

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- 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): 1875 EYE STREET NW 1100. Room/suite. 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: (800) 424-8200. G Gross receipts \$ 110,838,348

F Name and address of principal officer: ROBERT L THOMAS, 1875 EYE STREET NW 1100, WASHINGTON, DC 20006

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. 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

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

Table with 3 columns: Line number, Description, Amount. Rows 3-7b showing membership and revenue data.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 8-12 showing revenue breakdown.

Table with 3 columns: Line number, Description, Prior Year, Current Year. Rows 13-19 showing expenses and net assets.

Table with 3 columns: Line number, Description, Beginning of Current Year, End of Year. Rows 20-22 showing net assets or fund balances.

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.

Sign Here

Signature of officer	2024-04-23 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 <input type="checkbox"/> 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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

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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 \$ 25,407,637 including grants of \$) (Revenue \$ 387,525)
PUBLIC EDUCATION AND AWARENESS: 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 THEN MAKE HELPING VETERANS PART OF THEIR LIFE'S MISSION. FOR EXAMPLE, THROUGH OUR CLINICAL PRACTICE GUIDELINES AND COMPANION CONSUMER GUIDES - ON ISSUES AS DIVERSE AS THE EARLY ACUTE MANAGEMENT OF ADULTS WITH SPINAL CORD INJURY TO BLADDER MANAGEMENT - WE LEAD THE WAY IN PROVIDING "GOLD STANDARD" PROFESSIONAL EDUCATION AND SELF-HELP INFORMATION TO HEALTH CARE PROFESSIONALS AND PATIENTS ALIKE. LAST YEAR ALONE, OUR GUIDELINES WERE USED BY THOUSANDS OF DOCTORS, NURSES, PSYCHOLOGISTS, SOCIAL WORKERS AND THERAPISTS, POTENTIALLY HELPING MILLIONS OF PEOPLE LIVING WITH SPINAL CORD INJURY/DISEASES (SCI/D).

4b (Code:) (Expenses \$ 20,302,272 including grants of \$ 5,053,592) (Revenue \$)
VETERANS BENEFIT SERVICES:VA BENEFITS - 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 23, PARALYZED VETERANS OF AMERICA'S VETERANS BENEFITS STAFF SECURED \$232,874,346 IN NEW ANNUAL AND RETROACTIVE BENEFITS FOR OUR CLIENTS, INCLUDING \$9,488,086 IN PAYMENTS FOR AUTOMOBILE GRANTS, \$43,835,521 IN AUTOMOBILE ADAPTIVE EQUIPMENT PAYMENTS, \$38,532,523 IN PAYMENTS FOR SPECIALLY ADAPTED HOUSING (SAH) GRANTS AND \$5,933,332 IN ANNUAL CLOTHING ALLOWANCE PAYMENTS.IN FY 23, WE FILED 24,015 NEW ISSUES/CLAIMS AND SECURED 1,033 "SIGNIFICANT RETROACTIVE AWARDS" (OVER \$100,000). WE CONDUCTED 5,877 HOSPITAL AND OFFICE INTERVIEWS AND HAD OVER 149,780 CLIENT CONTACTS DURING THE YEAR. VETERANS CAREER PROGRAM [FORMERLY PAVE] - PARALYZED VETERANS OF AMERICA'S VETERANS CAREER PROGRAM PROVIDES CAREER ASSISTANCE AND VOCATIONAL REHABILITATION SUPPORT TO TRANSITIONING SERVICE MEMBERS, VETERANS, MILITARY SPOUSES AND CAREGIVERS ACROSS THE COUNTRY. IN FY23, VETERANS CAREER PROGRAM STAFF PLACED 228 INDIVIDUALS IN MEANINGFUL CAREER OPPORTUNITIES AND CARRIED AN ACTIVE CASELOAD OF NEARLY 500 CLIENTS. THE PROGRAM OPERATES THROUGH SEVEN LOCATIONS NATIONWIDE: ATLANTA, MINNEAPOLIS, BOSTON, RICHMOND, SAN ANTONIO, SAN DIEGO, AND WASHINGTON, D.C. SINCE THE INCEPTION OF THE PROGRAM, WE HAVE HELPED MORE THAN 5,000 VETERANS, MILITARY SPOUSES AND CAREGIVERS FIND MEANINGFUL EMPLOYMENT. THROUGH THE VETERANS CAREER PROGRAM, CLIENTS RECEIVE HIGH-TOUCH ENGAGEMENT AS THEY LOOK FOR MEANINGFUL VOLUNTEER OPPORTUNITIES, EDUCATION AND EMPLOYMENT. VETERANS CAREER PROGRAM STAFF WORK WITH ANY MEMBER OF THE MILITARY COMMUNITY WHO NEEDS OUR HELP, BUT WE SPECIALIZE IN ASSISTING THOSE VETERANS WITH BARRIERS TO EMPLOYMENT DUE TO CATASTROPHIC INJURY OR ILLNESS. IN FY23, PVA CONTINUED TO OFFER THE VETERANS CAREER LIVE VIRTUAL ENGAGEMENT PROGRAM. VETERANS CAREER LIVE BRIDGES THE GAP BETWEEN CAREER RESOURCES AND VETERANS WITH DISABILITIES WHO ARE NOT WILLING OR ABLE TO ATTEND TRADITIONAL HIRING EVENTS. THROUGH A SERIES OF INFORMAL VIRTUAL SESSIONS, VETERANS WITH DISABILITIES, THEIR FAMILY MEMBERS, AND THEIR CAREGIVERS ARE ABLE TO LEARN FROM CAREER EXPERTS AND NETWORK WITH EMPLOYERS AND INDUSTRY EXPERTS. IN FY23 PVA HOSTED 82 VETERANS CAREER LIVE SESSIONS FOR 8,284 MEMBERS OF THE VETERANS COMMUNITY. PARALYZED VETERANS OF AMERICA (PVA) MEDICAL SERVICES - THE PVA MEDICAL SERVICES TEAM WORKS TO ENSURE THAT VETERANS WITH SPINAL CORD INJURY AND DISEASE (INCLUDING MULTIPLE SCLEROSIS AND AMYOTROPHIC LATERAL SCLEROSIS) HAVE ACCESS TO THE DEPARTMENT OF VETERANS AFFAIRS (VA) RESOURCES AND RECEIVE THE BEST MEDICAL CARE POSSIBLE THROUGH THE VHA SCI/D SYSTEM OF CARE. THE HEALTH CARE EXPERTS THAT MAKE UP PVA'S MEDICAL SERVICES TEAM BRING A WIDE VARIETY OF CLINICAL EXPERIENCE AND SUBJECT MATTER EXPERTISE IN SPINAL CORD INJURY AND DISEASE. THE TEAM CLOSELY COLLABORATES WITH PVA'S NATIONAL VETERAN SERVICE OFFICERS WHO ARE LOCATED AT EACH VHA SCI UNIT AND VAMC HOSPITAL LEADERSHIP AT EVERY VETERANS ADMINISTRATION SCI/D CENTER AND LONG-TERM CARE CENTER TO SUPPORT BEST PRACTICES IN CARE, ADVOCATE FOR THE HEALTHCARE NEEDS OF PVA MEMBERS, AND FACILITATE CHANGE WHEN NEEDED TO ENSURE QUALITY AND TIMELY DELIVERY OF CARE. THE PVA MEDICAL SERVICES TEAM CONDUCTS ANNUAL SITE SURVEYS AT ALL 25 SCI/D CENTERS AND 6 LONG TERM CARE CENTERS ACROSS THE UNITED STATES TO ASSESS THE QUALITY AND TIMELINESS OF CARE. AFTER EACH VISIT, FINDINGS AND RECOMMENDATIONS, ALONG WITH IDENTIFIED BEST PRACTICES AT THE CENTER ARE COMPILED INTO A SITE SURVEY REPORT AND SUBMITTED TO THE SECRETARY OF THE DEPARTMENT OF VETERANS AFFAIRS FOR REVIEW AND CONSIDERATION. OUR DEDICATED CLINICAL STAFF CONTINUALLY WORKS TO EDUCATE THE COMMUNITY AND INDIVIDUALS WITH SCI/D BY CONTRIBUTING ARTICLES COVERING TREATMENT UPDATES, HEALTH PROMOTION AND DISEASE PREVENTION TO OUR ORGANIZATION'S MONTHLY PUBLICATION

CONTRIBUTING ARTICLES, COVERING TREATMENT OF BATES, HEALTH PROMOTION AND DISEASE PREVENTION TO OUR ORGANIZATION'S MONTHLY PUBLICATION, PARAPLEGIA NEWS (PN) MAGAZINE AND THE MEMBERS AT LARGE NEWSLETTER. EACH MEMBER OF THE MEDICAL SERVICES TEAM REPRESENTS PVA BY COLLABORATING ON PANELS AND COMMITTEES OF RELATED ORGANIZATIONS TO ADVANCE AND IMPROVE THE ACCESS, DELIVERY AND QUALITY OF HEALTHCARE FOR VETERANS WITH SCI/D. PVA'S MEDICAL SERVICE TEAM MEMBERS ALSO PARTICIPATE IN VARIOUS WEBINARS AND NATIONAL EVENTS CONCERNING SCI/D AND THE DELIVERY OF CARE THROUGH THE DEPARTMENT OF VETERANS AFFAIRS. THE MEDICAL SERVICES STAFF SERVES AS A RESOURCE FOR PVA'S NATIONAL SERVICE OFFICERS, MEMBERS AND NATIONAL OFFICE STAFF FOR GUIDANCE TO AFFECT CHANGE FOR INDIVIDUAL MEMBERS OR THE VA HEALTHCARE SYSTEM IN ITS ENTIRETY. THE TEAM ALSO ASSISTS PVA'S APPELLATE OPERATIONS IN FILING APPEALS FOR SERVICE CONNECTION AND BENEFITS FOR VETERANS. 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.

4c (Code:) (Expenses \$ **3,488,759** including grants of \$) (Revenue \$)

LEGISLATION AND ADVOCACY: ADVOCACY - PARALYZED VETERANS OF AMERICA'S GOVERNMENT RELATIONS PROGRAM FOCUSES ON POLICY PRIORITIES THAT AFFECT VETERANS WITH SPINAL CORD INJURIES AND DISORDERS. THROUGH OUR EFFORTS, WE IMPROVE THE LIVES OF VETERANS WITH CATASTROPHIC DISABILITIES AND ALL PEOPLE WITH DISABILITIES. THE LEGISLATIVE PROGRAM STAFF FOCUS ON POLICY PRIORITIES UNDER THE PURVIEW OF THE DEPARTMENT OF VETERANS AFFAIRS (VA) AND THE HOUSE AND SENATE VETERANS' AFFAIRS COMMITTEES. LEGISLATIVE STAFF WORK ON PROTECTING ACCESS TO VA'S SPECIALIZED HEALTH CARE SERVICES; EXPANDING ACCESS TO VA'S LONG-TERM SERVICES AND SUPPORTS; AND IMPROVING VA BENEFITS AND HEALTH CARE SERVICES FOR PARALYZED VETERANS AND THEIR SURVIVORS, INCLUDING INCREASED ACCESS TO HOME MODIFICATIONS AND ASSISTED REPRODUCTIVE TECHNOLOGIES. THE NATIONAL ADVOCACY STAFF FOCUS ON EFFORTS TO IMPROVE THE LIVES OF OUR MEMBERS AS PEOPLE WITH DISABILITIES. ADVOCACY STAFF WORK ON IMPROVING ACCESS TO AIR TRAVEL FOR PEOPLE WITH DISABILITIES, INCLUDING ADDRESSING DAMAGE TO WHEELCHAIRS AND INJURIES TO WHEELCHAIR USERS, AND PROMOTING LEGISLATION THAT WILL IMPROVE EMPLOYMENT OPPORTUNITIES FOR PEOPLE WITH DISABILITIES. STAFF ALSO PARTICIPATE IN EFFORTS TO ENSURE PEOPLE WHO USE WHEELCHAIRS HAVE ACCESS TO AUTONOMOUS VEHICLES AND IMPROVE ACCESS TO SOCIAL SECURITY BENEFITS. IN ADDITION, STAFF ASSIST VETERANS WITH FILING DISABILITY-RELATED COMPLAINTS WITH FEDERAL AGENCIES AND WORK WITH CHAPTERS TO INCREASE COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT IN THEIR LOCAL COMMUNITIES. ARCHITECTURE: PVA'S ARCHITECTURE TEAM ENSURES STATE-OF-THE-ART HEALING FACILITIES FOR VETERANS WITH A SPINAL CORD INJURY OR DISEASE AT THE DEPARTMENT OF VETERANS AFFAIRS (VA) HOSPITALS. PVA'S STAFF OF LICENSED ARCHITECTS WORK DIRECTLY WITH THE VA AND DESIGN TEAMS ACROSS THE COUNTRY THROUGHOUT EACH DESIGN AND CONSTRUCTION PROCESS. THE ARCHITECTURE TEAM ALSO CONDUCTS TECHNICAL ASSESSMENTS OF THE CONDITION OF EXISTING VA MEDICAL CENTERS. IN ADDITION TO HEALTH CARE FACILITIES, PVA'S ARCHITECTURE TEAM HAS BROUGHT ABOUT POSITIVE CHANGE AND FURTHERED ACCESSIBLE DESIGN IN ALL PUBLIC AND PRIVATE BUILDING TYPES. PVA ARCHITECTS SERVE ON COMMITTEES WHICH WRITE ACCESSIBILITY STANDARDS AND BUILDING CODES, AND WORK WITH CITIES AND MUNICIPALITIES TO IMPROVE ACCESS FOR ALL. THEY ALSO HELP ADVANCE ACCESSIBLE DESIGN THROUGH TEACHING, PUBLIC SPEAKING, SEMINARS AND PUBLICATIONS WHICH DEAL WITH ACCESSIBILITY ISSUES AND APPROACHES THAT ELIMINATE BARRIERS IN THE BUILT ENVIRONMENT. EACH YEAR, PVA'S ARCHITECTS WORK DIRECTLY WITH OVER 100 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. ALSO, THROUGH PRESENTING IN-PERSON AND VIRTUAL SEMINARS, PVA ARCHITECTS ASSIST APPROXIMATELY 4,500 ATTENDEES PER YEAR WITH THEIR ACCESSIBLE HOME RENOVATION PROJECTS. 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 \$ **2,999,968** including grants of \$ **1,371,304**) (Revenue \$)

RESEARCH AND EDUCATION: PARALYZED VETERANS OF AMERICA SUPPORTS RESEARCH AND EDUCATIONAL PROGRAMS, AND OTHER INITIATIVES THAT UNITE PEOPLE AND ACTIVITIES TOWARD A SINGLE MISSION: IMPROVED QUALITY OF LIFE FOR INDIVIDUALS LIVING WITH SPINAL CORD INJURIES AND DISORDERS (SCI/D), AND DISEASES LIKE MULTIPLE SCLEROSIS (MS) AND AMYOTROPHIC LATERAL SCLEROSIS (ALS). IN 2023, WORKING WITH EXPERT RESEARCHERS AND CLINICIANS FROM ACROSS THE U.S. AND CANADA, PVA CONTINUES TO DEVELOP NEW CLINICAL PRACTICE GUIDELINES (CPG) ON MANAGEMENT OF SECONDARY HEALTH CONDITIONS AFTER SCI/D. THESE ARE IN ADDITION TO OUR PRESENT CADRE OF CPGS, COMPANION CONSUMER GUIDES AND OUR SELF-CARE MANUAL "YES, YOU CAN!" THESE ARE DISSEMINATED NATIONALLY AND WORLDWIDE TO EDUCATE CLINICIANS IN ORDER TO IMPROVE CARE AND TREATMENT OF VETERANS AND OTHERS LIVING WITH SCI/D. IN 2023 WE CONTINUE TO DEVELOP NEW RESOURCES FOR OUR VETERANS AND THEIR FAMILIES. PVA RESEARCH AND EDUCATION STAFF MANAGE THE PVA RESEARCH FOUNDATION, DEDICATED TO FUNDING RESEARCH TO FIND A CURE FOR SPINAL CORD INJURY. IN FY23 THE FOUNDATION AWARDED OVER \$1M 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 \$2.3 MILLION GRANTS IN 2023. IN 2023 THE PVA EDUCATION FOUNDATION FUNDED NEARLY \$100,000 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. WE MANAGED \$500,000 IN GRANTS IN 2023. IN 2023 WE WORKED TO SERVE THE UNIQUE NEEDS OF WOMEN VETERANS WITH SCI/D. THESE PROGRAMS INCLUDED MONTHLY WEBINARS, SPORTS AND OTHER ACTIVITIES INCLUDING A WOMEN VETERANS EMPOWERMENT RETREAT HELD IN SAN ANTONIO, TX, FEATURING SELF-ADVOCACY AND RESILIENCE TRAINING AND COLLECTING INFORMATION FROM WOMEN VETERANS ABOUT THEIR NEEDS.

(Code:) (Expenses \$ **2,171,799** including grants of \$ **100,013**) (Revenue \$ **96,621**)

SPORTS AND RECREATION: PARALYZED VETERANS OF AMERICA (PVA) OFFERS A DIVERSE RANGE OF ADAPTIVE SPORTS AND RECREATION OPPORTUNITIES TO PARALYZED VETERANS AND OTHER INDIVIDUALS WITH DISABILITIES. OUR PROGRAMS INCLUDE PARACYCLING, BASS FISHING, BILLIARDS, BOWLING, RUGBY, SHOOTING SPORTS, THE ANNUAL NATIONAL VETERANS WHEELCHAIR GAMES, AND MORE. THROUGH PVA'S ADAPTIVE SPORTS AND RECREATION PROGRAMS, VETERANS CAN SHOWCASE THEIR ABILITIES, PARTICIPATE ALONGSIDE "ABLE-BODIED" PARTICIPANTS, AND CONNECT WITH OTHERS WHO FACE SIMILAR CHALLENGES. PVA'S SPORTS AND RECREATION PROGRAMS ACTIVELY CHALLENGE STEREOTYPES, PROMOTE AWARENESS, AND CULTIVATE INCLUSIVITY, CONTRIBUTING TO BUILDING A MORE WELCOMING SOCIETY FOR ALL PEOPLE LIVING WITH DISABILITIES.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ **5,171,767** including grants of \$ **1,471,317**) (Revenue \$ **96,621**)

4e Total program service expenses **54,370,435**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 Yes	

5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9	Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . 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? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes

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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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No

Complete Schedule R, Part IV, go to line 29a		24a		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on 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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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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		263		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	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 the 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
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 1875 EYE STREET NW 1100 WASHINGTON, DC 20006 (800) 424-8200

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID ZURFLUH IMMEDIATE PAST PRESIDENT	20.00	X					9,000	0	0	
(2) ANTHONY MURRAY DIRECTOR, ARIZONA	20.00	X					0	0	0	
(3) KEVIN HOY DIRECTOR, BAY AREA & WESTERN	20.00	X					0	0	0	
(4) CHERYL LEWIS DIRECTOR, BAYOU GULF STATES	20.00 4.00	X					0	0	0	
(5) DOUG BECKLEY DIRECTOR, BUCKEYE	20.00	X					0	0	0	
(6) LOUIS IRVIN DIRECTOR, CAL-DIEGO	20.00	X					0	0	0	
(7) JOSE REYNOSO DIRECTOR, CALIFORNIA	20.00	X					0	0	0	
(8) ANN ADAIR DIRECTOR, COLONIAL	20.00 4.00	X					0	0	0	
(9) MARIA BENITEZ DIRECTOR, FLORIDA	20.00	X					0	0	0	
(10) STEPHEN BUSH DIRECTOR, FLORIDA GULF COAST	20.00	X					0	0	0	
(11) DONALD FELDOTT DIRECTOR, GATEWAY	20.00	X					0	0	0	
(12) DAVID NELSON JR DIRECTOR, GREAT PLAINS	20.00	X					0	0	0	
(13) STEVE MILLER	20.00									

DIRECTOR, IOWA		X							0	0	0
(14) TAMARA LAWTER DIRECTOR, KENTUCKY-INDIANA	20.00	X							0	0	0
(15) WILLIAM JAKOVAC DIRECTOR, KEYSTONE	20.00	X							0	0	0
(16) MELVIN HASENYAGER DIRECTOR, LONE STAR	20.00	X							0	0	0
(17) ROBERT VANCE DIRECTOR, MICHIGAN	20.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ALPHONSO LOPEZ DIRECTOR, MID-AMERICA	20.00	X						0	0	0
(19) JEFF DOLEZAL DIRECTOR, MID-ATLANTIC	20.00	X						0	0	0
(20) JACK FRANKLIN DIRECTOR, MID-SOUTH	20.00	X						0	0	0
(21) TODD KEMERY DIRECTOR, MINNESOTA	20.00	X						0	0	0
(22) IZZY ABASS DIRECTOR, MOUNTAIN STATES	20.00 4.00	X						0	0	0
(23) JASON KELLEY DIRECTOR, NEVADA	20.00	X						0	0	0
(24) BRADFORD CARLSON DIRECTOR, NEW ENGLAND	20.00	X						0	0	0
(25) MICHAEL OLSON DIRECTOR, NORTH CENTRAL	20.00	X						0	0	0
(26) MATTHEW MICKUNAS DIRECTOR, NORTHWEST	20.00 4.00	X						0	0	0
(27) RUBEN SIERRA DIRECTOR, PUERTO RICO	20.00	X						0	0	0
(28) PAUL STEWART DIRECTOR, SOUTHEASTERN	20.00	X						0	0	0
(29) FRANK DAEBELLIEHN DIRECTOR, TEXAS	20.00	X						0	0	0
(30) WILLIAM BILL GRAY DIRECTOR, TRI-STATE	20.00	X						0	0	0
(31) GERALD BROWN DIRECTOR, VAUGHAN	20.00	X						0	0	0
(32) ALBERT BROOKS MARTIN DIRECTOR, WEST VIRGINIA	20.00	X						0	0	0
(33) SCOTT GRIFFITH	20.00	X						0	0	0

NAME	PERIOD	TYPE	AMOUNT	STATUS	AMOUNT	STATUS
DIRECTOR, WISCONSIN						
(34) CHERYL TOPPING	40.00			X	239,224	41,873
CHIEF FINANCIAL OFFICER	8.00					
(35) WILLIAM BLAKE	40.00			X	240,938	41,011
EXECUTIVE DIRECTOR						
(36) SHAUN CASTLE	40.00			X	178,689	39,048
DEPUTY EXECUTIVE DIRECTOR	8.00					
(37) CHARLES BROWN	40.00			X	109,007	7,622
NAT'L PRES. & CEO (THROUGH 06/23)						
(38) TOM WHEATON	35.00			X	11,250	0
TREASURER						
(39) MARCUS MURRAY	35.00			X	9,000	0
SECRETARY						
(40) ROBERT THOMAS	35.00			X	9,000	0
SENIOR VICE PRESIDENT	8.00					
(41) HACK ALBERTSON	35.00			X	9,000	0
VICE PRESIDENT	4.00					
(42) MICHAEL NEGRETE	35.00			X	9,000	0
VICE PRESIDENT						
(43) TAMMY JONES	35.00			X	9,000	0
VICE PRESIDENT						
(44) JOSUE CORDOVA	35.00			X	9,000	0
VICE PRESIDENT						
(45) LEONARD SELFON	40.00			X	211,273	18,290
GENERAL COUNSEL						
(46) DAVID FANNING	40.00			X	169,028	36,773
SR. DIR. PLANNED & STRAT. FUND.						
(47) PETER GAYTAN	40.00				161,703	36,886
ASSOCIATE EXECUTIVE DIRECTOR						
(48) MARK LITCHTER	40.00				149,567	36,152
DIRECTOR OF ARCHITECTURE						
(49) ANDREW MCKENZIE	40.00				156,456	32,615
DIRECTOR OF INFORMATION TECHNOLOGY						
(50) HEATHER ANSLEY	40.00				171,175	21,206
ASSOCIATE EXECUTIVE DIRECTOR						
(51) LINDA BLAUHUT	40.00				146,208	19,568
DEPUTY GENERAL COUNSEL						

1b Sub-Total						
1c Total from continuation sheets to Part VII, Section A						
1d Total (add lines 1b and 1c)			2,007,518		0	331,044

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 **▶ 44**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EDGE DIRECT LLC 3030 WATERVIEW AVE BALTIMORE, MD 21230	GIFT/MAIL PROGRAM	52,858,360
UNITED STATES POSTAL SERVICE 900 BRENTWOOD ROAD NW	MAIL DELIVERY	2,032,945

WASHINGTON, DC 20001 AEGIS PREMIER TECHNOLOGIES PO BOX 840 TULSA, OK 741010840	DATA MANAGEMENT	1,452,416
AEGIS PROCESSING SOLUTIONS 240 SE MADISON ST TOPEKA, KS 666071147	GIFT/MAIL PROGRAM	1,296,952
DATA AXLE 4 INT DRIOVE STE 210 RYE BROOK, NY 10573	DATA MANAGEMENT	1,114,857
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 ▶ 72		

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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
1a Federated campaigns				
1b Contributions, gifts, grants, and membership dues and other similar amounts				
1c Fundraising events	610,407			
1d Related organizations				
1e Government grants (contributions)	48,192			
1f All other contributions, gifts, grants, and similar amounts not included above	86,144,178			
1g Noncash contributions included in lines 1a - 1f:\$	666,821			
h Total. Add lines 1a-1f	86,802,777			

2a	Business Code	Program Service Revenue		
		(A)	(B)	(C)
VETERANS LEGAL SERVICES	900099	175,180	175,180	
PARAPLEGIA NEWS	541860	135,584	29,229	106,355
SPORTS EVENT REGISTRATION	900099	96,621	96,621	
SPORTS 'N SPOKES	541860	70,904		70,904
SUBSCRIPTIONS	900099	5,857	5,857	
f All other program service revenue.				
g Total. Add lines 2a-2f.		484,146		

3 Investment income (including dividends, interest, and other similar amounts)		1,880,643		1,880,643
4 Income from investment of tax-exempt bond proceeds				
5 Royalties		1,172,786		1,172,786
6a Gross rents	(i) Real		(ii) Personal	
h Less: rental				

Other Revenue	expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			19,756,776				
		7b Less: cost or other basis and sales expenses	20,827,371	652,649			
	Gain or (loss)	7c	-1,070,595	-652,649			
	d Net gain or (loss)				-1,723,244		-1,723,244
	a Gross income from fundraising events (not including \$ 610,407 of contributions reported on line 1c). See Part IV, line 18	8a		349,656			
	b Less: direct expenses	8b		371,751			
	c Net income or (loss) from fundraising events				-22,095		-22,095
	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							
11a RENT REIMBURSEMENT	Business Code	900099		331,306		331,306	
b REIMBURSEMENT REVENUE		900099		60,258		60,258	
d All other revenue							
e Total. Add lines 11a-11d				391,564			
12 Total revenue. See instructions				88,986,577	306,887	177,259	
						1,699,654	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,322,565	6,322,565		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	202,344	202,344		
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	1,370,942		1,166,604	204,338

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	17,731,197	14,559,897	1,260,868	1,910,432
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	695,125	574,215	47,990	72,920
9 Other employee benefits	3,753,963	2,966,420	386,923	400,620
10 Payroll taxes	1,431,212	1,099,972	173,948	157,292
11 Fees for services (non-employees):				
a Management				
b Legal	403,018	252,479	125,901	24,638
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	855,803			855,803
f Investment management fees	287,389		287,389	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,990,980	1,248,112	621,286	121,582
12 Advertising and promotion	3,983,365	2,216,752	192,181	1,574,432
13 Office expenses	1,614,942	994,093	552,783	68,066
14 Information technology	181,600	138,813	30,189	12,598
15 Royalties	307,032	170,864	14,813	121,355
16 Occupancy	1,877,417	374,297	1,501,275	1,845
17 Travel	2,278,113	1,435,263	675,289	167,561
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	540,808	237,372	300,159	3,277
20 Interest	7,773		7,773	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	483,054	14,183	119,074	349,797
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 MARKETING	35,903,149	19,980,191	1,732,178	14,190,780
b PUBLICATIONS	11,997,834	793,462	63,776	11,140,596
c TRAINING AND EDUCATION	743,490	464,045	87,900	191,545
d MERCHANT FEES	427,934		427,934	
e All other expenses	1,902,043	325,096	904,605	672,342
25 Total functional expenses. Add lines 1 through 24e	97,293,092	54,370,435	10,680,838	32,241,819
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	47,122,142	21,334,364	1,584,321	24,203,457

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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
1 Cash-non-interest-bearing	14,085,964	1	8,878,683
2 Savings and temporary cash investments	1,697,088	2	545,868
3 Pledges and grants receivable, net	10,565,958	3	12,480,770
4 Accounts receivable, net	1,025,385	4	1,570,403
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			

Assets	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	8,000,000		7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges	980,345		9	2,254,728	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,597,716				
		b Less: accumulated depreciation	436,826	1,377,161	10c	1,160,890	
	11	Investments—publicly traded securities	70,580,738		11	82,694,593	
	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	955,926		15	9,558,599	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	109,268,565		16	119,144,534	
	Liabilities	17	Accounts payable and accrued expenses	7,827,949		17	5,987,791
		18	Grants payable			18	
		19	Deferred revenue	1,580,908		19	1,041,263
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	997,287		25	10,940,439	
26		Total liabilities. Add lines 17 through 25	10,406,144		26	17,969,493	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions	93,981,331		27	100,417,242	
	28	Net assets with donor restrictions	4,881,090		28	757,799	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	98,862,421		32	101,175,041	
33	Total liabilities and net assets/fund balances	109,268,565		33	119,144,534		

Form 990 (2022)

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	88,986,577
2	Total expenses (must equal Part IX, column (A), line 25)			2	97,293,092
3	Revenue less expenses. Subtract line 2 from line 1			3	-8,306,515
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			4	98,862,421
5	Net unrealized gains (losses) on investments			5	10,619,135
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))			10	101,175,041

Part XII **Financial Statements and Reporting**

Check if Schedule U contains a response or note to any line in this Part XII

- 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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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?
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Form **990** (2022)

Form 990 (2022)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

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

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (PARALYZED VETERANS OF AMERICA) and 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	88,284,522	88,814,016	103,426,578	104,618,164	86,802,777	471,946,057
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..	961,456	973,895	969,343	1,221,745	1,296,999	5,423,438
4 Total. Add lines 1 through 3	89,245,978	89,787,911	104,395,921	105,839,909	88,099,776	477,369,495
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)						11,244,100
6 Public support. Subtract line 5 from line 4.						466,125,395

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	89,245,978	89,787,911	104,395,921	105,839,909	88,099,776	477,369,495
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,587,859	2,338,570	2,207,390	2,812,500	3,053,429	12,999,748
9 Net income from unrelated business activities, whether or not the business is regularly carried on				9,600	0	9,600
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	195,705	114,076	55,900	487,934	391,564	1,245,179
11 Total support. Add lines 7 through 10						491,624,022
12 Gross receipts from related activities, etc. (see instructions)					12	1,024,734

13 First 5 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 2022 (line 6, column (f) divided by line 11, column (f))	14	94.810 %
15 Public support percentage for 2021 Schedule A, Part II, line 14	15	95.160 %

- 16a 33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests-2022.** 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-2021.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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.

- 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.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
 - 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.*
 - 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.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*
 - 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?
 - c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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.*
- 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) .*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 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.*
 - b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
 - c** Did a disqualified person (as defined on 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.*
- 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.*
 - 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).*

3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2022

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

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 line 2 above, 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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b 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 on line 2a, above 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 lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", 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			

Schedule A (Form 990) 2022

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

- 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 0.015 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 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2022

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	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8		
9 Distributable amount for 2022 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			

\$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

Schedule A (Form 990) (2022)

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

Return Reference	Explanation
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Schedule A (Form 990) 2022

Additional Data

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990) Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

Table with 2 columns: Name of the organization (PARALYZED VETERANS OF AMERICA) and Employer identification number (13-1946868)

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
------------------------	--	--	----------------------

-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____	_____ \$	_____

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Schedule B (Form 990) (2022)

Additional Data

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SCHEDULE C (Form 990)

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

2022

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.

Table with 2 columns: Name of the organization (PARALYZED VETERANS OF AMERICA) and Employer identification number (13-1946868)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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)		158,121													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		339,444													
c Total lobbying expenditures (add lines 1a and 1b)		497,565													
d Other exempt purpose expenditures		96,717,129													
e Total exempt purpose expenditures (add lines 1c and 1d)		97,214,694													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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	436,368	350,560	363,186	497,565	1,647,679
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	140,234	37,735	22,778	158,121	358,868

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications or published or broadcast statements?			

c	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?		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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Schedule C (Form 990) 2022

Additional Data

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (PARALYZED VETERANS OF AMERICA) and 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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, description, and Yes/No options. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, description, and Yes/No options. Includes questions 1a-2b regarding collections of art and historical treasures.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Amount, and rows 1c, 1d, 1e, 1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g

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 Term endowment

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

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

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e, Total

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and rows (A) through (H). Total row at the bottom.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and a Total row at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) RIGHT OF USE ASSET, (2) SECURITY DEPOSIT, and rows (3) through (9). Total row at the bottom with value 9,558,599.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: Federal income taxes.

(1) Federal income taxes

FINANCE LEASE LIABILITY	269,381
DUE TO AFFILIATES	18
OPERATING LEASE LIABILITY	10,671,040
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	10,940,439

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

Schedule D (Form 990) 2022

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	143,657,287
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	10,619,135
b Donated services and use of facilities	2b	43,967,213
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	371,751
e Add lines 2a through 2d	2e	54,958,099
3 Subtract line 2e from line 1	3	88,699,188
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	287,389
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	287,389
5 Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	88,986,577

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	141,344,667
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	43,967,213
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	371,751
e Add lines 2a through 2d	2e	44,338,964
3 Subtract line 2e from line 1	3	97,005,703
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	287,389
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	287,389
5 Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	97,293,092

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
PART X, LINE 2:	FOR THE YEAR ENDED JUNE 30, 2022, PVA HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 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.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	EVENT EXPENSES NETTED AGAINST REVENUE ON PART VIII, LINE 8B 371,751.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EVENT EXPENSES NETTED AGAINST REVENUE ON PART VIII, LINE 8B 371,751.

Schedule D (Form 990) 2022

Additional Data

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Software Version:

SCHEDULE G (Form 990)

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
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PARALYZED VETERANS OF AMERICA

Employer identification number 13-1946868

Part I 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.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes rows for EDGE DIRECT LLC and CHARITABLE ADULT RIDES & SERVICES.

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

Schedule G (Form 990) 2022

Page 2

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	(b) Event #2	(c) Other events	(d) Total events
		NVWG (event type)	SUMMIT (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	482,163	317,900	160,000	960,063
	2 Less: Contributions	465,803	37,842	106,762	610,407
	3 Gross income (line 1 minus line 2)	16,360	280,058	53,238	349,656
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,831			7,831
	6 Rent/facility costs				
	7 Food and beverages	20,273	280,058	53,238	353,569
	8 Entertainment	8,000	1,811	540	10,351
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				371,751
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-22,095

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

Details, explain: _____

Schedule G (Form 990) 2022

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
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Additional Data

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Schedule I (Form 990)

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization PARALYZED VETERANS OF AMERICA

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.

Employer identification number 13-1946868

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

Table with 8 columns: (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. Contains 23 rows of grant data.

MEMPHIS, IN 38104							
(24) MINNESOTA CHAPTER PVA 1 VETERANS DRIVE SCI - 238 MINNEAPOLIS, MN 55417	41-1722452	501(C)(3)	150,655	0			CHAPTER GRANT
(25) MOUNTAIN STATES CHAPTER PVA 12200 E ILLIFF AVE STE 107 AURORA, CO 80014	84-6036190	501(C)(3)	150,655	0			CHAPTER GRANT
(26) NEVADA CHAPTER PVA 704 SOUTH JONES BLVD LAS VEGAS, NV 89107	31-1647467	501(C)(3)	159,740	0			CHAPTER GRANT AND SPORTS GRANT
(27) NEW ENGLAND CHAPTER PVA 1208 VFW PKWY SUITE 301 WEST ROXBURY, MA 02132	04-6112881	501(C)(3)	150,655	0			CHAPTER GRANT
(28) NORTH CENTRAL CHAPTER PVA 209 NORTH GARFIELD AVE SIOUX FALLS, SD 57104	46-0359947	501(C)(3)	156,655	0			CHAPTER GRANT AND SPORTS GRANT
(29) NORTHWEST CHAPTER PVA 616 SW 152ND ST SUITE B BURIEN, WA 98166	91-1017716	501(C)(3)	150,655	0			CHAPTER GRANT
(30) OREGON CHAPTER PVA 370 SILVETON ROAD NE SALEM, OR 97305	93-0713859	501(C)(3)	150,655	0			CHAPTER GRANT
(31) PUERTO RICO CHAPTER PVA 812 MOLUCA STREET URB COUNTRY CLUB SAN JUAN, PR 00924	66-0346980	501(C)(3)	150,655	0			CHAPTER GRANT
(32) SOUTHEASTERN CHAPTER PVA 4010 DEANE BRIDGE ROAD HEPHZIBAH, GA 30815	58-6055069	501(C)(3)	150,655	0			CHAPTER GRANT
(33) TEXAS CHAPTER PVA 2656 SOUTH LOOP WEST SUITE 130 HOUSTON, TX 77054	74-6077762	501(C)(3)	150,655	0			CHAPTER GRANT
(34) UNIVERSITY OF PITTSBURGH HUMAN ENGINEERING RESEARCH LABORATORIES SCHOOL OF 500 ROSS STREET PITTSBURGH, PA 15213	25-0965591	501(C)(3)	100,000	0			RESEARCH GRANT
(35) VAMID-ATLANTIC CHAPTER PVA 11620 BUSY STREET NORTH CHESTERFIELD, VA 23236	54-0653585	501(C)(3)	163,655	0			CHAPTER GRANT AND SPORTS GRANT
(36) VAUGHAN CHAPTER PVA 2235 ENTERPRISE DRIVE SUITE 3501 WESTCHESTER, IL 60154	36-6156638	501(C)(3)	166,032	0			CHAPTER GRANT AND SPORTS GRANT
(37) WEST VIRGINIA CHAPTER PVA 336 CAMPBELL CREEK DRIVE CHARLESTON, WV 25306	55-0718655	501(C)(3)	138,100	0			CHAPTER GRANT
(38) WISCONSIN CHAPTER PVA 2311 S 108TH STREET WEST ALLIS, WI 53277	39-1393216	501(C)(3)	153,655	0			CHAPTER GRANT AND SPORTS GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 37
 3 Enter total number of other organizations listed in the line 1 table 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 Page 2

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	105	91,087			
(2) EDUCATIONAL SCHOLARSHIPS	8	17,500			
(3) SPORTS GRANTS	1	2,453			
(4) SUMMIT SCHOLARSHIP ROOMS	236	91,304			
(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.

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Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (PARALYZED VETERANS OF AMERICA) and Employer identification number (13-1946868)

Part I Questions Regarding Compensation

Table with 3 columns: Question (1a-9), Yes, No. Contains questions about compensation reporting, travel, housing, and severance.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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.

Table with 7 columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (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. Lists individuals like WILLIAM BLAKE, CHERYL TOPPING, LEONARD SELFON, and SHAUN CASTLE.

5 DAVID FANNING
SR. DIR. PLANNED & STRAT. FUND.

(i)	163,614	5,414	0	9,950	26,823	205,801	0
(ii)	0	0	0	0	0	0	0

6 PETER GAYTAN
ASSOCIATE EXECUTIVE DIRECTOR

(i)	156,289	5,414	0	9,521	27,365	198,589	0
(ii)	0	0	0	0	0	0	0

7 HEATHER ANSLEY
ASSOCIATE EXECUTIVE DIRECTOR

(i)	163,595	7,580	0	9,709	11,497	192,381	0
(ii)	0	0	0	0	0	0	0

8 ANDREW MCKENZIE
DIRECTOR OF INFORMATION TECHNOLOGY

(i)	151,042	5,414	0	5,266	27,349	189,071	0
(ii)	0	0	0	0	0	0	0

9 MARK LITCHTER
DIRECTOR OF ARCHITECTURE

(i)	145,236	4,331	0	8,923	27,229	185,719	0
(ii)	0	0	0	0	0	0	0

10 LINDA BLAUHUT
DEPUTY GENERAL COUNSEL

(i)	145,125	1,083	0	8,879	10,689	165,776	0
(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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.
PART I, LINE 7	IN ADDITION TO THE BONUSES LISTED ON SCHEDULE J, PART II, CHARLES BROWN RECEIVED A \$1,083 BONUS.

Schedule J (Form 990) 2022

Additional Data

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization PARALYZED VETERANS OF AMERICA

Employer identification number 13-1946868

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods, gift acceptance policies, and solicitation of contributions.

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):	THIS COLUMN INCLUDES THE NUMBER OF CONTRIBUTIONS RECEIVED.
PART I, LINE 32B:	PVA CONDUCTS A CAR DONATION PROGRAM RUN BY INSURANCE AUTO AUCTION, A PROFESSIONAL FUNDRAISER. INSURANCE AUTO AUCTION RECEIVED VEHICLES ON BEHALF OF PVA AND SOLD THEM FOR CASH. PVA ALSO USES A THIRD PARTY ORGANIZATION TO SOLICIT DONATIONS OF CLOTHING FROM WHICH PVA RECEIVES NET PROCEEDS IN CASH.

Schedule M (Form 990) (2022)

Additional Data

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SCHEDULE O
(Form 990)

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

2022

Open to Public Inspection

Name of the organization
PARALYZED VETERANS OF AMERICA

Employer identification number

13-1946868

Return Reference	Explanation
FORM 990, PART I, LINE 1	PARALYZED VETERANS OF AMERICA (PARALYZED VETERANS) IS THE ONLY CONGRESSIONALLY CHARTERED VETERANS SERVICE ORGANIZATION DEDICATED SOLELY TO THE BENEFIT AND REPRESENTATION OF VETERANS WITH SPINAL CORD INJURY OR DISEASE. FOR OVER 70 YEARS, WE HAVE ENSURED THAT VETERANS RECEIVE THE BENEFITS EARNED THROUGH THEIR SERVICE TO OUR NATION; MONITORED THEIR CARE IN VA SPINAL CORD INJURY UNITS; AND FUNDED RESEARCH AND EDUCATION IN THE SEARCH FOR A CURE AND IMPROVED CARE FOR INDIVIDUALS WITH PARALYSIS. AS A PARTNER FOR LIFE, PARALYZED VETERANS ALSO DEVELOPS TRAINING AND CAREER SERVICES, WORKS TO ENSURE ACCESSIBILITY IN PUBLIC BUILDINGS AND SPACES, PROVIDES HEALTH AND REHABILITATION OPPORTUNITIES THROUGH SPORTS AND RECREATION AND ADVOCATES FOR VETERANS AND ALL PEOPLE WITH DISABILITIES. WITH MORE THAN 70 OFFICES AND 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 POSITIVELY CHANGE LIVES AND BUILD BRIGHTER FUTURES FOR OUR NATION'S VETERANS WITH DISABILITIES AND THEIR FAMILIES THROUGH OUR BROAD RANGE OF SERVICES AND EXPERTISE. WHETHER IT'S FIGHTING FOR QUALITY OF HEALTH CARE AND DECENT BENEFITS FOR ALL WHO SERVED, PROVIDING OPPORTUNITIES TO GET BACK INTO LIFE THROUGH ADAPTIVE SPORTS, HELPING VETERANS WITH DISABILITIES GET GOOD JOBS AND CAREERS, ADVANCING A BARRIER-FREE AMERICA, EDUCATING CLINICIANS ABOUT SPINAL CORD INJURY, OR INVESTING IN A CURE FOR PARALYSIS, PARALYZED VETERANS LEADS THE WAY IN EMPOWERING PEOPLE WITH DISABILITIES WITH EVERYTHING THEY NEED TO LIVE FULL AND PRODUCTIVE LIVES. OUR HISTORY IN 1946, PARALYZED VETERANS WAS FOUNDED BY A GROUP OF SERIOUSLY INJURED AMERICAN HEROES FROM THE "GREATEST GENERATION" OF WORLD WAR II. THEY CREATED A NON-PROFIT ORGANIZATION TO MEET THE CHALLENGES THAT THEY FACED BACK IN THE 1940S - FROM A MEDICAL COMMUNITY NOT READY TO TREAT THEM TO AN ENVIRONMENT WITH MANY BARRIERS FOR PEOPLE WHO USE WHEELCHAIRS. THIS INCLUDES LEADING THE CHARGE FOR THE LANDMARK AMERICANS WITH DISABILITIES ACT (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 NATION HAVE BEEN MAKING AMERICA A BETTER PLACE FOR ALL VETERANS AND PEOPLE WITH DISABILITIES.
FORM 990, PART VI, SECTION A, LINE 6	PVA HAS 15,600 MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A	PVA HAS 33 CHAPTERS AND THE MEMBERS IN EACH CHAPTER ELECT THE BOARD MEMBER FROM THE CHAPTER. ONE CHAPTER IS UNDER NATIONAL MONITORING AND HAS NO VOTING BOARD MEMBER. OFFICERS ARE ELECTED BY THE BOARD AT THE ANNUAL MEETING HELD IN MAY, 2023. EACH BOARD MEMBER HAS ONE VOTE. OFFICERS DO NOT HAVE A VOTE.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS COMPLETED BY THE OUTSIDE TAX ACCOUNTANTS AT GRF, CPAS OF BETHESDA, MD. A DRAFT COPY OF THE RETURN WAS E-MAILED TO ALL 33 BOARD MEMBERS AND ELEVEN OFFICERS. AFTER THE REVIEW AND CORRECTIONS, A FINAL COPY OF THE RETURN WAS E-MAILED TO THE BOARD MEMBERS AND OFFICERS. THE RETURN IS SIGNED BY THE CFO AND BY GRF.
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 BEFORE THEY ARE CERTIFIED AS DIRECTORS. FURTHERMORE, IF THEY HAVE A CONFLICT THEY MUST REPORT IT. IF A BOARD MEMBER BECOMES AWARE OF A CONFLICT ON ANOTHER MEMBER'S BEHALF, THEY HAVE BEEN INSTRUCTED TO POINT OUT THE CONFLICT TO THE BOARD CHAIR FOR APPROPRIATE INVESTIGATION. AT THE APPROPRIATE TIME, THE BOARD, HAVING BEEN INFORMED OF THE POTENTIAL CONFLICT OF INTEREST, MAY QUESTION THE DIRECTOR CONCERNING THE IDENTIFIED SPECIAL INTEREST. AFTER THE BOARD 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 TO 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 MINUTES OF THE MEETING OF THE BOARD SHALL REFLECT THE DISCLOSURE OF THE POTENTIAL CONFLICT OF INTEREST, THE BOARD'S DECISION REGARDING THE CONFLICT, AND THE PRESENCE OR ABSENCE OF THE INTERESTED DIRECTOR DURING THE DEBATE ON THE ISSUE OF WHETHER A CONFLICT EXISTS AND DURING ANY ACTION BY THE BOARD FOLLOWING THE VOTE REGARDING THE EXISTENCE OF A CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15A	WITH REGARD TO COMPENSATION, PVA HAD A THIRD PARTY REVIEW SALARIES FOR ALL EMPLOYEES IN THE 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 COMPLIANCE WITH PVA'S INTERNAL POLICY FOR COMPENSATION. THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCE MANAGEMENT APPROVE ALL SALARY CHANGES. THE EXECUTIVE DIRECTOR (ED) IS THE TOP 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 DONE FOR PVA (UPDATED IN JANUARY 2023 FOR THE ED POSITION) PLUS OTHER PUBLISHED SURVEYS.
FORM 990, PART VI, SECTION C, LINE 19	PVA POSTS ALL OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE, WWW.PVA.ORG. PVA ALSO PROVIDES PAPER COPIES UPON WRITTEN REQUEST.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service 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.

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity?

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2022

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations; (i) Code V-UBI amount; (j) General or managing partner; (k) Percentage ownership.

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.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity?

Table with 10 columns: country, or trust, and Yes/No columns. The table is mostly empty.

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.

Table with 10 columns: Question (1a-1s), Yes, No. Contains questions about transactions with related organizations.

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.

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Contains data for PVA SPINAL CORD RESEARCH FOUNDATION and PVA EDUCATION & TRAINING FOUNDATION.

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.

Table with 11 columns: (a) Name, address, and EIN of entity, (b) Primary activity, (c) Legal domicile, (d) Predominant income, (e) Are all partners section 501(c)(3) organizations?, (f) Share of total income, (g) Share of end-of-year assets, (h) Disproportionate allocations?, (i) Code V-UBI amount, (j) General or managing partner?, (k) Percentage ownership.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Additional Data

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Software ID:
Software Version: