143
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	111,252	205,235	152,758	140,234	609,479

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) Yes	(a) No	(b) 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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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? ☐ Yes ☐ No

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

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).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" 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 ▶ $ _____

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:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		4,889,691	3,918,984	970,707
d Equipment		3,934,055	3,383,154	550,901
e Other		2,822,929	1,726,765	1,096,164
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				2,617,772

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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	
(2) CAPITAL LEASE OBLIGATIONS	806,432
(3) DUE TO AFFILIATES	12,180
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	818,612

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	148,449,366
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-3,289,720		
b	Donated services and use of facilities	2b	53,989,610		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	376,478		
e	Add lines **2a** through **2d**			2e	51,076,368
3	Subtract line **2e** from line **1**			3	97,372,998
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	171,528		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	171,528
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	97,544,526

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	142,782,417
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	53,989,610		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	376,478		
e	Add lines **2a** through **2d**			2e	54,366,088
3	Subtract line **2e** from line **1**			3	88,416,329
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	171,528		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	171,528
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	88,587,857

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
PART X, LINE 2:	FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, PVA HAS DOCUMENTED ITS CONSIDERATION OF FASB A SC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	EVENT EXPENSES NETTED AGAINST REVENUE ON PART VIII, LINE 8B 376,478.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EVENT EXPENSES NETTED AGAINST REVENUE ON PART VIII, LINE 8B 376,478.

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.

▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

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
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

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 10 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? **Yes**	**No**	**(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
EDGE DIRECT LLC 3030 WATERVIEW AVENUE BALTIMORE, MD 21230	DIRECT MAIL		No	61,330,691	985,301	60,345,390
INSURANCE AUTO AUCTIONS TWO WESTBROOK CORPORATE CTR STE 5 WESTCHESTER, IL 60154	CAR DONATIONS	Yes		185,261	63,401	121,860
Total . . . . . ▶				61,515,952	1,048,702	60,467,250

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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.

		(a) Event #1 HONORS GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	850,000			850,000
	2 Less: Contributions	780,190			780,190
	3 Gross income (line 1 minus line 2)	69,810			69,810
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	949			949
	6 Rent/facility costs	89,403			89,403
	7 Food and beverages	97,360			97,360
	8 Entertainment	121,948			121,948
	9 Other direct expenses	66,818			66,818
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				376,478
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-306,668

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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 provide any additional information. See instructions.

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 38

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DISASTER RELIEF	64	35,104			
(2) EDUCATIONAL SCHOLARSHIPS	10	10,000			
(3) PVA SUMMIT SCHOLARSHIPS	270	132,952			
(3)					
(4)					
(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
PART I, LINE 2:	CHAPTER GRANTS - ALL 33 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
BENEFICIAL DESIGNS INC 2240 MERIDAN BLVD SUITE C MINDEN, NV 89423	88-0479254	501(C)(3)	27,000				RESEARCH GRANT
HUMAN ENGINEERING RESEARCH LAB 7180 HIGHLAND DRIVE PITTSBURGH, PA 15206	25-0965591	501(C)(3)	93,000				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
YALE UNIVERSITY 333 CEDAR STREET NEW HAVEN, CT 06510	06-0646973	501(C)(3)	210,000				RESEARCH GRANT
PVA EDUCATION & TRAINING FOUNDATION 801 18TH STREET NW WASHINGTON, DC 20006	94-2733585	501(C)(3)	100,000				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
ARIZONA CHAPTER PVA 5015 N 7TH AVENUE SUITE 2 PHOENIX, AZ 85013	25-7174799	501(C)(3)	142,290				CHAPTER GRANT
BAY AREA & WESTERN CHAPTER PVA 3801 MIRANDA AVENUE PALO ALTO, CA 94304	94-6132553	501(C)(3)	142,290				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 GULFPORT, MS 39503	72-1030827	501(C)(3)	142,290				CHAPTER GRANT
BUCKEYE CHAPTER PVA 26250 EUCLID AVE SUITE 115 EUCLID, OH 44132	23-7193597	501(C)(3)	142,290				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 LA JOLLA VILLAGE DRIVE SAN DIEGO, CA 92161	95-3691162	501(C)(3)	142,290				CHAPTER GRANT
CALIFORNIA CHAPTER PVA 5901 E SEVENTH STREET LONG BEACH, CA 90822	95-6089203	501(C)(3)	142,290				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	501(C)(3)	142,290				CHAPTER GRANT
COLONIAL CHAPTER PVA 356 E MAIN STREET SUITE 103 NEWARK, DE 19711	23-7099908	501(C)(3)	142,290				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	501(C)(3)	142,290				CHAPTER GRANT
FLORIDA GULF COAST CHAPTER PVA 15435 NORTH FLORIDA AVENUE TAMPA, FL 33613	23-7037565	501(C)(3)	142,290				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
GATEWAY CHAPTER PVA 1311 LINDBERGH PLAZA CENTER ST LOUIS, MO 63132	51-0217506	501(C)(3)	142,290				CHAPTER GRANT
GATEWAY CHAPTER PVA 1311 LINDBERGH PLAZA CENTER ST LOUIS, MO 63132	51-0217506	501(C)(3)	5,000				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
GREAT PLAINS CHAPTER PVA 7612 MAPLE STREET OMAHA, NE 68134	23-7193599	501(C)(3)	142,290				CHAPTER GRANT
IOWA CHAPTER PVA 3703 1/2 DOUGLAS AVENUE DES MOINES, IA 50310	42-1320922	501(C)(3)	142,290				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	501(C)(3)	137,390				CHAPTER GRANT
KENTUCKYINDIANA CHAPTER PVA 1030 GOSS AVENUE LOUISVILLE, KY 40217	61-1123112	501(C)(3)	5,753				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
KEYSTONE CHAPTER PVA 1113 MAIN STREET PITTSBURGH, PA 15215	25-1291634	501(C)(3)	142,290				CHAPTER GRANT
LONE STAR CHAPTER PVA 3925 FOREST LANE GARLAND, TX 75042	74-6077762	501(C)(3)	142,290				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
MICHIGAN CHAPTER PVA 40550 GRAND RIVER AVENUE NOVI, MI 48375	38-6120911	501(C)(3)	142,290				CHAPTER GRANT
MID AMERICA CHAPTER PVA 6108 NW 63RD STREET SUITE A OKLAHOMA CITY, OK 73132	73-1100787	501(C)(3)	142,290				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	501(C)(3)	7,500				SPORTS GRANT
MID-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 23236	54-0653585	501(C)(3)	142,290				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-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 23236	54-0653585	501(C)(3)	6,367				SPORTS GRANT
MID-SOUTH CHAPTER PVA 1030 JEFFERSON AVENUE ROOM 20100 MEMPHIS, TN 38104	62-6042046	501(C)(3)	129,290				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	501(C)(3)	142,290				CHAPTER GRANT
MOUNTAIN STATES CHAPTER PVA 12200 E ILLIFF AVE SUITE 107 AURORA, CO 80014	84-6036190	501(C)(3)	142,290				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
NEVADA CHAPTER PVA 704 SOUTH JONES BLVD LAS VEGAS, NV 89107	31-1647467	501(C)(3)	7,169				SPORTS GRANT
NEVADA CHAPTER PVA 704 SOUTH JONES BLVD LAS VEGAS, NV 89107	31-1647467	501(C)(3)	142,290				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
NEW ENGLAND CHAPTER PVA 1208 VFW PKWY SUITE 301 WEST ROXBURY, MA 02132	46-0359947	501(C)(3)	142,290				CHAPTER GRANT
NORTH CENTRAL CHAPTER PVA 209 NORTH GARFIELD AVENUE SIOUX FALLS, SD 57104	46-0359947	501(C)(3)	142,290				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	501(C)(3)	142,290				CHAPTER GRANT
OREGON CHAPTER PVA 370 SILVERTON ROAD NE SALEM, OR 97305	93-0713859	501(C)(3)	142,290				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
PUERTO RICO CHAPTER PVA 812 MOLUCA STREET URB COUNTRY CLUB SAN JUAN, PR 00924	66-0346980	501(C)(3)	139,290				CHAPTER GRANT
SOUTHEASTERN CHAPTER PVA 4010 DEANE BRIDGE ROAD HEPHZIBAH, GA 30815	58-6055069	501(C)(3)	142,290				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
TEXAS CHAPTER PVA 2656 SOUTH LOOP WEST SUITE 130 HOUSTON, TX 77054	74-6077762	501(C)(3)	142,290				CHAPTER GRANT
VAUGHAN CHAPTER PVA 2235 ENTERPRISE DRIVE SUITE 3501 WESTCHESTER, IL 60154	36-6156638	501(C)(3)	142,290				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	501(C)(3)	7,500				SPORTS GRANT
WEST VIRGINIA CHAPTER PVA 336 CAMPBELL CREEK DRIVE CHARLESTON, WV 25306	55-0718655	501(C)(3)	139,290				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	501(C)(3)	142,290				CHAPTER GRANT
HILLVETS 127 12TH STREET WASHINGTON, DC 20003	47-3616097	501(C)(3)	5,000				ORGANIZATIONAL GRANT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel ☑ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	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 on Line 1a?	**2**	Yes	
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.			
	☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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
PART I, LINE 1A	ALL OF PVA'S BOARD MEMBERS AND CORPORATE OFFICERS ARE ALSO MEMBERS OF PVA. AS SUCH, OUR TRAVEL POLICIES ALLOW FOR AN ATTENDANT TO ACCOMPANY THOSE BOARD MEMBERS AND CORPORATE OFFICERS FOR THEIR MEDICAL NEEDS.

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				
1WILLIAM BLAKE EXECUTIVE DIRECTOR	(i)	198,384	0	0	12,001	26,182	236,567	0
	(ii)	0	0	0	0	0	0	0
1CHERYL TOPPING CHIEF FINANCIAL OFFICER	(i)	189,230	0	0	11,454	12,107	212,791	0
	(ii)	0	0	0	0	0	0	0
2SHAUN CASTLE DEPUTY EXECUTIVE DIRECTOR	(i)	142,880	0	0	9,001	22,356	174,237	0
	(ii)	0	0	0	0	0	0	0
3SCOTT PEARL CHIEF DEV. & MKT. OFF. (UNTIL 12/19)	(i)	190,315	0	0	11,953	21,436	223,704	0
	(ii)	0	0	0	0	0	0	0
4LEONARD SELFON GENERAL COUNSEL	(i)	177,691	0	0	5,359	10,148	193,198	0
	(ii)	0	0	0	0	0	0	0
5DAVID FANNING SR. DIR. PLANNED & STRAT. FUNDRAIS.	(i)	158,626	0	0	9,604	26,146	194,376	0
	(ii)	0	0	0	0	0	0	0
6PETER GAYTAN AED OF VETERANS BENEFITS	(i)	150,978	0	0	7,651	26,182	184,811	0
	(ii)	0	0	0	0	0	0	0
7MARK LICHTER DIRECTOR OF ARCHITECTURE	(i)	138,710	0	0	4,380	26,085	169,175	0
	(ii)	0	0	0	0	0	0	0
8HEATHER ANSLEY AED OF GOVERNMENT	(i)	149,680	0	0	8,701	10,086	168,467	0
	(ii)	0	0	0	0	0	0	0
9 FITZ-EARL ANDREW MCKENZIE ACTING DIRECTOR OF IT	(i)	131,342	0	0	8,038	12,944	152,324	0
	(ii)	0	0	0	0	0	0	0
10LINDA BLAUHUT DEPUTY OF GENERAL COUNSEL	(i)	143,622	0	0	8,828	10,632	163,082	0
	(ii)	0	0	0	0	0	0	0

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.
▶Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

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	X		346,561	MARKET VALUE
6 Cars and other vehicles	X	341	185,261	BLUE BOOK AND MARKET
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	20,258	MARKET VALUE
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** | 0

		Yes	No
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 isn't 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 nonstandard 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 didn't 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
PART I, COLUMN (B):	PART I, COLUMN (B) INDICATES THE NUMBER OF CONTRIBUTIONS RECEIVED.
PART I, LINE 32B:	PVA CONDUCTS A CAR DONATION PROGRAM RUN BY INSURANCE AUTO AUCTIONS, A PROFESSIONAL FUNDRAISER. INSURANCE AUTO AUCTIONS RECEIVED 341 VEHICLES ON BEHALF OF PVA AND SOLD THEM FOR CASH. PVA ALSO USES A THIRD PARTY ORGANIZATION TO SOLICIT DONATIONS OF CLOTHING, FROM WHCIH PVA RECEIVES NET PROCEEDS IN CASH.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	PARALYZED VETERANS OF AMERICA (PARALYZED VETERANS) IS THE ONLY CONGRESSIONALLY CHARTERED V ETERANS SERVICE ORGANIZATION DEDICATED SOLELY TO THE BENEFIT AND REPRESENTATION OF VETERAN S WITH SPINAL CORD INJURY OR DISEASE. FOR OVER 70 YEARS, WE HAVE ENSURED THAT VETERANS REC EIVE THE BENEFITS EARNED THROUGH THEIR SERVICE TO OUR NATION; MONITORED THEIR CARE IN VA S PINAL CORD INJURY UNITS; AND FUNDED RESEARCH AND EDUCATION IN THE SEARCH FOR A CURE AND IM PROVED 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 AN D 33 CHAPTERS, PARALYZED VETERANS SERVICES VETERANS, THEIR FAMILIES, AND THEIR CAREGIVERS IN ALL 50 STATES, THE DISTRICT OF COLUMBIA AND PUERTO RICO. PARALYZED VETERANS WORKS TO PO SITIVELY CHANGE LIVES AND BUILD BRIGHTER FUTURES FOR OUR NATION'S VETERANS WITH DISABILITI ES AND THEIR FAMILIES THROUGH OUR BROAD RANGE OF SERVICES AND EXPERTISE. WHETHER IT'S FIGH TING FOR QUALITY OF HEALTH CARE AND DECENT BENEFITS FOR ALL WHO SERVED, PROVIDING OPPORTUN ITIES TO GET BACK INTO LIFE THROUGH ADAPTIVE SPORTS, HELPING VETERANS WITH DISABILITIES GE T GOOD JOBS AND CAREERS, ADVANCING A BARRIER-FREE AMERICA, EDUCATING CLINICIANS ABOUT SPIN AL 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 CO MMUNITY NOT READY TO TREAT THEM TO AN ENVIRONMENT WITH MANY BARRIERS FOR PEOPLE WHO USE WH EELCHAIRS. THIS INCLUDES LEADING THE CHARGE FOR THE LANDMARK AMERICANS WITH DISABILITIES A CT (1990), MAKING OUR NATION MORE ACCESSIBLE, AND FOR THE ADA AMENDMENTS (2008). FOR MORE THAN SEVEN DECADES, PARALYZED VETERANS' NATIONAL OFFICE AND OUR 33 CHAPTERS ACROSS THE NAT ION HAVE BEEN MAKING AMERICA A BETTER PLACE FOR ALL VETERANS AND PEOPLE WITH DISABILITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PVA HAS 16,052 MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PVA HAS 33 CHAPTERS AND THE MEMBERS IN EACH CHAPTER ELECT THE BOARD MEMBER FROM THE CHAPTE R. ONE CHAPTER IS UNDER NATIONAL MONITORING AND HAS NO VOTING BOARD MEMBER. OFFICERS ARE E LECTED BY THE BOARD AT THE ANNUAL MEETING HELD IN MAY, 2020. EACH BOARD MEMBER HAS ONE VOT E. OFFICERS DO NOT HAVE A VOTE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS COMPLETED BY THE OUTSIDE TAX ACCOUNTANTS AT GELMAN, ROSENBERG & FREEDMAN, CPAS OF BETHESDA, MD. A DRAFT COPY OF THE RETURN WAS E-MAILED TO ALL 33 BOARD MEMBERS AND NINE OFFICERS. AFTER THE REVIEW AND CORRECTIONS, A FINAL COPY OF THE RETURN WAS E-MAILED T O 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, PART VI, SECTION B, 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 BE FORE THEY ARE CERTIFIED AS DIRECTORS. FURTHERMORE, IF THEY HAVE A CONFLICT THEY MUST REPOR T 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 . AT THE APPROPRIATE TIME, THE BOARD, HAVING BEEN INFORMED OF THE POTENTIAL CONFLICT OF IN TEREST, MAY QUESTION THE DIRECTOR CONCERNING THE IDENTIFIED SPECIAL INTEREST. AFTER THE BO ARD DETERMINES IT HAS ALL OF THE NECESSARY INFORMATION, THE BOARD WILL THEN CONDUCT DEBATE ON THE ISSUE AS NEEDED AND VOTE TO DETERMINE WHETHER THE CIRCUMSTANCES DESCRIBED AMOUNT T O A CONFLICT OF INTEREST OF SUFFICIENT DEGREE TO BAR THE DIRECTOR FROM DEBATE AND VOTE ON THE PARTICULAR MATTER AFFECTED BY THE SPECIAL INTEREST. THE DIRECTOR IDENTIFIED AS HAVING A POTENTIAL CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN THE DEBATE OR VOTE OF THE BOARD ON THE EXISTENCE OF A CONFLICT AND MAY BE EXCLUDED DURING SUCH DEBATE OR VOTE BY VOTE OF A MAJORITY OF THE BOARD. A MAJORITY VOTE OF THE BOARD IS REQUIRED TO BAR THE MEMBER. THE MI NUTES OF THE MEETING OF THE BOARD SHALL REFLECT THE DISCLOSURE OF THE POTENTIAL CONFLICT O F INTEREST, THE BOARD'S DECISION REGARDING THE CONFLICT, AND THE PRESENCE OR ABSENCE OF TH E INTERESTED DIRECTOR DURING THE DEBATE ON THE ISSUE OF WHETHER A CONFLICT EXISTS AND DURI NG ANY ACTION BY THE BOARD FOLLOWING THE VOTE REGARDING THE EXISTENCE OF A CONFLICT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	WITH REGARD TO COMPENSATION, PVA HAD A THIRD PARTY REVIEW SALARIES FOR ALL EMPLOYEES IN TH E ORGANIZATION. THE SURVEY WAS UPDATED BY THE SAME THIRD PARTY IN 2019 AND REVIEWED BY THE PVA EXECUTIVE DIRECTOR AND THE PVA DIRECTOR OF HUMAN RESOURCE MANAGEMENT TO ENSURE COMPLI ANCE WITH PVA'S INTERNAL POLICY FOR COMPENSATION. THE EXECUTIVE DIRECTOR AND DIRECTOR OF H UMAN RESOURCE MANAGEMENT APPROVE ALL SALARY CHANGES. THE EXECUTIVE DIRECTOR (ED) IS THE TO P FINANCIAL 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 DO NE FOR PVA (UPDATED IN JANUARY 2019 FOR THE ED POSITION) PLUS OTHER PUBLISHED SURVEYS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PVA POSTS ALL OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCI AL STATEMENTS ON ITS WEBSITE, WWW.PVA.ORG. PVA ALSO PROVIDES PAPER COPIES UPON WRITTEN REQ UEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ADJUSTMENT TO INVESTMENT IN 801 JOINT VENTURE -253,241.

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number
13-1946868

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)PVA SPINAL CORD RESEARCH FOUNDATION 801 18TH STREET NW WASHINGTON, DC 20006 52-1064398	RESEARCH GRANTS	DC	501(C)(3)	7	PVA	Yes	
(2)PVA SPINAL CORD INJURY EDUCATION AND TRAINING FOUNDATION 801 18TH STREET NW WASHINGTON, DC 20006 94-2733585	EDUCATION GRANTS	DC	501(C)(3)	7	PVA	Yes	
(3)PARALYSIS SOCIETY OF AMERICA 801 18TH STREET NW WASHINGTON, DC 20006 52-1266735	INACTIVE	DC	501(C)(3)	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) 801 18TH STREET ASSOCIATES 801 18TH STREET NW WASHINGTON, DC 20006 52-1242013	REAL ESTATE	DC	PVA	EXCLUDED	12	3,387,360	Yes				No	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	(i) 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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)PVA EDUCATION & TRAINING FOUNDATION	B	100,000	PVA BOARD APPROVAL
(2)PVA SPINAL CORD RESEARCH FOUNDATION	O	56,555	SPECIFIC EMPLOYEE WORK
(3)PVA EDUCATION & TRAINING FOUNDATION	O	49,986	SPECIFIC EMPLOYEE WORK
(4)PVA SPINAL CORD RESEARCH FOUNDATION	N	135,070	SPECIFIC EMPLOYEE WORK
(5)PVA EDUCATION & TRAINING FOUNDATION	N	61,192	SPECIFIC EMPLOYEE WORK
(6)801 18TH STREET ASSOCIATES	R	12	RENT

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

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
PVA EDUCATION & TRAINING FOUNDATION	B	100,000	PVA BOARD APPROVAL
PVA SPINAL CORD RESEARCH FOUNDATION	O	56,555	SPECIFIC EMPLOYEE WORK
PVA EDUCATION & TRAINING FOUNDATION	O	49,986	SPECIFIC EMPLOYEE WORK
PVA SPINAL CORD RESEARCH FOUNDATION	N	135,070	SPECIFIC EMPLOYEE WORK
PVA EDUCATION & TRAINING FOUNDATION	N	61,192	SPECIFIC EMPLOYEE WORK
801 18TH STREET ASSOCIATES	R	12	RENT