efile	e Pu	ıblic Visı	al Render	ObjectId:	20240114934	49302075 - Su	bmissio	n: 2024-0	4-23	1	IN: 13-1946868
	00		Re	eturn of O	rganizatio	on Exempt	From	Incom	e Tax		OMB No. 1545-0047
Form	93	90	Under sectio	n 501(c), 527, c	or 4947(a)(1) of	the Internal Reve mbers on this form	nue Code	(except pri	vate foundat	tions)	<b>2022</b>
		f the Treasury nue Service	►	Go to <u>www.irs</u>	<u>.gov/Form990</u>	for instructions a	and the la	atest inforn	nation.		Open to Public Inspection
A Fe	or th	ne 2022 ca	alendar year,	or tax year be	ginning 07-01-:	2022 , and endi	ng 06-30	-2023			
B Che	ck if a	applicable:	C Name of organ	nization ETERANS OF AMER	ICA				D Employ	er ident	ification number
_		change	FARALIZED VI	LIERANS OF AFIER					13-194	6868	
∪ Na O Ini		hange	Doing busines	s as					-		
_		rn/terminated	-								
		d return			f mail is not delivere	ed to street address)	Room/suit	e	E Telephon	ie numbe	er
ОАр	plicat	ion pending	1875 EYE STR						(800) 4	24-820	0
			City or town, s WASHINGTON		country, and ZIP or	foreign postal code			<b>G</b> Gross re	ceipts \$	110,838,348
		ľ		address of princ	ipal officer:			H(a) Is thi	s a group re	turn for	
			ROBERT L TH 1875 EYE STR	OMAS REET NW 1100				subo	rdinates?		🗌 Yes 🗹 No
			WASHINGTON	N, DC 20006				H(b) Are a inclue	ll subordinat	tes	□ Yes □No
I Tax	(-exe	mpt status:	<b>S</b> 01(c)(3)	501(c) ( )	◀(insert no.)	4947(a)(1) or	527			list. See	instructions.
JW	ebsi	te:► WW	W.PVA.ORG					H(c) Grou	p exemption	numbe	r 🕨
<b>K</b> Forn	n of o	organization:	Corporatior	n 🗌 Trust 🗌 A	ssociation 🗍 Oth	er 🕨		L Year of form	ation: 1947	M State	e of legal domicile: DC
Pa	art I	Sum	mary								
				nization's mission	n or most signific	cant activities:					
Ce		SEE SCHEI	DOLL O.								
nar											
Governance	2	Chock thi	s box 🕨 🗌								
69				ers of the gover	ning body (Part \	VI, line 1a)				3	33
× ×	4	Number o	of independent	voting members	s of the governing	g body (Part VI, line	e1b) .			4	33
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)						5	263		
μŋ;	6	Total num	ber of volunte	ers (estimate if ı	necessary) .				•	6	1,060
Ac	7a	Total unre	elated business	revenue from P	Part VIII, column (	(C), line 12				7a	177,259
	b	Net unrel	ated business t	axable income f	rom Form 990-T,	Part I, line 11 .				7b	0
								Pri	ior Year		Current Year
g	8	Contribut	ions and grants	s (Part VIII, line 3	1h)		•		104,618,1	.64	86,802,777
Revenue				e (Part VIII, line 2			•		213,8		484,146
Rev				, , ,		7d)	•		20,399,3	375	157,399
					es 5, 6d, 8c, 9c,				1,815,0		1,542,255
				5 (		/III, column (A), lin	,		127,046,4		88,986,577
						les 1-3)			6,172,2		6,524,909
						e 4)			22.000	0	0
Exp enses		,		, , ,	,	(, column (A), lines	,		23,808,5		24,982,439
en:			-	-		1e)	•		685,5	538	855,803
Exp			draising expenses (Part IX, column (D), line 25) ▶32,241,819						79 610 0	727	64 020 041
		7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)            8 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					78,610,9		64,929,941 97,293,092		
		9 Revenue less expenses. Subtract line 18 from line 12			109,277,179 17,769,255			-8,306,515			
es		Nevenue					•	Beginning	of Current Y		End of Year
Net Assets or Fund Balances											
Bal							•		109,268,5		119,144,534
und.				-					10,406,1		17,969,493
				ices. Subtract lir	e 21 from line 2	0			98,862,4	21	101,175,041
Pa	rt II	Signa	ature Block								

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

						2024-04-23	
Sign		gnature of officer				Date	
Here	CI	IERYL TOPPING CHIEF FINANCIAL OFFIC pe or print name and title	ER				
	/ ''	Print/Type preparer's name	Preparer's signature		Date		PTIN
Paic	ł					Check if self-employed	P00288314
	- oarer	Firm's name 🕨 GELMAN ROSENBER	RG & FREEDMAN			Firm's EIN	
Use	Only	Firm's address > 4550 MONTGOMERY	AVE SUITE 800N			Phone no. (30	1) 951-9090
		BETHESDA, MD 20	8142930				
May t	he IRS disc	uss this return with the preparer sl		ions.		· · · ·	. Ves 🗌 No
,		Reduction Act Notice, see the s			Cat. N	No. 11282Y	Form <b>990</b> (2022
			Page	2			
Form	990 (2022)	)					Page
Par		atement of Program Service	Accomplishments				Tage 7
		eck if Schedule O contains a respor	-	his Part III .			🗹
1		cribe the organization's mission:					
SEE S	CHEDULE (	Э.					
2	Did the or	ganization undertake any significar	t program services during	the year which w	vere not lis	sted on	
		Form 990 or 990-EZ?					🗌 Yes 🔽 No
	If "Yes," d	escribe these new services on Sche	edule O.				
3		ganization cease conducting, or ma	ke significant changes in	how it conducts, a	any progra	m	<b>O P</b>
	services?	escribe these changes on Schedule	•••••				. 🗌 Yes 🗹 No
4		he organization's program service		of its three large	st program	services as	measured by expenses
	Section 50	ue, if any, for each program service	ns are required to report t				
4a	(Code:	) (Expenses \$	25,407,637 including g	rants of \$		) (Revenue \$	387,525)
	CHALLENGE WHICH ALL WHO'S THII PUBLICATIO VETERANS DIVERSE AS STANDARD' GUIDELINE	JCATION AND AWARENESS: PARALYZED ES FACING VETERANS WITH SPINAL COR OW THEM AND THEIR FAMILIES TO LEAD NKING ABOUT SPECIALIZING IN SPINAL DNS ARE DESIGNED TO GET THEM ALL TI PART OF THEIR LIFE'S MISSION. FOR EX 5 THE EARLY ACUTE MANAGEMENT OF A ' PROFESSIONAL EDUCATION AND SELF- S WERE USED BY THOUSANDS OF DOCT ING WITH SPINAL CORD INJURY/DISEAS	D INJURY AND THEIR FAMILII FULL AND PRODUCTIVE LIVI CORD INJURY MEDICINE, OR D THINK ABOUT THE CHALLEI AMPLE, THROUGH OUR CLINI DULTS WITH SPINAL CORD IN HELP INFORMATION TO HEAL ORS, NURSES, PSYCHOLOGIS	ES - AND THE IMPOR S. WHETHER IT'S A THE STUDENT WHO IGES FACING PARALI CAL PRACTICE GUID JURY TO BLADDER M TH CARE PROFESSIO	TANT SERVI JANITOR WH HAS NO VE <sup>®</sup> (ZED AND D ELINES AND IANAGEMEN (NALS AND F	CES WE PROVIE HOSE DAD SERV TERANS IN HER ISABLED VETER COMPANION CO T - WE LEAD TH PATIENTS ALIKE	DE TO THESE BRAVE HEROES (ED IN VIETNAM, THE DOCTOR FAMILY, OUR PRINT AND E- ANS - AND THEN MAKE HELPING DNSUMER GUIDES - ON ISSUES AS E WAY IN PROVIDING "GOLD . LAST YEAR ALONE, OUR
4b	(Code:	) (Expenses \$	20,302,272 including g	rants of \$	5,053,592	) (Revenue \$	)
	OBTAIN THE THE FIRST I NEEDS.IN F OUR CLIEN PAYMENTS ISSUES/CLI HAD OVER SPOUSES A OPPORTUNI MINNEAPOL THAN 5,000 HIGH-TOUC WORK WITH EMPLOYMEN VETERANS TRADITION CAREGIVER LIVE SESSI TEAM WORK LIVE SESSI TEAM WORK ENTERNISE AT EACH VH BEST PRAC DELIVERY C	BENEFIT SERVICES: VA BENEFITS - EACH E BENEFITS THEY HAVE EARNED THROU PEOPLE AT A VETERAN'S BEDSIDE AFTEF Y 23, PARALYZED VETERANS OF AMERIC TS, INCLUDING \$9,488,086 IN PAYMENT FOR SPECIALLY ADAPTED HOUSING (SAI AIMS AND SECURED 1,033 "SIGNIFICAN' 149,780 CLIENT CONTACTS DURING THE OGRAM PROVIDES CAREER ASSISTANCE ND CAREGIVERS ACROSS THE COUNTRY TIES AND CARRIED AN ACTIVE CASELO, 15, BOSTON, RICHMOND, SAN ANTONIC O VETERANS, MILITARY SPOUSES AND C/ H ENGAGEMENT AS THEY LOOK FOR ME. 4 ANY MEMBER OF THE MILITARY COMMI UT DUE TO CATASTROPHIC INJURY OR IL CAREER LIVE BRIDGES THE GAP BETWEI AL HIRING EVENTS. THROUGH A SERIES S ARE ABLE TO LEARN FROM CAREER EN ONS FOR 8,284 MEMBERS OF THE VETEF (S TO ENSURE THAT VETERANS WITH SI SS TO HE DEPARTMENT OF VETERANS. HE HEALTH CARE EXPERTS THAT ANS HE HEALTH CARE ADVOCATE FOR THE HE/ DIS FOR SURE THAT VENCONS THA LEADI TICES IN CARE, ADVOCATE FOR THE HE/ DOF CARE. THE PVA MEDICAL SERVICES TO STATES TO ASSESS THE QUALITY AND	GH THEIR MILITARY SERVICE & INJURY, AND THEIR FIRST L A'S VETERANS BENEFITS STA S FOR AUTOMOBILE GRANTS, H) GRANTS AND \$5,933,332 I T RETROACTIVE AWARDS" (O E YEAR. VETERANS CAREER PI AND VOCATIONAL REHABILI . IN FY23, VETERANS CAREER PI AND VOCATIONAL REHABILI . IN FY23, VETERANS CAREER AD OF NEARLY 500 CLIENTS. , SAN DIEGO, AND WASHING AREGIVERS FIND MEANINGFU ANINGFUL VOLUNTEER OPPOI JNITY WHO NEEDS OUR HELF LNESS. IN FY23, PVA CONTIN EN CAREER RESOURCES AND OF INFORMAL VIRTUAL SESS (PERTS AND NETWORK WITH AND SCOMMUNITY. PARALYZE PINAL CORD INJURY AND DIS AFFAIRS (VA) RESOURCES AN IP PVA'S MEDICAL SERVICES THE TEAM CLOSELY COLLABS ERSHIP AT EVERY VETERANS ALTHCARE NEEDS OF PVA MEI EAM CONDUCTS ANNUAL SIT	OR THE SERVICE OF INE OF CONTACT TO FF SECURED \$232,8 \$43,835,521 IN AUT N ANNUAL CLOTHING VER \$100,000). WE ( OGRAM [FORMERLY ATION SUPPORT TO PROGRAM STAFF PL THE PROGRAM OPER. TON, D.C. SINCE THI LEMPLOYMENT. THR ITUNITIES, EDUCATI , BUT WE SPECIALIZ UED TO OFFER THE IS VETERANS WITH DIS VETERANS WITH DIS O VETERANS WEMPLOYERS AND INID D VETERANS OF AME EASE (INCLUDING M D RECEIVE THE BES' TEAM BRING A WIDE IRATES WITH PVA'S I ADMINISTRATION SC BERS, AND FACILITI SURVEYS AT ALL 25	THEIR LOVI GETTING AS 74,346 IN N OMOBILE A GALLOWANG CONDUCTED PAVE] - PAA TRANSITIOI ACED 228 I ATES THROU E INCEPTIOI OUGH THE V ON AND EMI E IN ASSIST VETERANS (C GABILITIES V GOLGAN (PVA) ULTIPLE SCI DUSTRY EXP RICA (PVA) ULTIPLE SCI C VARIETY O NATIONAL V CI/D CENTER 5 SCI/D CEN	ED ONE. IN MAN SSISTANCE WITI IEW ANNUAL AN DAPTIVE EQUIP CE PAYMENTS.IN 9 5,877 HOSPITR ANLYZED VETER/ NING SERVICE N NOLVIDUALS IN JGH SEVEN LOC VETERANS CARE PLOYMENT. VETI TING THOSE VET CAREER LIVE VII WHO ARE NOT V UTTES, THEIR FA VETRS. IN FY23 F MEDICAL SERVI LEROSIS AND AN CARE POSSIBLE F CLINICAL SERVI CARE POSSIBLE F CLINICAL SERVI ETERAN SERVIC AND LONG-TEF E WHEN NEEDEE ITERS AND 6 LO	IY CASES, OUR NSOS ARE ONE OF H HEALTH CARE AND BENEFITS' D RETROACTIVE BENEFITS FOR MENT PAYMENTS, \$38,532,523 IN V FY 23, WE FILED 24,015 NEW AL AND OFFICE INTERVIEWS AND ANS OF AMERICA'S VETERANS MEMBERS, VETERANS, MILITARY MEANINGFUL CAREER ATIONS NATIONWIDE: ATLANTA, RAM, WE HAVE HELPED MORE ER PROGRAM, CLIENTS RECEIVE ERANS CAREER PROGRAM STAFF FERANS WITH BARRIERS TO ATUAL ENGAGEMENT PROGRAM. VILLING OR ABLE TO ATTEND AMILY MEMBERS, AND THEIR PVA HOSTED 82 VETERANS CAREER ICES - THE PVA MEDICAL SERVICES MYOTROPHIC LATERAL SCLEROSIS) THROUGH THE VHA SCI/D SYSTEM ERIENCE AND SUBJECT MATTER ERIENCE AND SUBJECT MATTER ERIENCE AND SUBJECT MATTER ENGER WHO ARE LOCATED AM CARE CENTER TO SUPPORT D TO ENSURE QUALITY AND TIMELY NG TERM CARE CENTERS ACROSS

DARAPLEGIA 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 s	) (Revenue \$	)
	I FGISLATION AND ADV	OCACY ADVOCACY - PARAL	YZED VETERANS	OF AMERICA'S GOVER	NMENT RELATIONS PROGRAM FOCUSES (	N POLICY PRIORITIES THAT
					RTS, WE IMPROVE THE LIVES OF VETERAN	
					OCUS ON POLICY PRIORITIES UNDER THE	
					EES. LEGISLATIVE STAFF WORK ON PROT	
					ES AND SUPPORTS; AND IMPROVING VAI	
					CCESS TO HOME MODIFICATIONS AND AS	
					LIVES OF OUR MEMBERS AS PEOPLE WITH	
	STAFF WORK ON IMPRC	VING ACCESS TO AIR TRAV	/EL FOR PEOPLE V	VITH DISABILITIES, IN	ICLUDING ADDRESSING DAMAGE TO WHE	ELCHAIRS AND INJURIES TO
	WHEELCHAIR USERS, A	ND PROMOTING LEGISLATI	ON THAT WILL IM	PROVE EMPLOYMENT	OPPORTUNITIES FOR PEOPLE WITH DISAE	BILITIES. STAFF ALSO
	PARTICIPATE IN EFFORT	TS TO ENSURE PEOPLE WHO	O USE WHEELCHA	IRS HAVE ACCESS TO	AUTONOMOUS VEHICLES AND IMPROVE /	ACCESS TO SOCIAL SECURITY
	BENEFITS. IN ADDITION	N, STAFF ASSIST VETERANS	5 WITH FILING DIS	SABILITY-RELATED CO	MPLAINTS WITH FEDERAL AGENCIES AND	WORK WITH CHAPTERS TO
					COMMUNITIES. ARCHITECTURE: PVA'S AF	
					CONSTRUCTION OF VETER	
					IS ACROSS THE COUNTRY THROUGHOUT	
					SSMENTS OF THE CONDITION OF EXISTIN	
					JT POSITIVE CHANGE AND FURTHERED A	
					WRITE ACCESSIBILITY STANDARDS AND	
					NCE ACCESSIBLE DESIGN THROUGH TEA	
					HES THAT ELIMINATE BARRIERS IN THE E	
					NERS, ARCHITECTS, AND CONTRACTORS	
					MSELVES OR OTHERS WITH DISABILITIES	
					TENDEES PER YEAR WITH THEIR ACCESS	
					HITECTURAL PLANS, AS REQUESTED BY D IN THEIR COMMUNITIES THROUGHOUT T	
	TO ENSURE THE HIGHE	ST LEVEL OF ACCESSIBILIT	T FOR PUBLIC AN	D PRIVATE PROJECTS	IN THEIR COMMONITIES THROUGHOUT I	HE UNITED STATES.

) (Expenses \$ 2,999,968 including grants of \$ 1,371,304 ) (Revenue \$ (Code: 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 SELFCARE 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			
	PARALYZED VETERANS AND OTHER INDIVIDUALS WITH DISABILITIES. OUR PROGRAMS INCLUDE PARACYCLING, BASS FISHING, BILLIARD			
	SHOOTING SPORTS, THE ANNUAL NATIONAL VETERANS WHEELCHAIR GAMES, AND MORE. THROUGH PVA'S ADAPTIVE SPORTS AND RECRE VETERANS CAN SHOWCASE THEIR ABILITIES, PARTICIPATE ALONGSIDE "ABLE-BODIED" PARTICIPANTS, AND CONNECT WITH OTHERS WH			
	CHALLENGES. PVA'S SPORTS AND RECENTION PROGRAMS ACTIVELY CHALLENGE STEREOTYPES, PROMOTE AWARENESS, AND CULTIVATE			
	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			
		F	orm <b>99</b>	<b>0</b> (2022)
	Page 3			
	i age 5			
Form	990 (2022)			Page <b>3</b>
	rt IV Checklist of Required Schedules			rage <b>J</b>
Гa	Checkist of Required Schedules		Yes	No
1	To the exercise time described in contine FO1/2) or 4047/2/11/2/then there a winder foundation 27 ff W/co. If complete		Yes	
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $50$	1	res	
_				
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates			No
	for public office? If "Yes," complete Schedule C, Part I 🗐	3		
	Continue 501/c/(2) eventionations Did the evention encode in labeling activities of the section 501/c)			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 🔞			
	election in effect during the tax year? If res, complete Schedule C, Par II 📨	4	Yes	

5       Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III       5       N         6       Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III       6       N         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III       7       N         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," and the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III       9       N         10       Did the organization, answer to any of the following questions is "Yes," then complete Schedule D, Part V, III, VIII,
to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete       6       N         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       N         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"       8       N         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, ior provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       9       N         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V       10       N         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       11a       Yes         a Did the organization report an amount for investments—orgram related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII       11a       Yes         a Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 3       7       N         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 3       8       N         9       Did the organization report an amount in Part X, line 12 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       9       N         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V       9       N         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       N         11       If the organization report an amount for investments—other securities in Part X, line 12? It at is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11a       Yes         12       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11a       Yes         13       Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X       11a       Yes
complete Schedule D, Part III       Image: Complete Schedule D, Part III       Image: Complete Schedule D, Part IV         9       Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       Image: Complete Schedule D, Part IV         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi endowments? If "Yes," complete Schedule D, Part V       Image: Complete Schedule D, Part V         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       Image: Complete Schedule D, Part VI         a bid the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         c       Did the organization report an amount for investments—other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         d       Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part XII       Image: Complete Schedule D, Part XII         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part XII       I
for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       9       N         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V       10       N         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, VI
permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V       Image: Complete Schedule D, Part V         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.       Image: Complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.         a       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         b       Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         c       Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       Image: Complete Schedule D, Part VII         c       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI       Image: Complete Schedule D, Part XI         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI       Image: Complete Schedule D, Part XI         f       Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part XI       Image: Complete Schedule D, Part XI
or X, as applicable.       11a       Yes         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11a       Yes         b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       N         c Did the organization report an amount for investments—orgram related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       N         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       Yes         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       Yes         f Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       Yes         12a       N         Was the organization addited in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization askered "No" to line 12a, then completing Schedule D, Part X III is optional       12b       Yes         13       Is the organization aschool described in section 170(b)(1)
Schedule D, Part VI.       Image: Schedule D, Part VI.       Image: Schedule D, Part X, Iine 167. If "Yes," complete Schedule D, Part VII       Image: Schedule D, Part X, Iine 167. If "Yes," complete Schedule D, Part VII       Image: Schedule D, Part X, Iine 13. that is 5% or more of its total assets reported in Part X, Iine 167. If "Yes," complete Schedule D, Part VIII       Image: Schedule D, Part X, Iine 13. that is 5% or more of its total assets reported in Part X, Iine 167. If "Yes," complete Schedule D, Part VIII       Image: Schedule D, Part X, Iine 13. that is 5% or more of its total assets reported in Part X, Iine 167. If "Yes," complete Schedule D, Part X, Iine 15. that is 5% or more of its total assets reported in Part X, Iine 167. If "Yes," complete Schedule D, Part X       Image: Schedule D, Part X         Image: Interpret A in amount for other assets in Part X, Iine 15. that is 5% or more of its total assets reported in Part X, Iine 167. If "Yes," complete Schedule D, Part X       Image: Imag
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2       11b       N         c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2       11c       N         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       Yes         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       Yes         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       Yes         12a       Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       12a       N         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       N         14a       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,       14a       N
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2       11c       N         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2       11d       Yes         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 2       11e       Yes         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2       11f       Yes         12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 2       12a       N         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 2       12b       Yes         13 Is the organization maintain an office, employees, or agents outside of the United States?       14a       N         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,       14a       N
<ul> <li>in Part X, line 16? If "Yes," complete Schedule D, Part IX</li></ul>
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111       Yes         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 20       12a       N         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b       Yes         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       N         14a       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,       14a       N
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1111       111       Yes         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 20       12a       N         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b       Yes         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       N         14a       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,       14a       N
Schedule D, Parts XI and XII 1       12a       N         b       Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 1       12b       Yes         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       13a       N         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       N         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,       14a       N
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       120       Yes         13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       13       N         14a Did the organization maintain an office, employees, or agents outside of the United States?       13       14a       N         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,       14a       N
14a Did the organization maintain an office, employees, or agents outside of the United States?     13     N       b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,     14a     N
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,
at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       N
16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       N
17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.       17       Yes
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18 Yes
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III       19       N
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H <b>20a</b> N
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       Yes
Form <b>990</b> (2
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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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a			No

10/23/2	4, 9:33 PM Paralyzed Veterans Of America - Full Filing- Nonprofit Explorer - ProPublica			
<b>L</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
		24b		
	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? $\ldots$ .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <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</i> ,Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	204		NO
6	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete	28b		No
Ľ	Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🧐	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\Im$	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   57		Tes	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . <b>1b</b>			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2022)
	Page 5			
Form	990 (2022)			Page <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	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	2b	Yes	

 ${f 3a}$  Did the organization have unrelated business gross income of \$1,000 or more during the year? . .

**b** If "Yes," has it filed a Form 990-T for this year? *If* "*No"* to line 3b, provide an explanation in Schedule O . .

https://projects.propublica.org/nonprofits/organizations/131946868/202401149349302075/full

Yes

3a

3b Yes

.

	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
D	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
с	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).			
а	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? $\ldots$ .	7b	Yes	
с	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
	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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
а	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:			
а	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 <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	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?	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	<b>Section 501(c)(21) organizations.</b> 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		
				• (2022

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\_\_\_\_\_ Page 6 \_\_\_\_\_

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	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management	• •	• •	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 33			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 33			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $\$ .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.) Yes	No
	Did the organization have local chapters, branches, or affiliates?       .	e Code 10a		No
10a			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	No

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\_\_\_\_

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 18 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

✓ Own website □ Another's website ✓ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year.

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 20

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#### Form 990 (2022)

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.

		Г <sup>.</sup>	•							
(A) Name and title	(B) Average hours per week (list any hours	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ectoi	n is	both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) DAVID ZURFLUH IMMEDIATE PAST PRESIDENT	20.00	х						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	х						0	0	0
(6) LOUIS IRVIN DIRECTOR, CAL-DIEGO	20.00	x						0	0	0
(7) JOSE REYNOSO DIRECTOR, CALIFORNIA	20.00	х						0	0	0
(8) ANN ADAIR DIRECTOR, COLONIAL	20.00	х						0	0	0
(9) MARIA BENITEZ DIRECTOR, FLORIDA	20.00	х						0	0	0
(10) STEPHEN BUSH DIRECTOR, FLORIDA GULF COAST	20.00	х						0	0	0
(11) DONALD FELDOTT DIRECTOR, GATEWAY	20.00	x						0	0	0
(12) DAVID NELSON JR DIRECTOR, GREAT PLAINS	20.00	х						0	0	0
(13) STEVE MILLER	20.00	v						0		0

https://projects.propublica.org/nonprofits/organizations/131946868/202401149349302075/full

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10/23/24, 9:33 PM	3/24, 9:33 PM Paralyzed Veterans Of America - Full Filing- Nonprofit Explorer - ProPublica									
DIRECTOR, IOWA		^						U	U	U
(14) TAMARA LAWTER DIRECTOR, KENTUCKY-INDIANA	20.00	х						0	0	0
(15) WILLIAM JAKOVAC DIRECTOR, KEYSTONE	20.00	х						0	0	0
(16) MELVIN HASENYAGER DIRECTOR, LONE STAR	20.00	х						0	0	0
(17) ROBERT VANCE DIRECTOR, MICHIGAN	20.00	х						0	0	0

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## Form 990 (2022)

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

any hours organizations below line)         any hours for related organizations below line)         any hours organizations below bel	(A) Name and title	(B) Average hours per week (list	one of	<b>(C)</b> ition (do not ch box, unless pe ficer and a dire	eck	n is	both a		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
DIRECTOR, MID-AMERICA         20.00         x         0         0         0         0           (19) JEFF DOLEZAL         20.00         x         0 </th <th></th> <th>for related organizations below dotted</th> <th>Individual trustee or director</th> <th>Institutional Trustee;</th> <th>Officer</th> <th>Key employee</th> <th>Highest compensated employee</th> <th>Former</th> <th>(W-2/1099- MISC/1099-</th> <th>(Ŵ-2/1099- MISC/1099-</th> <th>from the organization and related</th>		for related organizations below dotted	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-	(Ŵ-2/1099- MISC/1099-	from the organization and related
DIRECTOR, MID-ARTLANTIC       20.00       x       0       0       0         DIRECTOR, MID-ARTLANTIC       20.00       x       0       0       0         DIRECTOR, MID-SOUTH       20.00       x       0       0       0         DIRECTOR, MIN-SOUTH       20.00       x       0       0       0         (21) TOD KEMERY       20.00       x       0       0       0       0         DIRECTOR, MOUNTAIN STATES       4.00       x       0       0       0       0         DIRECTOR, NEVADA       20.00       x       0       0       0       0       0         DIRECTOR, NEW ENGLAND       20.00       x       0       0       0       0       0         DIRECTOR, NORTH CENTRAL       20.00       x       0       0       0       0       0         DIRECTOR, NORTH CENTRAL       20.00       x       0       0       0       0       0		20.00	х						0	0	0
DIRECTOR, MID-ATLANTIC         20.00         x         0         0         0           (20) JACK FRANKLIN         20.00         x         0         0         0         0           (21) TOD KEMERY         20.00         x         0         0         0         0           (21) TOD KEMERY         20.00         x         0         0         0         0           (22) IZZY ABASS         20.00         x         0         0         0         0           DIRECTOR, MINNESOTA	DIRECTOR, MID-AMERICA					-					
DIRECTOR, NUMERANIL         20.00         x         0         0         0           DIRECTOR, MID-SOUTH		20.00	х						0	0	0
DIRECTOR, MID-SOUTH         20.00         x         0         0         0         0           (21) TODD KEMERY         20.00         x         0         0         0         0         0           DIRECTOR, MINNESOTA         20.00         x         0         0         0         0         0           DIRECTOR, MUNISSOTA         20.00         x         0	DIRECTOR, MID-ATLANTIC										
DIRECTOR, MID-SOUTH         Image: Constraint of the second s			х						0	0	0
DIRECTOR, MINNESOTA         0											
DIRECTOR, MINNESOTA         Control         Contro         Control <thcontrol< th=""></thcontrol<>		20.00	х						0	0	0
DIRECTOR, MOUNTAIN STATES4.0000(23) JASON KELLEY20.00x00(24) BRADFORD CARLSON20.00x00(24) BRADFORD CARLSON20.00x00(25) MICHAEL OLSON20.00x00(26) MICHAEL OLSON20.00x00(27) RUBEN SIERRA20.00x00(28) PAUL STEWART20.00x00(28) PAUL STEWART20.00x00(28) PAUL STEWART20.00x00(28) PAUL STEWART20.00x00(29) FANK DAEBELLIEHN20.00x00(29) FANK DAEBELLIEN20.00x00(29) FANK DAEBELLIEN20.00x00(20) MILM BILL GRAY20.00x00(20) MILM BILL GRAY20.00x00(21) GERALD BROWN20.00x00(22) ALBERT BROKOK MARTIN20.00x00(23) ALBERT BROKOK MARTIN20.00x00(24) DIRECTOR, TALSTATE000(25) ALBERT BROKOK MARTIN20.00x00(26) ALBERT BROKOK MARTIN20.00x00(27) CALBERT BROKOK MARTIN20.00x00(28) PAUL STEWART20.00x00(29) ALBERT BROKOK MARTIN20.00x00<	DIRECTOR, MINNESOTA	•••••								_	
DIRECTOR, MOUNTAIN STATES       4.00       0       0         (23) JASON KELLEY       20.00       x       0       0       0         (24) BRADFORD CARLSON       20.00       x       0       0       0       0         DIRECTOR, NEW ENGLAND       20.00       x       0       0       0       0       0         DIRECTOR, NEW ENGLAND       20.00       x       0       0       0       0       0         DIRECTOR, NORTH CENTRAL       0			x						0	0	0
DIRECTOR, NEVADA     0     0     0       DIRECTOR, NEVADA     20.00     x     0     0       (24) BRADFORD CARLSON     20.00     x     0     0       (25) MICHAEL OLSON     20.00     x     0     0     0       (26) MATTHEW MIGLAND     0     0     0     0     0       (26) MICHAEL OLSON     20.00     x     0     0     0       DIRECTOR, NORTH CENTRAL      0     0     0       (26) MATTHEW MICKUNAS     20.00     x     0     0     0       DIRECTOR, NORTH CENTRAL      0     0     0       (27) RUBEN SIERRA     20.00     x     0     0     0       (27) RUBEN SIERRA     20.00     x     0     0     0       (28) PAUL STEWART     20.00     x     0     0     0       DIRECTOR, TRANK DAEBELLIEHN     20.00     x     0     0     0       DIRECTOR, TRAS      0     0     0     0       DIRECTOR, TRAS      0     0     0     0       DIRECTOR, TRAS      0     0     0     0       DIRECTOR, RURASTERN      0     0     0    <									, 	Ŭ	
DIRECTOR, NEVADA       Image: Constraint of the second secon			x						0	0	0
DIRECTOR, NEW ENGLAND     20.00     x     0     0     0       (25) MICHAEL OLSON     20.00     x     0     0     0       DIRECTOR, NORTH CENTRAL			····^						0	0	0
DIRECTOR, NEW ENGLAND       20.00       x       0       0       0         (25) MICHAEL OLSON       20.00       x       0       0       0       0         DIRECTOR, NORTH CENTRAL		20.00	v						0	0	0
DIRECTOR, NORTH CENTRAL     0     0     0       (26) MATTHEW MICKUNAS     20.00     X     0     0       DIRECTOR, NORTHWEST     4.00     X     0     0       DIRECTOR, NORTHWEST     4.00     X     0     0       (27) RUBEN SIERRA     20.00     X     0     0       DIRECTOR, PUERTO RICO			···.^						0	0	0
DIRECTOR, NORTH CLIMINAL     20.00    X     0     0     0       DIRECTOR, NORTHWEST     4.00     X     0     0     0       DIRECTOR, PUERTO RICO      20.00     X     0     0     0       DIRECTOR, SOUTHEASTERN      20.00     X     0     0     0       DIRECTOR, SOUTHEASTERN      20.00     X     0     0     0       (29) FRANK DAEBELLIEHN      20.00     X     0     0     0       (30) WILLIAM BILL GRAY      20.00     X     0     0     0       DIRECTOR, TRI-STATE	(25) MICHAEL OLSON	20.00	v						0	0	0
DIRECTOR, NORTHWEST     4.00     0     0     0       Q     Q     Q     Q     Q       Q     Q <t< td=""><td>DIRECTOR, NORTH CENTRAL</td><td></td><td>^</td><td></td><td></td><td></td><td></td><td></td><td>U</td><td>0</td><td>0</td></t<>	DIRECTOR, NORTH CENTRAL		^						U	0	0
DIRECTOR, NORTHWEST4.004.0000(27) RUBEN SIERRA20.00x000DIRECTOR, PUERTO RICOx0000(28) PAUL STEWART20.00x000DIRECTOR, SOUTHEASTERNx0000(29) FRANK DAEBELLIEHN20.00x000DIRECTOR, TEXASx0000(30) WILLIAM BILL GRAY20.00x000(31) GERALD BROWN20.00x000(32) ALBERT BROOKS MARTIN20.00x000(32) ALBERT BROOKS MARTIN20.00x000			Ň								
DIRECTOR, PUERTO RICOX000(28) PAUL STEWART20.00X000DIRECTOR, SOUTHEASTERN									U	0	0
DIRECTOR, FOERTO RICO       20.00       x       0       0       0         (28) PAUL STEWART       20.00       x       0       0       0       0         DIRECTOR, SOUTHEASTERN       20.00       x       0       0       0       0       0         (29) FRANK DAEBELLIEHN       20.00       x       0       0       0       0       0         DIRECTOR, TEXAS       20.00       x       0       0       0       0       0         (30) WILLIAM BILL GRAY       20.00       x       0       0       0       0       0         (31) GERALD BROWN       20.00       x       0       0       0       0       0         DIRECTOR, VAUGHAN       20.00       x       0       0       0       0       0	(27) RUBEN SIERRA	20.00									
DIRECTOR, SOUTHEASTERN     0     0     0       (29) FRANK DAEBELLIEHN     20.00     x     0     0     0       DIRECTOR, TEXAS     0     0     0     0       (30) WILLIAM BILL GRAY     20.00     x     0     0     0       (31) GERALD BROWN     20.00     x     0     0     0       DIRECTOR, VAUGHAN     20.00     x     0     0     0       (32) ALBERT BROOKS MARTIN     20.00     x     0     0     0	DIRECTOR, PUERTO RICO		×						U	0	0
DIRECTOR, SOUTHEASTERN     20.00     x     0     0     0       (29) FRANK DAEBELLIEHN     20.00     x     0     0     0       DIRECTOR, TEXAS     20.00     x     0     0     0       (30) WILLIAM BILL GRAY     20.00     x     0     0     0       DIRECTOR, TRI-STATE     20.00     x     0     0     0       (31) GERALD BROWN     20.00     x     0     0     0       (32) ALBERT BROOKS MARTIN     20.00     x     0     0     0	(28) PAUL STEWART	20.00									
(29) FRANK DAEBELLIEHN       20.00       X       0       0       0       0         DIRECTOR, TEXAS	DIRECTOR, SOUTHEASTERN		×						0	0	0
DIRECTOR, TEXAS     X     0     0     0       (30) WILLIAM BILL GRAY     20.00     X     0     0     0       DIRECTOR, TRI-STATE		20.00				Ì					
(30) WILLIAM BILL GRAY     20.00     x     0     0     0       DIRECTOR, TRI-STATE			х						0	0	0
DIRECTOR, TRI-STATE     X     0     0     0       (31) GERALD BROWN     20.00     X     0     0     0       DIRECTOR, VAUGHAN     20.00     X     0     0     0       (32) ALBERT BROOKS MARTIN     20.00     X     0     0     0		20.00									
(31) GERALD BROWN       20.00       X       0       0       0         DIRECTOR, VAUGHAN       20.00       X       0       0       0       0         (32) ALBERT BROOKS MARTIN       20.00       X       0       0       0       0			X						0	0	0
DIRECTOR, VAUGHAN           OI         OI <td></td> <td>20.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		20.00									
(32) ALBERT BROOKS MARTIN 20.00 X 0 0			х						0	0	0
		20.00									<b></b>
			Х						0	0	0
(33) SCOTT GRIFFITH 20.00 x											<u> </u>

DIRECTOR, WISCONSIN		^							0	
(34) CHERYL TOPPING	40.00								1	
CHIEF FINANCIAL OFFICER	8.00	•••••		х				239,224	• 0	41,8
(35) WILLIAM BLAKE	40.00									
EXECUTIVE DIRECTOR	+0.00			х				240,938	3 0	41,0
(36) SHAUN CASTLE	40.00									
DEPUTY EXECUTIVE DIRECTOR				х				178,689	0	39,04
(37) CHARLES BROWN										
NAT'L PRES. & CEO (THROUGH 06/23)	+0.00			х				109,007	0	7,6
(38) TOM WHEATON	35.00									
IREASURER				х				11,250	0 0	
(39) MARCUS MURRAY	35.00									
SECRETARY				х				9,000	0 0	
(40) ROBERT THOMAS	35.00									
SENIOR VICE PRESIDENT			х				9,000	0 0		
(41) HACK ALBERTSON	35.00									
VICE PRESIDENT	4.00			х				9,000	0 0	
(42) MICHAEL NEGRETE			x							
VICE PRESIDENT							9,000	0 0		
(43) TAMMY JONES	35.00		x							
VICE PRESIDENT				х				9,000	0 0	
(44) JOSUE CORDOVA	35.00									-
VICE PRESIDENT				х				9,000	0 0	
(45) LEONARD SELFON	40.00									
GENERAL COUNSEL	40.00				х			211,273	3 0	18,2
(46) DAVID FANNING	40.00									
SR. DIR. PLANNED & STRAT. FUND.	+0.00				х			169,028	3 0	36,7
(47) PETER GAYTAN	40.00									
ASSOCIATE EXECUTIVE DIRECTOR						х		161,703	3 0	36,8
(48) MARK LITCHTER	40.00									
DIRECTOR OF ARCHITECTURE						х		149,567	0	36,1
(49) ANDREW MCKENZIE	40.00									
DIRECTOR OF INFORMATION TECHNOLOGY	+0.00					х		156,456	5 O	32,6
(50) HEATHER ANSLEY	40.00									
ASSOCIATE EXECUTIVE DIRECTOR						х		171,175	5 0	21,2
(51) LINDA BLAUHUT	40.00						t			
DEPUTY GENERAL COUNSEL						Х		146,208	3 0	19,5
1b Sub-Total					•		•	·	·	
c Total from continuation sheets to P					►					
d Total (add lines 1b and 1c)					•			2,007,518	0	331,0

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

Section B. Independent Contractors

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

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

## 10/23/24, 9:33 PM

## Paralyzed Veterans Of America - Full Filing- Nonprofit Explorer - ProPublica

WASHINGTON, DC 20001		1
AEGIS PREMIER TECHNOLOGIES	DATA MANAGEMENT	1,452,416
PO BOX 840 TULSA, OK 741010840		
AEGIS PROCESSING SOLUTIONS	GIFT/MAIL PROGRAM	1,296,952
240 SE MADISON ST TOPEKA, KS 666071147		
DATA AXLE	DATA MANAGEMENT	1,114,857
4 INT DRIOVE STE 210 RYE BROOK, NY 10573		
2 Total number of independent contractors (including but not limited to those listed above) w compensation from the organization ► 72	who received more than \$100,000 of	

Form 990 (2022)

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Form 990 (2022)						Page <b>9</b>
Part VIII Statement of Re						
Check if Schedule O	contains a respo	onse or note to any				<u> U</u>
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns	1a					
Contributions,						
<del>Gifts, Grants,</del> and Membership dues	1b					
DtherAmt						
Similar AngoEurgdraising events	1c					
610,407						
<b>d</b> Related organizations	1d					
-						
<b>e</b> Government grants (contributions)	1e					
48,192						
<b>f</b> All other contributions, gifts, grants,	1					
and similar amounts not included above	1f					
86,144,178 <b>q</b> Noncash contributions included in	1					
lines 1a - 1f:\$	1g					
666,821						
<b>h Total.</b> Add lines 1a-1f		86,802,777				
		Business Code				
2a VETERANS LEGAL SERVICES		900099	175,180	175,180		
an			135,584	29,229	106,355	
, PARAPLEGIA NEWS		541860	155,504	29,229	100,355	
<ul> <li>PARAPLEGIA NEWS</li> <li>SPORTS EVENT REGISTRATION</li> <li>SPORTS 'N SPOKES</li> </ul>			96,621	96,621		
		900099				
SPORTS 'N SPOKES		541860	70,904		70,904	
		541800				
SUBSCRIPTIONS		900099	5,857	5,857		
<b>f</b> All other program service re	evenue.					
<b>9 Total.</b> Add lines 2a-2f	•	484,146				
3 Investment income (including						
similar amounts)		► Erest, and other	1,880,643			1,880,643
4 Income from investment of t	ax-exempt bond	l proceeds 🛛 🕨				
<b>5</b> Royalties		🕨	1,172,786			1,172,786
	(i) Real	(ii) Personal				
6a Gross rents 6a						
<b>b</b> Less: rental	I	I		I		I

# 10/23/24, 9:33 PM

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0/23/2	24, 9:33 PM			Paralyzed Vetera	ns Of America - Full F	filing- Nonprofit Explo	rer - ProPublica	
ľ	expenses	6b						
•	c Rental income or (loss)	6c						
	<b>d</b> Net rental income	e or (	oss)	· · · •				
			(i) Securities	(ii) Other				
8	7a Gross amount from sales of assets other than inventory	7a	19,756,77	6				
Other Revenu	Less: cost or other basis and sales expenses	7b	20,827,37	1 652,649				
r E	Gain or (loss)	7c	-1,070,59	5 -652,649				
the	<b>d</b> Net gain or (loss)	).		· · · •	-1,723,244			-1,723,244
Ĭ	<ul> <li>a Gross income from further (not including \$</li></ul>	d on li •	610,407 of ne 1c).	349,656 371,751				
	<b>c</b> Net income or (los			ents 🕨	-22,095			-22,095
	<ul> <li>a Gross income from See Part IV, line 19</li> <li>b Less: direct exper</li> <li>c Net income or (los</li> <li>0a Gross sales of inverturns and allowand b Less: cost of good</li> </ul>	) ises ss) fro entory ances	9a 9b 9b 9b 9c 9c 9c 9c 9c 9c 9c 9c 9c 9c 9c 9c 9c	es				
	<b>c</b> Net income or (los	ss) fro	m sales of invent	orv				
:	11aRENT REIMBURS			Business Code 900099	331,306			331,306
	<b>b</b> REIMBURSEMENT	REVE	ENUE	900099	60,258			60,258
Othe	er <b>f</b> evenueMiscAmt							
	d All other revenue	•						
	e Total. Add lines 1	1a-1	1d	<b>&gt;</b>	391,564			
	12 Total revenue. S	See in	structions				,	
					88,986,577	306,887	177,259	1,699,654 Form <b>990</b> (2022)
								(2022)

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## Form 990 (2022)

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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 organization	ons must complete co	olumn (A).
Check if Schedule O contains a response or note to a	ny 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	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,322,565	6,322,565		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	202,344	202,344		
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,370,942		1,166,604	204,338

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6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6			
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
<b>10</b> Payroll taxes	1,431,212	1,099,972	173,948	157,292
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	403,018	252,479	125,901	24,638
c Accounting				
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17	855,803			855,803
<b>f</b> Investment management fees	287,389		287,389	
<ul> <li>g Other (If line 11g amount exceeds 10% of line 25, column</li> <li>(A) amount, list line 11g expenses on Schedule O)</li> </ul>	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
<b>13</b> 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
<b>16</b> 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 .				
<b>19</b> Conferences, conventions, and meetings	540,808	237,372	300,159	3,277
<b>20</b> Interest	7,773		7,773	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	483,054	14,183	119,074	349,797
<b>24</b> 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 0.)				
a MARKETING	35,903,149	19,980,191	1,732,178	14,190,780
<b>b</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
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	47,122,142	21,334,364	1,584,321	24,203,457
Check here 🕨 🗹 if following SOP 98-2 (ASC 958-720).				

Form 990 (2022)

Page 11

Form 990 (2022) Page **11 Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part IX  $% \left( {{\rm{A}}} \right)$  . (B) End of year (A) Beginning of year 14,085,964 1 8,878,683 Cash-non-interest-bearing . . 1 . . 1,697,088 545,868 Savings and temporary cash investments 2 2 . 10,565,958 12,480,770 3 Pledges and grants receivable, net . з . 1,570,403 1,025,385 4 Accounts receivable, net . 4 . 5 Loans and other receivables from any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35% https://projects.propublica.org/nonprofits/organizations/131946868/202401149349302075/full

	I	controlled entity or family member of any of the	ese per	sons		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), and persons described in se		6			
ŝ	7	Notes and loans receivable, net			8,000,000	7	
et	8	Inventories for sale or use				8	
Assets	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	10a	1,597,716			
	b	Less: accumulated depreciation	10b	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	e 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 equ	ual line	33)	109,268,565	16	119,144,534
	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		
ŝ	21	Escrow or custodial account liability. Complete F	f Schedule D		21		
_iabilities	22	Loans and other payables to any current or form	cer, director, trustee, key				
		employee, creator or founder, substantial contril					
a.		or family member of any of these persons .			22		
	23	Secured mortgages and notes payable to unrela	ted thi	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24	to related third parties,	997,287	25	10,940,439	
		Complete Part X of Schedule D					
	26	Total liabilities. Add lines 17 through 25 .			10,406,144	26	17,969,493
es		Organizations that follow FASB ASC 958, ch	heck h	ere 🕨 🗹 and			
Balances		complete lines 27, 28, 32, and 33.					
ala	27	Net assets without donor restrictions	•••		93,981,331	27	100,417,242
B	28	Net assets with donor restrictions			4,881,090	28	757,799
Fund		Organizations that do not follow FASB ASC	958 <i>.</i> c	heck here 🕨 🗌 and			
		complete lines 29 through 33.	,				
or	29	Capital stock or trust principal, or current funds	• •			29	
Assets	30	Paid-in or capital surplus, or land, building or eq	nt fund		30		
ISS	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
Net A:	32	Total net assets or fund balances			98,862,421	32	101,175,041
10							

Form **990** (2022)

– Page 12 –

Forr	n 990 (2022)		Page <b>12</b>
Ρ	art XI Reconcilliation 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
1	<b>0</b> 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 O contains a response or note to any line in this Part XII			$\cup$
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Sccrual 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	□ Separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		
		F	orm <b>99</b>	<b>0</b> (2022)

Form 990 (2022)

**Additional Data** 

Software ID:

Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

**Return to Form** 

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Department of the Treasury				nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 5.gov/Form990 for in	tion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	OMB No. 1545-0047
				Go to <u>www.irs</u>	<u>s.gov/Form990</u> for I	nstructions and	i the latest info		Inspection
		he organiza ETERANS OF A						Employer identif	cation number
								13-1946868	
	rt I organiz	ation is not	a private four	ndation because	us (All organization e it is: (For lines 1 thro	ough 12, check or	nly one box.)	see instructions.	
L		A church, o	convention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	$\square$	A school de	escribed in <b>se</b>	ection 170(b)(	(1)(A)(ii). (Attach Sch	hedule E (Form 9	90).)		
3		A hospital	or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
1			research orga , and state:	anization operat	ed in conjunction with	a hospital descri	ibed in <b>section</b> 1	L70(b)(1)(A)(iii).	Enter the hospital's
5		170(Ď)(1	)(A)(iv). (Co	omplete Part II.)		, ,	, ,		ribed in <b>section</b>
6		•	•	5	r governmental unit de				
7				rmally receives (vi). (Complete		s support from a	governmental u	nit or from the gene	eral public described in
8		A commun	ity trust desc	ribed in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9					escribed in <b>170(b)(1)</b> See instructions. Enter				llege or university or a
D		An organiz from activi investmen 30, 1975.	ation that no ities related to t income and See <b>section</b>	rmally receives: to its exempt fur unrelated busin 509(a)(2). (Co	: (1) more than 331/39 nctions—subject to cer ness taxable income (le pmplete Part III.)	6 of its support fr tain exceptions, a ess section 511 ta	rom contribution and (2) no more ax) from busines	s, membership fees, than 33 1/3% of its sees acquired by the	and gross receipts
L		An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
2		more publi on lines 12 <b>Type I.</b> A organizatio	icly supported a through 12 supporting or on(s) the pow	l organizations d that describes ganization oper er to regularly a	described in <b>section 5</b> s the type of supportin rated, supervised, or c appoint or elect a majo	<b>509(a)(1)</b> or <b>se</b> organization and ontrolled by its s	ction 509(a)(2) nd complete line upported organiz	). See <b>section 509</b> ( s 12e, 12f, and 12g. zation(s), typically b	y giving the supported
5		<b>Type II.</b> A manageme	A supporting of the sup		pervised or controlled i ation vested in the sar				
с		Type III f	functionally	integrated. A	supporting organizatio				rated with, its
ł		Type III I functional	non-function y integrated.	ally integrate The organizatio	on generally must satis	ization operated fy a distribution	in connection with requirement and	th its supported orga	anization(s) that is not quirement (see
e		Check this	box if the org	ganization recei	rt IV, Sections A and ved a written determin integrated supporting	nation from the I		ре I, Туре II, Туре I	II functionally
f	Enter							<u>.</u>	
g		de the follow Name of sup		ion about the su (ii) EIN	upported organization( (iii) Type of		anization listed	(v) Amount of	(vi) Amount of
	(1)	organizatio			(m) type of organization (described on lines 1- 10 above (see instructions))	in your govern		(v) Anothe of monetary support (see instructions)	other support (see
						Yes	No		
									+
ota	I								
		work Reduc or 990-EZ.		tice, see the I	nstructions for	Cat. No. 11285	ōF	Schedul	e A (Form 990) 2022
					Pa	ge 2			
he	dule A	(Form 990)							Page <b>2</b>
Pa	rt II	(Compl	ete only if y	ou checked th	zations Described he box on line 5, 7, ify under the tests l	or 8 of Part I of	or if the organi	zation failed to qu	(1)(A)(vi) Ialify under Part III.
		A. Public			,				
	project		org/nonprofits/a	organizations/131	I 946868/20240114934930	)2075/full	I	I –	I T
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	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4.						466,125,395
	ection B. Total Support						
	r fiscal year beginning in) 🕨	(a) 2018	<b>(b)</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 instruct	ions)			12	1,024,734
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and <b>stop here</b>					▶□	
S	ection C. Computation of Publ	ic Support Per	centage				
S 14	Public support percentage for 2022 (I	ic Support Pere	<b>centage</b> divided by line 11,	column (f))		14	94.810 %
S 14 15	Public support percentage for 2022 (I Public support percentage for 2021 S	ic Support Pero ine 6, column (f) c chedule A, Part II,	<b>centage</b> divided by line 11, line 14	column (f))		14 15	95.160 %
S 14 15	Public support percentage for 2022 (I Public support percentage for 2021 S 33 1/3% support test—2022. If the and stop here. The organization qua	ic Support Pere ine 6, column (f) o chedule A, Part II, organization did lifies as a publicly	centage divided by line 11, line 14 not check the box supported organiz	column (f))  on line 13, and lin ation		14 15 more, check this	95.160 % box ► 🗹
S 14 15 16a b	Public support percentage for 2022 (I Public support percentage for 2021 S 33 1/3% support test—2022. If the and stop here. The organization qua 33 1/3% support test—2021. If the box and stop here. The organizatio 10%-facts-and-circumstances test	ic Support Pero ine 6, column (f) of chedule A, Part II, e organization did lifies as a publicly ne organization did n qualifies as a pu st-2022. If the o	centage divided by line 11, line 14 not check the box supported organiz not check a box of blicly supported or rganization did not	column (f)) on line 13, and lin ation on line 13 or 16a, ganization check a box on li	 e 14 is 33 1/3% or  and line 15 is 33 1/  ne 13, 16a, or 16b	14 15 more, check this 3% or more, chec , and line 14 is 10	95.160 % box ► ✓ k this ► □ % or more,
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S 14 15 16a b	Public support percentage for 2022 (I Public support percentage for 2022 (I Public support percentage for 2021 S <b>33</b> 1/3% support test—2022. If the and stop here. The organization qua <b>33</b> 1/3% support test—2021. If the box and stop here. The organization <b>10%-facts-and-circumstances tes</b> and if the organization meets the "facts-and-circumstances" <b>10%-facts-and-circumstances tes</b> more, and if the organization meets	ic Support Pero ine 6, column (f) of chedule A, Part II, e organization did lifies as a publicly ne organization did n qualifies as a pu st-2022. If the or cts-and-circumstar test. The organiza est-2021. If the of the "facts-and-circumstar	centage divided by line 11, line 14 not check the box supported organiz not check a box of blicly supported of rganization did not nees" test, check t tion qualifies as a organization did not cumstances" test,	column (f))	e 14 is 33 1/3% or and line 15 is 33 1, ne 13, 16a, or 16b nere. Explain in Pa d organization . ine 13, 16a, 16b, d <b>stop here.</b> Expla	14         15         more, check this         3% or more, check	95.160 % box ► ✓ k this ► □ % or more, anization ► □ 5 is 10% or the organization
S 14 15 16a b 17a	Public support percentage for 2022 (I Public support percentage for 2022 (I Public support percentage for 2021 S <b>33</b> 1/3% support test—2022. If the and stop here. The organization qua <b>33</b> 1/3% support test—2021. If the box and stop here. The organizatio <b>10%-facts-and-circumstances tee</b> and if the organization meets the "facts-and-circumstances tee more, and if the organization meets meets the "facts-and-circumstances tee more, and if the organization meets meets the "facts-and-circumstances Private foundation. If the organization	ic Support Pero ine 6, column (f) of chedule A, Part II, e organization did lifies as a publicly he organization did n qualifies as a pub- cts-and-circumstar test. The organization the "facts-and-circumstar ' test. The organization the the the the the the the the the the	tivided by line 11, line 14 not check the box supported organiz not check a box of blicly supported or rganization did noi nees" test, check t tion qualifies as a organization did no cumstances" test, ation qualifies as a a box on line 13, 2	column (f))	e 14 is 33 1/3% or e 14 is 33 1/3% or and line 15 is 33 1/ ne 13, 16a, or 16b nere. Explain in Pa d organization . ine 13, 16a, 16b, d stop here. Expla d organization . 17b, check this box	14         15         more, check this         3% or more, check	95.160 % box ► ✓ k this ► □ % or more, anization ► □ 5 is 10% or the organization ► □
S 14 15 16a b 17a	Pection C. Computation of Publ Public support percentage for 2022 (I Public support percentage for 2021 S <b>33</b> 1/3% support test—2022. If the and stop here. The organization qua <b>33</b> 1/3% support test—2021. If the box and stop here. The organizatio <b>10%-facts-and-circumstances tes</b> and if the organization meets the "facts-and-circumstances" <b>10%-facts-and-circumstances tes</b> more, and if the organization meets meets the "facts-and-circumstances tes more, and if the organization meets	ic Support Pero ine 6, column (f) of chedule A, Part II, e organization did lifies as a publicly he organization did n qualifies as a pub- cts-and-circumstar test. The organization the "facts-and-circumstar ' test. The organization the the the the the the the the the the	tivided by line 11, line 14 not check the box supported organiz not check a box of blicly supported or rganization did noi nees" test, check t tion qualifies as a organization did no cumstances" test, ation qualifies as a a box on line 13, 2	column (f))	e 14 is 33 1/3% or e 14 is 33 1/3% or and line 15 is 33 1/ ne 13, 16a, or 16b nere. Explain in Pa d organization . ine 13, 16a, 16b, d stop here. Expla d organization . 17b, check this box	14         15         more, check this         3% or more, check	95.160 % box ► ✓ k this ► □ % or more, anization ► □ 5 is 10% or the organization ► □
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	not an unrelated trade or business			1	1		1		
4	under section 513 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	<b>Total.</b> 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 disgualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
-	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
-	from line 6.)								
Se	ction B. Total Support								
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
	fiscal year beginning in) 🕨	()	(-)	(-)	(-)	(-)	(-7		
9 10a	Amounts from line 6 Gross income from interest,						-		
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income						_		
D	(less section 511 taxes) from								
	businesses acquired after June 30,								
_	1975.						-		
с 11	Add lines 10a and 10b. Net income from unrelated business					1	_		
	activities not included on line 10b,								
	whether or not the business is								
10	regularly carried on. Other income. Do not include gain or						_		
12	loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.).								
14	<b>First 5 years.</b> If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anizat	tion, ch	eck
-	this box and <b>stop here</b>								
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bid 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

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- determination. Зb С 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. Зc Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you 4a checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections С 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b 5a 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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the b organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) . 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," 8 complete Part I of Schedule L (Form 990). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes, provide detail in Part VI. 9a b Did one or more disqualified persons (as defined 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. 9b Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets С in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

#### Page 5

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			

#### Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

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

- certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below.
  - the organization had excess business holdings).

10b Schedule A (Form 990) 2022

10a

			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 <b>Part VI</b> 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? <i>If "No," explain in <b>Part VI</b> how the</i>			
	organization maintained a close and continuous working relationship with the supported organization(s).			
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			

## Section E. Type III Functionally-Integrated Supporting Organizations

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

#### 2 Activities Test. Answer lines 2a and 2b below.

			res	NO
	<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> 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>b</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 <b>Part VI</b> 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 <b>Part VI</b> .	3а		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3b		
	Cabadula A	15.0.00		2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Page **6** 

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		

-	· ····································	1	I	1
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):			
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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	<ul> <li>Check here if the current year is the organization's first as a non-functionally-i instructions)</li> </ul>	integrat	ed Type III supp	porting organization (see

Schedule A (Form 990) 2022

– Page 7 –

Schedule A (Form 990) 2022				Page <b>7</b>
Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	<b>Organizations</b> (co	ntinued)	
Section D - Distributions				Current Year
<b>1</b> Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity		organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	3			
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b> )		5	
6 Other distributions ( <i>describe in Part VI</i> ). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wheta details in <b>Part VI</b> ). See instructions				
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) Underdistributio Pre-2022	ns	(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 <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017				
<b>b</b> From 2018				
<b>c</b> From 2019				
<b>d</b> From 2020				
<b>e</b> From 2021 <b></b>				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2022 distributable amount				
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>				
i Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				

**4** Distributions for 2022 from Section D, line 7:

	\$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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 <b>Part VI</b></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 <b>Part VI</b></i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020.				
d	Excess from 2021				
е	Excess from 2022				
			Sch	nedule A (Form 990) (202	22)

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### Schedule A (Form 990) 2022

**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 Part VI instructions).

**Facts And Circumstances Test Return Reference** Explanation Schedule A (Form 990) 2022

**Additional Data** 

**Return to Form** 

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Software ID: Software Version:

efile Public Visual Render ObjectId: 202401149349302075 - Submission: 2024-04-23					
Schedule B	Schedule of Contributors	Schedule of Contributors			
(Form 990) Department of the Treasury Internal Revenue Service	2022				
Name of the organization	lame of the organization Employer iden ARALYZED VETERANS OF AMERICA				
FARALIZED VETERANS O		13-1946868	13-1946868		
Organization type (che	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	ation			
	□ 527 political organization	□ 527 political organization			
Form 990-PF	$\Box$ 501(c)(3) exempt private foundation				
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	ı			
	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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Page 2

**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).

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

Cat. No. 30613X

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2 Employer identification number

Name of organization PARALYZED VETERANS OF AMERICA https://projects.propublica.org/nonprofits/organizations/131946868/202401149349302075/full

Part I Contributors	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	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash)</li> </ul>			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution			
-		\$	Person     Payroll     Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
-		\$	Person     Payroll     Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
-		\$	Person     Payroll     Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
-		\$\$	Person     Payroll     Noncash     (Complete Part II for noncash     contributions.)     Sabadula B (Earm 990) (2023)			

Schedule B (Form 990) (2022)

– Page 3 –

Schedule I	Page 3			
Name of or PARALYZED	ganization 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	

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			\$	
(2)			(2)	
(a) No. from <u>Part I</u>	(b) Description of noncash	n property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncast	n property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncast	n property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	from Description of poncesh property given		(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncast	n property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
				Schedule B (Form 990) (2022)
		Page 4		
Schedule	B (Form 990) (2022)			Page 4
	rganization D VETERANS OF AMERICA		Employer iden 13-1946868	tification number
Part III	<i>Exclusively</i> religious, charitable, etc., cor than \$1,000 for the year from any one cor organizations completing Part III, enter th year. (Enter this information once. See in Use duplicate copies of Part III if additional s	ntributor. Complete columns (a) the total of <i>exclusively</i> religious, c structions.)	ribed in section 501(c)(7), (8 hrough (e) and the following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to	transferee
(a)				
No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to	transferee
(a)	(b) Durnooo of gift			tion of how gift in hold

(a) (b) Durness of sift https://projects.propublica.org/nonprofits/organizations/131946868/202401149349302075/full

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Part I	(b) Fulpose of gift		(c) use of gift	(u) Description of now gift is neither
· -			(e) Transfer of gift	
_	Transferee's name, address, a			onship 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, a	nd ZIP 4		onship of transferor to transferee
				Schedule B (Form 990) (2022

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efile Public Visual	Render ObjectId: 2024011493	49302075 - Submission: 20	24-04-23	TIN: 13-1946868				
SCHEDULE C		gn and Lobbying Act	ivities	OMB No. 1545-0047				
(Form 990)	For Organizations Exempt From In	ncome Tax Under section 501(	c) and section 527	2022				
Department of the Treasury Internal Revenue Service	►Complete if the organization is descr ►Go to <u>www.irs.gov/Form990</u>	ibed below. ►Attach to Form 99 of instructions and the latest		Open to Public Inspection				
<ul> <li>Section 501(c)(3) or</li> <li>Section 501(c) (oth</li> <li>Section 527 organiz</li> <li>If the organization and</li> </ul>	swered "Yes" on Form 990, Part IV, Line 3 ganizations: Complete Parts I-A and B. Do r er than section 501(c)(3)) organizations: Co zations: Complete Part I-A only. swered "Yes" on Form 990, Part IV, Line 4 rganizations that have filed Form 5768 (elect	not complete Part I-C. mplete Parts I-A and C below. Do n , or Form 990-EZ, Part VI, line 47	ot complete Part I-B. (Lobbying Activities), 1	hen				
<ul> <li>Section 501(c)(3) o</li> <li>If the organization ans</li> <li>(Proxy Tax) (see separation)</li> </ul>	<ul> <li>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.</li> <li>f the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c</li> <li>Proxy Tax) (see separate instructions), then</li> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> </ul>							
Name of the organizat	tion		Employer identif	ication number				
PARALYZED VETERANS OF	FAMERICA		13-1946868					
Part I-A Complet	te if the organization is exempt un	der section 501(c) or is a se	ction 527 organiza	tion.				
	tion of the organization's direct and indirect	political campaign activities in Part	IV. See instructions for	definition of				
<ul><li>"political campaig</li><li>2 Political campaign</li></ul>	gn activities." n activity expenditures. See instructions		► ¢					
-	or political campaign activities. See instructions		· · ·					
	te if the organization is exempt un							
-	t of any excise tax incurred by the organizat		<b>&gt;</b> \$					
	t of any excise tax incurred by organization		· -					
<b>3</b> If the organizatio	n incurred a section 4955 tax, did it file For	m 4720 for this year?		🗌 Yes 🗌 No				
4a Was a correction	made?			Yes No				
<b>b</b> If "Yes," describe	in Part IV.							
Part I-C Complet	te if the organization is exempt un	der section 501(c), except s	ection 501(c)(3).					
1 Enter the amount	t directly expended by the filing organization	n for section 527 exempt function a	ctivities 🕨 🛛 \$					
	t of the filing organization's funds contribute		527 exempt					
	ction expenditures. Add lines 1 and 2. Enter		_					
	anization file <b>Form 1120-POL</b> for this year		Ψ_	Yes No				
organization mad of political contrib	addresses and employer identification num le payments. For each organization listed, en outions received that were promptly and dir l action committee (PAC). If additional space	nter the amount paid from the filing ectly delivered to a separate politica	) organization's funds. Al al organization, such as a	the filing so enter the amount				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions				
			funds. If none, enter -0	received and promptly and directly delivered to a separate political organization. If none, enter -0				
1								
2								
3								
4								
5								
6								
	n Act Notice, see the instructions for Form 990	D. Cat. No. 5	0084S Sche	dule C (Form 990) 2022				
-				• • • • • • •				

– Page 2 –

Schedule C (Form 990) 2022

A	Check <b>b</b> if the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
B	Check  Ch		(a) Filing organization's totals	(b) Affiliated group totals
_				
1a	Total lobbying expenditures to influence public opinio	on (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	
е	Total exempt purpose expenditures (add lines 1c and	d 1d)	97,214,694	
f	<ul> <li>Lobbying nontaxable amount. Enter the amount from columns.</li> </ul>	n the following table in both	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 -	D	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0		0	
	The there is an amount other then your on either line :	the surface till did the surrouting time file. Forma 4700 w		

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? .....

## 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)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 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					
с	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		358,868 orm 990) 2022					

Schedule C (Form 990) 2022

Page 3

Schedule C (Form 990) 2022 Page 3 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)). (b) (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? ..... а Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...... b С Media advertisements? ..... d Mailings to members, legislators, or the public? Publications or nublished or broadcast statements?

https://projects.propublica.org/nonprofits/organizations/131946868/202401149349302075/full

🗌 Yes 🗌 No

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https://projects.propublica.org/nonprofits/organizations/131946868/202401149349302075/full							

С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), or	section		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				)(6)
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).				
а	Current year	2a			
b	Carryover from last year	2b			
С	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			
Pa	art IV Supplemental Information				
	vide 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); ructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-A,	lines 1 an	ıd 2 (se	e
	Return Reference Explanation				_
		Schedul	e C (Forn	n <b>990)</b>	2022

Direct contact with legislators, their staffs, government officials, or a legislative body? .....

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ..... Other activities? .....

Total. Add lines 1c through 1i .....

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....

If "Yes," enter the amount of any tax incurred under section 4912 .....

**Additional Data** 

**Return to Form** 

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f

g h

i

j

2a b

or section								
		Yes	No					
	1							
	-							

efile Public Visual Render			ObjectId: 2024011	TIN: 13-1946868			
SCHEDULE D			Supplemen	OMB No. 1545-0047			
(For	m 990)		Supplemen	2022			
			Complete if the or Part IV, line 6, 7, 8, 9, 1	2022			
	tment of the Treasury			Open to Public			
	al Revenue Service me of the organ		o to <u>www.irs.gov/Form</u>	1990 for instructions and the late			Inspection ification number
	ALYZED VETERANS (					• •	
De	ut I Organi		ntaining Danay Advi	sed Funds or Other Similar F	-	1946868	
Pd				s" on Form 990, Part IV, line 6.		counts.	
				(a) Donor advised funds		(b) Funds a	nd other accounts
1							
2			ns to (during year)				
3	Aggregate value	-					
4		•	•			Current and the	
5				rs in writing that the assets held in c clusive legal control?		runds are the	Yes 🗌 No
6	Did the organiza	ation inform al	l grantees, donors, and do	onor advisors in writing that grant fu	nds can be us	ed only for	
	charitable purpo	ses and not fo	or the benefit of the donor	or donor advisor, or for any other p	urpose conferr		
					• •		🗌 Yes 🗌 No
Ра		vation Ease te if the orga		s" on Form 990, Part IV, line 7.			
1				nization (check all that apply).			
		on of land for p	public use (e.g., recreation	n or education) 🛛 Preservation	on of an histor	rically import	ant land area
	Protection	of natural hab	itat	Preservation	on of a certifie	ed historic str	ucture
		on of open spa	ce				
2	Complete lines 2	2a through 2d	if the organization held a	qualified conservation contribution in	n the form of a	a conservatio	n
	easement on the				1	Held at t	he End of the Year
а					2a		
b	5	•		· · · · · · · · · · · · · · · · · · ·	-		
c				c structure included in (a)	_		
d			National Register	red after July 25, 2006, and not on a	a <b>2d</b>		
3	Number of const tax year <b>&gt;</b>	ervation easer	nents modified, transferre	d, released, extinguished, or termin	ated by the or	ganization du	iring the
4	Number of state	s where prope	erty subject to conservatio	n easement is located 🕨			
5	Does the organi and enforcemen	zation have a It of the conse	written policy regarding th rvation easements it holds	ne periodic monitoring, inspection, h	andling of viol	ations,	Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, and enfo	orcing conserv	ation easeme	
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violations, and enforcing	g conservation	easements o	luring the year
•	·						
8				above satisfy the requirements of s			Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its revenue an footnote to the organization's finances ts.		atement, and	
Par	t III Örgani	zations Mai	ntaining Collections	of Art, Historical Treasures,	or Other Si	milar Asse	ets.
				s" on Form 990, Part IV, line 8.	totom and and	hologes	
1a	historical treasu	res, or other s	imilar assets held for pub	C 958, not to report in its revenue s lic exhibition, education, or research ents that describes these items.			
b	historical treasu following amour	res, or other s its relating to	imilar assets held for pub these items:	C 958, to report in its revenue state lic exhibition, education, or research	in furtherance	e of public se	rvice, provide the
(	(i) Revenue includ	ed on Form 99	90, Part VIII, line 1			▶\$	
<b>(</b> i	ii)Assets included	in Form 990,	Part X			. ►\$	
2				cal treasures, or other similar assets ASC 958 relating to these items:	for financial g	gain, provide	the
а	Revenue include	ed on Form 99	0, Part VIII, line 1			. ►\$	
b							
For				ns for Form 990.			ule D (Form 990) 2022

Part I 3 U it a ( b ( C ( 4 Pr Pa 5 D a: Part 1	e D (Form 990) 2022 II Organizations Maintaining C Ising the organization's acquisition, access ems (check all that apply): Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's of art XIII.	ollections of Art, I ion, and other records		of the fo				ssets (con	tinued)	Page
Part I 3 U it a ( b ( C ( 4 Pi Pi 5 D a: Part 1	II       Organizations Maintaining C         sing the organization's acquisition, access         ems (check all that apply):         Public exhibition         Scholarly research         Preservation for future generations         rovide a description of the organization's of the organiza	ion, and other records	, check any o	of the fo				<b>ssets</b> (con	tinued)	Page
3 U it a ( b ( c ( 4 Pi Pi 5 D a: Part 1	sing the organization's acquisition, access ems (check all that apply): Public exhibition Scholarly research Preservation for future generations rovide a description of the organization's of	ion, and other records	, check any o	of the fo				ssets (con	tinued)	
it a ( b ( c ( 4 Pr Pr 5 D ar Part 1	ems (check all that apply):  Public exhibition  Scholarly research  Preservation for future generations rovide a description of the organization's		d 🗌		howing		cignificant .	ing of its on	llastian	
b ( c ( 4 Pr Pa 5 D a: Part 1	<ul> <li>Scholarly research</li> <li>Preservation for future generations rovide a description of the organization's</li> </ul>						significant t	ise of its co	liection	
c ( 4 Pr 5 D a: Part 1	Preservation for future generations rovide a description of the organization's		e 🗆	Loar	or exch	ange prog	Irams			
4 Pr Pa 5 D a: Part 1	Preservation for future generations rovide a description of the organization's			Othe	er					
4 Pr Pa 5 D a: Part 1	rovide a description of the organization's									
Pa 5 D a: Part 1										
a: Part 1		collections and explain	how they fu	rther th	e organi	zation's ex	kempt purpo	se in		
	uring the year, did the organization solicit ssets to be sold to raise funds rather than							🗌 Yes		0
<b>1</b> - T							_			
1 a Ta	Complete if the organization an line 21.	swered "Yes" on For	rm 990, Pai	rt IV, li	ne 9, oi	reporte	d an amou	nt on Forn	n 990,	Part X
<b>1a</b> Is	s the organization an agent, trustee, custo	dian or other intermed	diary for cont	ributior	ns or oth	er assets	not			
in	ncluded on Form 990, Part X?							🗌 Yes		0
						r r				_
	f "Yes," explain the arrangement in Part X	•					A	mount		_
-	eginning balance					1c				_
	dditions during the year					1d				_
	vistributions during the year					1e				_
fΕ	nding balance				· ·	1f				_
<b>2a</b> D	id the organization include an amount on	Form 990, Part X, line	21, for escro	ow or cu	ustodial a	account lia	ability?	🗌 Yes		0
<b>b</b> If	"Yes," explain the arrangement in Part X	III. Check here if the e	xplanation h	as been	provide	d in Part >	<iii< td=""><td></td><td></td><td></td></iii<>			
Part										
	Complete if the organization an	swered "Yes" on For (a) Current year					(d) Three yes		Fourthead	ra ha alí
1a Be	ginning of year balance	(a) Current year	(b) Prior y	ear	(C) 100 y	ears Dack	(a) mree ye	ars back (e)	rour yea	IS DACK
	ntributions									
	t investment earnings, gains, and losses									
	ants or scholarships									
	her expenditures for facilities									
	d programs									
<b>f</b> Ad	ministrative expenses									
g En	d of year balance									
<b>2</b> Pi	rovide the estimated percentage of the cu	rrent year end balance	e (line 1q, co	lumn (a	)) held a	IS:				
	oard designated or quasi-endowment 🕨	,	( <u></u> ,	· ·						
b Po	ermanent endowment 🕨									
c Te	erm endowment 🕨									
Т	he percentages on lines 2a, 2b, and 2c sh	ould equal 100%.								
	re there endowment funds not in the pos	session of the organiza	tion that are	held ar	nd admin	istered fo	r the			
	rganization by:							2-(1)	Yes	No
-	i) Unrelated organizations			• •	• •			3a(i) 3a(ii		
	ii) Related organizations			•••	•••			3b	,	
	escribe in Part XIII the intended uses of t				• •					
Part \	Land, Buildings, and Equipm Complete if the organization an		rm 990, Pai	rt IV. li	ne 11a.	See For	m 990. Par	t X. line 1	0.	
D€	escription of property (a) Cost or (invest	other basis (b) Cost	t or other basis				lepreciation		Book value	3
		inchej								
	nd									
<b>b</b> Bu	ildings									
<b>c</b> Lea	asehold improvements									
<b>d</b> Eq	uipment		1,	,597,716			436,826		1,	160,890
	her						Þ			

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, I	Part IV,	line 11b.See For	m 990, Pa	rt X, line 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	<b>(b)</b> Book value	Cost		of valuation: Jear market value
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	rm 990, Pa	art X, line 13.
(a) Description of investment	,	(b) Book value	(c)	Method of valuation: end-of-year market value
(1)			00000	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, I	ine 11d. See For	m 990, Pa	
(a) Description (1)RIGHT OF USE ASSET				(b) Book value 9,416,141
(2)SECURITY DEPOSIT (2)				142,458
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				9,558,599
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P	art T\/ I	ine 11e or 11fC	ł	

1.

(a) Description of liability

(b) Book value

https://projects.propublica.org/nonprofits/organizations/131946868/202401149349302075/full

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 org	anization's financial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the t	ext of the footnote has been provided in Part XIII 🗹

6	ch	٥d	ule	n	(Form	000)	2022
5	CII	eu	uie	~	(10111	330)	2022

	turn.			<b>t XI</b> Reconciliation of Revenue per Audi Complete if the organization answered
143,657,287	1			Total revenue, gains, and other support per audited
			e 12:	Amounts included on line 1 but not on Form 990, Pa
		10,619,135	2a	Net unrealized gains (losses) on investments
		43,967,213	2b	Donated services and use of facilities
			2c	Recoveries of prior year grants
		371,751	2d	Other (Describe in Part XIII.)
54,958,099	2e			Add lines <b>2a</b> through <b>2d</b>
88,699,188	3			Subtract line <b>2e</b> from line <b>1</b>
			ne <b>1</b> :	Amounts included on Form 990, Part VIII, line 12, be
		287,389	7b . 4a	Investment expenses not included on Form 990, Par
			4b	Other (Describe in Part XIII.)
287,389	4c			Add lines <b>4a</b> and <b>4b</b>
88,986,577	5		Part I, line 12.)	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal
141,344,667	1			Complete if the organization answered Total expenses and losses per audited financial state
141,344,007	1			Total expenses and losses per addited financial state
			25:	Amounts included on line 1 but not on Form 990. Pa
		43.967.213	i i	Amounts included on line 1 but not on Form 990, Pa Donated services and use of facilities
		43,967,213	i i	Donated services and use of facilities
		43,967,213	2a	
			2a 2b	Donated services and use of facilities
44,338,964	2e	43,967,213	2a 2b 2c	Donated services and use of facilities       .         Prior year adjustments       .         Other losses       .         Other (Describe in Part XIII.)       .
44,338,964 97,005,703	2e 3		2a       2b       2c       2d	Donated services and use of facilities
44,338,964 97,005,703			2a       2b       2c       2d	Donated services and use of facilities       .         Prior year adjustments       .         Other losses       .         Other (Describe in Part XIII.)       .         Add lines       2a through         2d       .
			2a       2b       2c       2d	Donated services and use of facilities       .         Prior year adjustments       .         Other losses       .         Other (Describe in Part XIII.)       .         Add lines 2a through 2d       .         Subtract line 2e from line 1       .
		371,751	2a       2b       2c       2d	Donated services and use of facilities       .         Prior year adjustments       .         Other losses       .         Other (Describe in Part XIII.)       .         Add lines       2a through         2d       .         Subtract line       2e from line         Amounts included on Form       990, Part IX, line
		371,751	2a       2b       2c       2d       2d       2d       2d       2d       2d       4a       4b	Donated services and use of facilities Prior year adjustments
97,005,703 287,389	3	371,751	2a       2b       2c       2d       2d       2d       2d       2d       2d       4a       4b	Donated services and use of facilities Prior year adjustments
97,005,703	3 4c	371,751	2a       2b       2c       2d       2d       2d       2d       2d       2d       4a       4b	Donated services and use of facilities Prior year adjustments
97,005,703 287,389 97,293,092	3 4c 5	371,751  287,389  lines 1b and 2b; Part	2a         2b         2c         2d         2d	Donated services and use of facilities Prior year adjustments
97,005,703 287,389 97,293,092	3 4c 5	371,751  287,389  lines 1b and 2b; Part	2a         2b         2c         2d         2d	Donated services and use of facilities Prior year adjustments

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**

**Return to Form** 

Software ID: Software Version:

efile Public Visual Rend	nder ObjectId: 202401149349302075 - Submission: 2024-04-23						TIN: 13-1946868	
SCHEDULE G	Supplemental Information Regarding					OMB No. 1545-0047		
(Form 990)	Fundraising or Gaming Activities						2022	
	Complete if the organiza	ation answe	ered "Yes" o	n Form 990, Part IV, lines 17	7, 18, or 19, or if the	9		
Department of the Treasury     Attach to Form 990 or instruction       Internal Revenue Service     Go to www.irs.gov/Form990 for instruction				990 or Form 990-EZ.	) or Form 990-EZ. ructions and the latest information.			
Name of the organization PARALYZED VETERANS OF AME	ERICA				Emplo	yer ide	ntification number	
					13-194	16868		
-	ctivities. Complete if ers are not required t	-		answered "Yes" on Fo art.	rm 990, Part IV	, line 1	7.	
1 Indicate whether the org	anization raised funds th	hrough an	y of the fo	llowing activities. Check	all that apply.			
a 🗹 Mail solicitations	ions e 🗹 Solicitation of non-government grants				ts			
<b>b</b> 🗹 Internet and email so	licitations		f	Solicitation of gove	rnment grants			
c 🗹 Phone solicitations			g	🗹 Special fundraising	events			
d 🗸 In-person solicitation	S							
<b>2a</b> Did the organization have	e a written or oral agree	ment with	any indiv	idual (including officers	directors trustee	c .		
or key employees listed i							es 🗆 No	
<b>b</b> If "Yes," list the 10 higher to be compensated at least			draisers) p	oursuant to agreements u	inder which the fu			
(i) Name and address of indivi or entity (fundraiser)	dual (ii) Activity	(iii) Did fundraiser have		(iv) Gross receipts from activity	<ul><li>(v) Amount paid to (or retained by)</li></ul>	(vi) Amount paid to (or retained by)		
		cust	ody or trol of	,	fundraiser liste col. (i)		organization	
		contril	outions?		coi. (I)			
	DIRECT MAIL	Yes	No					
EDGE DIRECT LLC 3030 WATERVIEW AVENUE			No	54,509,585	8	36,670	53,672,915	
BALTIMORE, MD 21230	-			0.,000,000			00,012,020	
	CAR DONATIONS							
CHARITABLE ADULT RIDES SERVICES								
4669 MURPHY CANYON RC SUITE 200	DAD		No	111,164		19,133	92,031	
SAN DIEGO, CA 92123								
		_						
		_						
					-			
Total				54,620,749	8	\$55,803	53,764,946	

**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

Revenue

– Page 2 –

#### Schedule G (Form 990) 2022

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 (add col. (a) through NVWG SUMMIT 1 col. (c)) (event type) (event type) (total number)

	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
ct Expenses	<b>4</b> 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
Direct	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🔺	371,751
	<b>11</b> 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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<ul> <li>(d) Total gaming (add col.</li> <li>(a) through col.(c))</li> </ul>	
Å	1	Gross revenue					
Expenses	2	Cash prizes					
Expe	3	Noncash prizes					
Direct	4	Rent/facility costs					
ā	5	Other direct expenses					
	6	Volunteer labor	☐ Yes%_ ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No		
	7	Direct expense summary. Add lines 2 t					
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> </ul>							
-	LOa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?						
•	τC	· IIN/ II					

Schedule & (Form 99)         addles & (Form 990)         Desche organization conduct gaming activities with nonmembers?         Indicate the percentage of gaming activities with nonmembers?         Indicate the percentage of gaming activities with nonmembers?         Indicate the percentage of gaming activity conducted in:         The organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entry         The organization facility         An outside facility         An outside facility         An outside facility         An outside facility         And ress         Address >         Desc the organization have a contract with a third party from whom the organization receives gaming revenue received by the organization is gaming/special events books and records:         Name >         Address >         Gaming manager information:         Name >         Gaming manager compensation > \$		4, 9:33 PM II res, explain:	Paralyzed Veterans C	of America - Full Filing- Nonprofit Explorer - ProPu	ıblica
Page 3         edule G (form 990) 2022         Daes the organization conduct gaming activities with nonmembers?         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?         Indicate the percentage of gaming activities with nonmembers?         An outside facility .         Indicate the percentage of gaming activities of the person who prepares the organization's gaming/special events books and records:         Name I         Address I         Gaming manager information:         Name I         Gaming manager information:         Name I         Director/officer       Employee         Independent contractor         Madress J       Independent contractor         Return tof distributions:					
Page 3         coduct G (form 990) 2022         Does the organization conduct gaming activities with nonmembers?       Ives       No         Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity       Ives       No         Indicate the percentage of gaming activity conducted in:       Ives       No         The organization's facility       Ives       No         And create       Ives       No         Address       Ives       Ives       No         Does the organization have a contract with a third party from whom the organization receives gaming       Ives       No         If "ves," enter mame and address of the third party from whom the organization receives gaming revenue received by the organization Ps is					
dedle G (form 990) 2022         Does the organization conduct gaming activities with nonmembers?       \vec{\scitce} vec{\scitce} vec{					Schedule G (Form 990)
dedle G (form 990) 2022         Does the organization conduct gaming activities with nonmembers?       \vec{\scitce} vec{\scitce} vec{			F	Page 3	
Does the organization conduct gaming activities with nonmembers?       □ yes       NM         Is the organization a grantor, beneficiary or truste of a trust or a member of a partnership or other entity       □ yes       NM         Indicate the percentage of gaming activity conducted in:       13a       13a       13a         Indicate the percentage of gaming activity conducted in:       13a       13a       13a         Enter the name and address of the person who prepares the organization's gaming/special events books and records:       Name ▶         Address ▶       □				- 5	
Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chartable gaming? Indicate the precentage of gaming activity conducted in: The organization's facility An outside	iec		activities with permember	-2	P
Indicate the percentage of gaming activity conducted in:   The organization's facility   13a   an outside facility   13b    Enter the name and address of the person who prepares the organization's gaming/special events books and records:   Name      Address   Does the organization have a contract with a third party from whom the organization receives gaming revenue received by the organization receives gaming revenue of gaming revenue received by the organization is s		Is the organization a grantor, beneficia	ry or trustee of a trust or a	member of a partnership or other entity	
An outside facility		Indicate the percentage of gaming acti	vity conducted in:		
Enter the name and address of the person who prepares the organization's gaming/special events books and records:          Name       Address         Address	ı	The organization's facility			13a
Name         Address         Does the organization have a contract with a third party from whom the organization receives gaming revenue?         If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the third party:         Name >         Gaming manager information:         Name >         Gaming manager compensation > \$	)	An outside facility			13b
Address >		Enter the name and address of the per	son who prepares the organ	nization's gaming/special events books and re	ecords:
Address >		Name 🕨 🛛			
revenue?       If "yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$         If "yes," enter name and address of the third party ▶ \$       If "yes," enter name and address of the third party:         Name ▶		Address 🕨			
<pre>ff "ves," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party &gt; \$ If "ves," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Employee □ Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</pre>	а	Does the organization have a contract revenue?	with a third party from who	m the organization receives gaming	· · 🗌 Yes 🗌 No
Name         Address         Gaming manager information:         Name         Gaming manager compensation \$ \$	)	If "Yes," enter the amount of gaming re	evenue received by the orga	anization 🕨 \$ and th	
Address Gaming manager information: Name Gaming manager compensation \$ Gaming manager compensation \$ Gaming manager compensation \$ Description of services provide  Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Context 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 \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructio Return Reference Explanation Return Reference Return to For	:	If "Yes," enter name and address of the	e third party:		
Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Description of services provided ► Director/officer		Name 🕨			
Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Description of services provided ► Director/officer					
Description of services provided ▶         □ Director/officer       Employee       Independent contractor         Mandatory distributions:       Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       No         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 ▶ \$       No         rt 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 instruction         Return Reference       Explanation         dditional Data       Return to For					
Description of services provided ▶         □ Director/officer       Employee       Independent contractor         Mandatory distributions:       Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       No         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 ▶ \$       No         rt 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 instruction         Return Reference       Explanation         dditional Data       Return to For		Gaming manager compensation <b>&gt;</b> \$			
□ Director/officer       □ Employee       □ Independent contractor         Mandatory distributions:       Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?       □ Yes       No         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 ▶ \$       *       TIV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction         Return Reference       Explanation         Gditional Data       Return to For					
Mandatory distributions:         Is the organization required under state law to make charitable distributions from the gaming proceeds to         retain the state gaming license?					
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer	Employee	Independent contractor	
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Mandatory distributions:			
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 <b>s</b> <b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction Return Reference Explanation Schedule G (Form 990) 2022 dditional Data Return to For	•	•	e law to make charitable di	stributions from the gaming proceeds to	
in the organization's own exempt activities during the tax year ► \$ Tr IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructio Return Reference Explanation Schedule G (Form 990) 2022 dditional Data Return to For		retain the state gaming license? .			· · 🗌 Yes 🗌 No
rt IV       Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructio         Return Reference       Explanation         Schedule G (Form 990) 2022         dditional Data       Return to For	)				
Schedule G (Form 990) 2022 dditional Data	ar	t IV Supplemental Informatio	on. Provide the explanat	ions required by Part I, line 2b, column	
dditional Data Return to For		Return Reference		Explanation	
				Sched	ule G (Form 990) 2022
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efile Public Visual Re				75 - Submission: 202						TIN: 13-1946868
Note: To capture the Schedule I (Form 990)	full con	(	Grants and O Governments a	ect landscape mode ther Assistanc and Individuals tion answered "Yes," o	e to Organiza in the United	ations, d States		ł	01	MB No. 1545-0047 <b>2022</b> Open to Public
Department of the Treasury				Attach to Form v.irs.gov/Form990 for to	990.					Inspection
Internal Revenue Service Name of the organization PARALYZED VETERANS OF								Employer	identifica	tion number
			and Assistance					13-1946	868	
1 Does the organization	on mainta	in records to subs	tantiate the amount of t			for the grants or assistance	e, and			
		-		of grant funds in the Uni						🗹 Yes 🗌 No
Part II Grants and C	Other Ass more tha	sistance to Dom n \$5.000. Part II	estic Organizations an can be duplicated if addi	d Domestic Governmer tional space is needed.	Its. Complete if the or	ganization answered "Yes"	on Form	990, Par	t IV, line 2	21, for any recipient
(a) Name and address 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)		Descripti cash assis		(h) Purpose of grant or assistance
(1) PVA SPINAL CORD RESEARCH FOUNDATION 1875 I STNW SUITE 110 WASHINGTON, DC 2000	0	52-1064398	501(C)(3)	800,000	0					RESEARCH GRANT
(2) PVA EDUCATION & TRAINING FOUNDATION 1875 I STNW SUITE 110 WASHINGTON, DC 2000	0	94-2733585	501(C)(3)	350,000	0					RESEARCH GRANT
(3) ARIZONA CHAPTER P 5015 N 7TH AVE SUITE 2 PHOENIX, AZ 85013		25-7174799	501(C)(3)	150,655	0					CHAPTER GRANT
(4) BAY AREA & WESTER CHAPTER PVA 3801 MIRANDA AVENUE PALO ALTO, CA 94304		94-6132553	501(C)(3)	150,655	0					CHAPTER GRANT
(5) BAYOU GULF STATES CHAPTER PVA 15489 DEDEAUX ROAD GULPORT, MS 39503	;	72-1030827	501(C)(3)	152,155	0					CHAPTER GRANT AND SPORTS GRANT
(6) BENEFICIAL DESIGN: 2325 P51 CT SUITE 402 MINDEN, NV 89423		88-0479254	C CORP	30,000	0					RESEARCH GRANT
(7) BUCKEYE CHAPTER P 26250 EUCLID AVE STE EUCLID, OH 44132		23-7193597	501(C)(3)	150,655	0					CHAPTER GRANT
(8) CAL DIEGO CHAPTER VAMC 3550 LAJOLLA VIL DR	R PVA LAGE	95-3691162	501(C)(3)	150,655	0					CHAPTER GRANT
SAN DIEGO, CA 92161 (9) CALIFORNIA CHAPTE 5901 E SEVENTH STREE LONG BEACH, CA 90822	Т	95-6089203	501(C)(3)	138,100	0					CHAPTER GRANT
(10) CENTRAL FLORIDA CHAPTER PVA 2711 SOUTH DESIGN CC SANFORD, FL 32773	DURT	59-1793434	501(C)(3)	150,655	0					CHAPTER GRANT
(11) COLONIAL CHAPTER 356 E MAIN ST SUITE 10 NEWARK, DE 19711		23-7099908	501(C)(3)	150,655	0					CHAPTER GRANT
(12) FLORIDA CHAPTER 3799 N ANDREWS AVEN FT LAUDERDALE, FL 333	UE	59-1731533	501(C)(3)	150,655	0					CHAPTER GRANT
(13) FLORIDA GULF COA CHAPTER PVA 15435 NORTH FLORIDA / TAMPA, FL 33613		23-7037565	501(C)(3)	158,155	0					CHAPTER GRANT AND SPORTS GRANT
(14) GATEWAY CHAPTER 1311 LINDBERGH PLAZA ST LOUIS, MO 63132		51-0217506	501(C)(3)	150,655	0					CHAPTER GRANT
(15) GATEWAY CHAPTER 1311 LINDBERGH PLAZA ST LOUIS, MO 63132		51-0217506	501(C)(3)	11,858	0					SPORTS GRANT
(16) GREAT PLAINS CHA PVA 7612 MAPLE STREET OMAHA, NE 68134	PTER	23-7193599	501(C)(3)	158,155	0					CHAPTER GRANT, SPORTS GRANT AND ONE-TIME BOD APPROVED GRANT
(17) IOWA CHAPTER PVA 3703 1/2 DOUGLAS AVE DES MOINES, IA 50310		42-1320922	501(C)(3)	150,655	0					CHAPTER GRANT
(18) KENTUCKYINDIANA CHAPTER PVA 1030 GOSS AVENUE LOUISVILLE, KY 40217		61-1123112	501(C)(3)	159,395	0					CHAPTER GRANT AND SPORTS GRANT
(19) KEYSTONE CHAPTER 1113 MAIN STREET PITTSBURGH, PA 15215		25-1291634	501(C)(3)	150,655	0					CHAPTER GRANT
(20) LONE STAR CHAPTE 3925 FOREST LANE GARLAND, TX 75042	R PVA	74-6077762	501(C)(3)	150,655	0					CHAPTER GRANT
(21) MICHIGAN CHAPTER 40550 GRAND RIVER AV NOVI, MI 48375		38-6120911	501(C)(3)	150,655	0					CHAPTER GRANT
(22) MID AMERICA CHAF PVA 6108 NW 63RD ST SUITE OKLAHOMA CITY, OK 73	ΕA	73-1100787	501(C)(3)	160,655	0					CHAPTER GRANT AND SPORTS GRANT
(23) MID-SOUTH CHAPTI 1030 JEFFERSON AVENU ROOM 20100		62-6042046	501(C)(3)	153,155	0			_		CHAPTER GRANT AND SPORTS GRANT

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MEMPHIS, IN 38104	1	1		1	1
(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 AS VEGAS, NV 89107	31-1647467	501(C)(3)	159,740	0	CHAPTER GRANT AND SPORTS GRANT
27) NEW ENGLAND CHAPTER PVA L208 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 9VA 516 SW 152ND ST SUITE B 8URIEN, 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 PIGINEERING RESEARCH ABORATORIES SCHOOL OF 500 ROSS STRET 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

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

> \_ Page 2 -

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 (c) Amount of cash grant (b) Number of (d) Amount of noncash assistance (e) Method of valuation (book FMV, appraisal, other) (a) Type of grant or assistance (f) Description of noncash assistance recipients (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 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 PART I, LINE 2: DIRECTORS

Schedule I (Form 990) 2022

**Return to Form** 

efile Public Visua	al Render	ObjectId: 20240	01149349	302075 - Submis	sion: 2024-04-23	T	[N: 13·	1946	6868
chedule J		Com	pensat	ion Informat	ion	C	MB No.	1545-0	0047
orm 990) artment of the Treasury	F ► Cor		2022 Open to Public						
rnal Revenue Service	P 0	5 to <u>miningory r</u>	<u></u>	instructions and th	e latest information.		Insp	ectio	
lame of the organiz ARALYZED VETERANS					Employ	er identifica	ation nu	mber	
	OF ANEIGOA				13-1946	868			
Part I Questi	ons Regardi	ing Compensation	1						
								Yes	No
<ul> <li>Check the apprentice of the second sec</li></ul>	opiate box(es) Section A, line 1	if the organization pro .a. Complete Part III to	ovided any of o provide an	the following to or fo y relevant information	or a person listed on Forr n regarding these items.	n			
First-clase	s or charter tra	vel		Housing allowance of	or residence for personal	use			
Travel for	· companions			Payments for busine	ess use of personal reside	ence			
Tax idem	nification and g	ross-up payments		Health or social club	dues or initiation fees				
Discretion	nary spending a	account	$\Box$	Personal services (e	.g., maid, chauffeur, che	f)			
<ul> <li>If any of the bo reimbursement</li> </ul>	exes on Line 1a	are checked, did the c all of the expenses de	organization	follow a written polic ve? If "No." complete	y regarding payment or Part III to explain		16	Yes	
		ubstantiation prior to r			-				
directors, truste	ees, officers, in	cluding the CEO/Execu	utive Directo	r, regarding the items	checked on Line 1a? .		2	Yes	
organization's C	EO/Executive	ollowing the filing orga Director. Check all that to establish compensi	t apply. Do n	ot check any boxes for	npensation of the or methods or, but explain in Part III				
Compens	ation committe	e		Written employment	t contract				
_	lent compensat		<b></b>	Compensation surve					
🗹 🛛 Form 990	) of other orgar	lizations		Approval by the boa	rd or compensation com	mittee			
During the year related organiza		n listed on Form 990,	Part VII, See	ction A, line 1a, with	respect to the filing orga	nization or a			
Receive a sever	ance navment	or change-of-control p	avment?				4a		No
		ient from, a suppleme	-		· · · · · · · ·		4b		No
	. ,	ent from, an equity-ba					4c		No
If "Yes" to any	of lines 4a-c, lis	st the persons and pro	vide the app	licable amounts for e	ach item in Part III.				
Only 501(c)(3	8), 501(c)(4),	and 501(c)(29) org	anizations	must complete line	ıs 5-9.				
For persons list compensation c		0, Part VII, Section A, he revenues of:	line 1a, did i	the organization pay	or accrue any				
<ul> <li>The organizatio</li> </ul>	n?						5a		No
<ul> <li>Any related org If "Yes," on line</li> </ul>						•	5b		No
		0, Part VII, Section A, he net earnings of:	line 1a, did i	the organization pay	or accrue any				
<ul> <li>The organizatio</li> </ul>	n?						6a		No
Any related org	anization? .						6b		No
If "Yes," on line	6a or 6b, desc	ribe in Part III.							
For persons list payments not d	ed on Form 990 lescribed in line	0, Part VII, Section A, es 5 and 6? If "Yes," de	line 1a, did i escribe in Pa	the organization prov rt III	ide any nonfixed		7	Yes	
					tract that was (3)? If "Yes," describe		_		
		nization also follow the	e rebuttable		ire described in Regulation	ons section	8		No
55.4550 0(c)!				orm 990.	Cat. No. 50053T	Schedule	-		

#### — Page 2 —

 Schedule J (Form 990) 2022

 Page 2

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

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

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

 (A) Name and Title
 (B) Breakdown or W-2, 1099-MISC compensation, IC) Retirement (C) Nontaxable (E) Total of (F) Total of Comparisation context in the organization context in the comparisation context in the comparison contex

(A) Name and The		(B) Breakdown	and/or 1099-NEC		and other	benefits	columns	Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 WILLIAM BLAKE EXECUTIVE DIRECTOR	(i)	230,110	10,828	0	13,782	27,229	281,949	0
	(ii)	0	0	0	0	0	 0	0
2 CHERYL TOPPING CHIEF FINANCIAL OFFICER	(i)	231,644	7,580	0	13,842	28,031	281,097	0
	(ii)	0	0	0	0	0	 0	0
3 LEONARD SELFON GENERAL COUNSEL	(i)	205,242	6,031	0	6,712	11,578	229,563	0
	(ii)	0	0	0	0	0	 0	0
4 SHAUN CASTLE DEPUTY EXECUTIVE DIRECTOR	(i)	171,109	7,580	0	10,350	28,698	217,737	0
	(ii)	0	0	0	0	0	 0	0

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<b>5</b> 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
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
							chedule 1 (F	orm 990) 2022

Schedule J (Form 990) 2022

— Page 3 —

Part III Supplemental Inf	ormation
rovide the information, explanation	n, 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
ART 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.
ART I, LINE 7	IN ADDITION TO THE BONUSES LISTED ON SCHEDULE J, PART II, CHARLES BROWN RECEIVED A \$1,083 BONUS.

### **Additional Data**

Software ID: Software Version: Return to Form

efi	e Public Visua	al Render Ob	jectId: 20	)2401149349302075 -	Submission: 2024-0	4-23	TIN: 13-1	L <b>946</b>	868
	IEDULE M		Ν	Ioncash Contri	hutions		OMB No. 15	545-00	)47
(For	m 990)		ľ		buttons		204	22	
				ions answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	202	22	
		Attach to Form							
	ment of the Treasury	► Go to <u>www.irs.</u>	<u>gov/Form</u>	990 for the latest informa	tion.		Open to		
	al Revenue Service e of the organizat	ion				Employer iden	Inspe		
	LYZED VETERANS OF							mber	
De		of Duo nontro				13-1946868			
Pa	rt I Types	of Property	(-)	(1-)	(-)	Т	(.1)		
				(b) Number of contributions or	(c) Noncash contribution		(d) d of determin		
			applicable	items contributed	amounts reported on Form 990, Part VIII, line	noncash c	ontribution ar	nount	S
					1g				
	Art–Works of ar								
2	Art—Historical tr Art—Fractional ir								
3 4	Books and public					-			
5	Clothing and hou				376.41	7 MARKET VALUE	=		
			Х						
6	Cars and other v		Х	120	111,164	4 BLUE BOOK AN	ID MARKET		
7	Boats and planes								
8 9	Intellectual prop Securities—Publi	,	х	11	170.240	MARKET VALUE	=		
10	Securities—Close	•	~	11	1/9,240	MARKET VALUE	-		
	Securities—Partr								
	or trust interest								
	Securities-Misco								
13	Qualified conser contribution—H	istoric							
	structures .								
14	Qualified conser- contribution—O								
15	Real estate-Res								
16	Real estate—Cor	nmercial							
17	Real estate—Oth								
18	Collectibles								
19 20	Food inventory Drugs and medie								
	Taxidermy								
	Historical artifac								
23	Scientific specim								
24	Archeological art								
25	Other ► (								
	Other ► (								
	Other ► ( Other ► (					+			
			the organiza	tion during the tax year for	contributions				
				3, Part IV, Donee Acknowledg		29			
						<b></b>		Yes	No
30a				contribution any property r			: must		
				e initial contribution, and wh					
	P . P						30a		No
b	If "Yes," describ	e the arrangement	in Part II.						
31	Does the organi	zation have a gift a	cceptance p	olicy that requires the review	v of any nonstandard contri	butions?	31	Yes	
32a				or related organizations to so		ish			
1-	contributions? If "Yes," describ						32a	Yes	
			amount in c	olumn (c) for a type of prop	erty for which column (a) is	checked			
55	describe in Part	•			erty for which column (d) is	s checkeu,			
For P		on Act Notice, see th	e Instruction	is for Form 990	Cat. No. 51227J	Scho	dule M (Form	990) (	20221
	aper tork Reducti				Gut. NO. 5122/J	Sche			)
				Page 2 -					

 Schedule M (Form 990) (2022)

 Part II
 Supplemental Information.
 Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization

Page **2** 

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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efile Public	Visual	Render	ObjectId: 202401149349302075 - Submission: 2024-	TIN: 13-1946868								
	ΕO		upplemental Information to Form 990 or 9		OMB No. 1545-0047							
(Form 990) Department of the Trea	asury	C	Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional informatio Attach to Form 990 or 990-EZ.		<b>ZUZZ</b> Open to Public							
Internal Revenue Serv	vice		► Go to <u>www.irs.gov/Form990</u> for the latest information.		Inspection							
Name of the org PARALYZED VETER				Employer identi	fication number							
D.( )			E. I	13-1946868								
Return Reference			Explanation									
FORM 990, PART I, LINE 1	VETEF SPINA BENEF UNITS INDIVI CAREI REHAI PEOPI VETEF RICO. NATIO EXPEF PROVI DISAB SPINA EMPO HISTO FROM CHALL AN EN CHARI AND F OFFIC	RANS SERV L CORD INJ FITS EARNE ; AND FUNE DUALS WIT ER SERVICE BILITATION LE WITH DIS RANS, THEIF PARALYZEE N'S VETERA RTISE. WHE IDING OPPO ILITIES GET L CORD INJ WERING PE RY IN 1946, THE "GREA VIRONMEN GE FOR THI OR THE AD. E AND OUR	ERANS OF AMERICA (PARALYZED VETERANS) IS THE ONLY CONC ICE ORGANIZATION DEDICATED SOLELY TO THE BENEFIT AND R IURY OR DISEASE. FOR OVER 70 YEARS, WE HAVE ENSURED TH ED THROUGH THEIR SERVICE TO OUR NATION; MONITORED THE DED RESEARCH AND EDUCATION IN THE SEARCH FOR A CURE A H PARALYSIS. AS A PARTNER FOR LIFE, PARALYZED VETERANS, ES, WORKS TO ENSURE ACCESSIBILITY IN PUBLIC BUILDINGS AN OPPORTUNITIES THROUGH SPORTS AND RECREATION AND ADV SABILITIES. WITH MORE THAN 70 OFFICES AND 33 CHAPTERS, P, R FAMILIES, AND THEIR CAREGIVERS IN ALL 50 STATES, THE DIS O VETERANS WORKS TO POSITIVELY CHANGE LIVES AND BUILD ANS WITH DISABILITIES AND THEIR FAMILIES THROUGH OUR BR THER IT'S FIGHTING FOR QUALITY OF HEALTH CARE AND DECED DRTUNITIES TO GET BACK INTO LIFE THROUGH ADAPTIVE SPOR I GOOD JOBS AND CAREERS, ADVANCING A BARRIER-FREE AME UURY, OR INVESTING IN A CURE FOR PARALYSIS, PARALYZED VE EOPLE WITH DISABILITIES WITH EVERYTHING THEY NEED TO LIV PARALYZED VETERANS WAS FOUNDED BY A GROUP OF SERIOUS AT ST GENERATION" OF WORLD WAR II. THEY CREATED A NON-FAT THEY FACED BACK IN THE 1940S - FROM A MEDICAL COMMUNT T WITH MANY BARRIERS FOR PEOPLE WHO USE WHEELCHAIRS E LANDMARK AMERICANS WITH DISABILITIES ACT (1990), MAKING A AMENDMENTS (2008). FOR MORE THAN SEVEN DECADES, PAR 33 CHAPTERS ACROSS THE NATION HAVE BEEN MAKING AMER PEOPLE WITH DISABILITIES.	EPRESENTATION AT VETERANS RE IR CARE IN VA SF ND IMPROVED C/ ALSO DEVELOPS VD SPACES, PRO' /OCATES FOR VE ARALYZED VETEF TRICT OF COLUM BRIGHTER FUTU OAD RANGE OF S NT BENEFITS FOI TS, HELPING VET RICA, EDUCATING TERANS LEADS T /E FULL AND PRO JSLY INJURED AM PROFIT ORGANIZ/ NITY NOT READY S. THIS INCLUDES G OUR NATION M ALYZED VETERA	OF VETERANS WITH CEIVE THE INAL CORD INJURY ARE FOR TRAINING AND /IDES HEALTH AND TERANS AND ALL &ANS SERVICES BIA AND PUERTO RES FOR OUR ERVICES AND & ALL WHO SERVED, ERANS WITH G CLINICIANS ABOUT HE WAY IN DUCTIVE LIVES. OUR IERICAN HEROES ATION TO MEET THE TO TREAT THEM TO LEADING THE ORE ACCESSIBLE, NS' NATIONAL							
FORM 990, PART VI, SECTION A, LINE 6	PVA H	AS 15,600 N	IEMBERS.									
FORM 990, PART VI, SECTION A, LINE 7A	CHAP	TER IS UND D AT THE AN	PTERS AND THE MEMBERS IN EACH CHAPTER ELECT THE BOAR ER NATIONAL MONITORING AND HAS NO VOTING BOARD MEMBI NNUAL MEETING HELD IN MAY, 2023. EACH BOARD MEMBER HAS	ER. OFFICERS AF	E ELECTED BY THE							
FORM 990, PART VI, SECTION B, LINE 11B	OF TH CORR	E RETURN ' ECTIONS, A	COMPLETED BY THE OUTSIDE TAX ACCOUNTANTS AT GRF, CPA WAS E-MAILED TO ALL 33 BOARD MEMBERS AND ELEVEN OFFIC FINAL COPY OF THE RETURN WAS E-MAILED TO THE BOARD MI ED BY THE CFO AND BY GRF.	ERS. AFTER THE	REVIEW AND							
FORM 990, PART VI, SECTION B, LINE 12C	STATE ARE C MEMB POINT BOAR CONC INFOR WHET THE D DIREC VOTE VOTE MINUT INTER INTER	MENT THAT ERTIFIED A ER BECOM OUT THE C D, HAVING E ERNING TH MATION, TH HER THE C IRECTOR F TOR IDENT OF THE BO OF A MAJOI ES OF THE EST, THE B ESTED DIR	OARD OF DIRECTOR'S MEETING EACH YEAR BOARD MEMBERS. THEY HAVE READ AND AGREE TO ABIDE BY THE PVA CONFLICT S DIRECTORS. FURTHERMORE, IF THEY HAVE A CONFLICT THEY ES AWARE OF A CONFLICT ON ANOTHER MEMBER'S BEHALF, TH CONFLICT TO THE BOARD CHAIR FOR APPROPRIATE INVESTIGAT BEEN INFORMED OF THE POTENTIAL CONFLICT OF INTEREST, M E IDENTIFIED SPECIAL INTEREST. AFTER THE BOARD DETERMIN HE BOARD WILL THEN CONDUCT DEBATE ON THE ISSUE AS NEE IRCUMSTANCES DESCRIBED AMOUNT TO A CONFLICT OF INTER ROM DEBATE AND VOTE ON THE PARTICULAR MATTER AFFECTE IFIED AS HAVING A POTENTIAL CONFLICT OF INTEREST SHALL N ARD ON THE EXISTENCE OF A CONFLICT OF INTEREST SHALL ARD ON THE EXISTENCE OF A CONFLICT AND MAY BE EXCLUDE RITY OF THE BOARD. A MAJORITY VOTE OF THE BOARD IS REQU MEETING OF THE BOARD SHALL REFLECT THE DISCLOSURE OF OARD'S DECISION REGARDING THE CONFLICT, AND THE PRESE ECTOR DURING THE DEBATE ON THE ISSUE OF WHETHER A COI BOARD FOLLOWING THE VOTE REGARDING THE EXISTENCE OF A	OF INTEREST PO Y MUST REPORT I EY HAVE BEEN IN TION. AT THE APP AY QUESTION TH IES IT HAS ALL O DED AND VOTE T EST OF SUFFICIE ED BY THE SPECI. IOT PARTICIPATE D DURING SUCH JIRED TO BAR TH THE POTENTIAL NCE OR ABSENCI NFLICT EXISTS AI	DLICY BEFORE THEY T. IF A BOARD ISTRUCTED TO ROPRIATE TIME, THE E DIRECTOR THE NECESSARY O DETERMINE NT DEGREE TO BAR AL INTEREST. THE IN THE DEBATE OR DEBATE OR VOTE BY E MEMBER. THE CONFLICT OF E OF THE							
FORM 990, PART VI, SECTION B, LINE 15A	ORGA EXECU PVA'S MANA	NIZATION. 1 JTIVE DIRE INTERNAL I GEMENT AF	BY THE BOARD FOLLOWING THE DEBATE ON THE ISSUE OF WHETHER A CONFLICT EXISTS AND DURIN BY THE BOARD FOLLOWING THE VOTE REGARDING THE EXISTENCE OF A CONFLICT. EGARD TO COMPENSATION, PVA HAD A THIRD PARTY REVIEW SALARIES FOR ALL EMPLOYEES IN THE IZATION. THE SURVEY WAS UPDATED BY THE SAME THIRD PARTY IN 2019 AND REVIEWED BY THE P TIVE DIRECTOR AND THE PVA DIRECTOR OF HUMAN RESOURCE MANAGEMENT TO ENSURE COMPL ITERNAL POLICY FOR COMPENSATION. THE EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RES EMENT APPROVE ALL SALARY CHANGES. THE EXECUTIVE DIRECTOR (ED) IS THE TOP FINANCIAL O RALYZED VETERANS OF AMERICA. THE PVA BOARD OF DIRECTORS SETS THE COMPENSATION FOR									

	THE PVA BOARD HAS ACCESS TO THE THIRD PA THE ED POSITION) PLUS OTHER PUBLISHED SU		/A (UPDATED IN JANUARY 2023 FOR
FORM 990, PART VI, SECTION C, LINE 19	PVA POSTS ALL OF ITS GOVERNING DOCUMENT STATEMENTS ON ITS WEBSITE, WWW.PVA.ORG.		
For Paperwork Reduc	ction 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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(Form 990)	•			-							-					20	22	
(	► C	-	-		swered "Yes" Attach to F	orm 990.		-				r 37.			-			
Department of the Treasury Internal Revenue Service		► Go	to <u>www</u>	<u>.irs.gov/l</u>	<u>Form990</u> for i	nstructio	ns and	the late	est info	rmatior	-				0	pen to Inspe		С
Name of the organization												ployer id	lentifi	ation	numbe	er -		
PARALYZED VETERANS OF AMERICA											13-	1946868						
Part I Identification	of Disregarded E	ntities. Com	plete if t	the orgar	nization answ	ered "Yes	s" on Fo	orm 99	0, Part	IV, line	33.							
Name address and	(a) EIN (if applicable) of disre	garded entity			(b) Primary act	ivity	Lenal	(c) domicile (	'state	() Total i		End-of-	(e)	ots	ſ	(f) Direct cont		
Name, address, and		garded entity			Trindry de	livicy	or for	eign cour	itry)	Total I	leonie	End of	ycur uss	0.03		entit		
	f Related Tax-Exe			s. Comple	ete if the orga	anization	answe	red "Ye	es" on F	orm 99	0, Part	IV, line 3	34 bec	ause	it had o	one or r	nore	
	pt organizations du (a) EIN of related organizatio		year.		(b)		(c)		(d			(e) c charity sta			(f)		. (9	9) 9)
Name, address, and	EIN OF related organizatio	n		Prima	ary activity		micile (sta gn countr		empt Co	le section		tion 501(c)		Dir	entity	ling	Section (13) conti	ntrolled
																	Yes	No
(1)PVA SPINAL CORD RESEARCH FC 1875 EYE STREET NW	DUNDATION			RESEARCH	GRANIS		DC	50	1(C)(3)		LINE 7			PVA			Yes	
WASHINGTON, DC 20006 52-1064398																		
(2)PVA SPINAL CORD INJURY EDUCA 1875 EYE STREET NW	ATION AND TRAINING FO	UNDATION		EDUCATION	N GRANTS		DC	50	1(C)(3)		LINE 7		1	PVA			Yes	
WASHINGTON, DC 20006																		
94-2733585																	<u> </u>	
For Paperwork Reduction Act	Notice, see the Ins	tructions for	Form 99	0.		Ca	t. No. 5	0135Y						Sche	edule R	(Form 9	90) 20	J22
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Schedule R (Form 990) 2022 Part III Identification o	f Deleted Oversis	ations Tow	ahla aa	o Doutur	wahin Comp	lata if th		aization		mod "Va	o" on F	orm 000	Dowt	T\/ lie	a 24 h		Pag	
	ted organizations tr						e orgai	lizatioi	answe	reu re	SONF	0111 990	, Part	17, 111	ie 54, L	ecause	it nau	
Name, addre	(a) ess, and EIN of		(b) Primary	(c) Legal	(d) Direct	(e Predom	) ninant	(f) Share o	of Shar		(h) Dispropri	) tionate	(i) Code \	) /-UBI	(j Gene	<b>j)</b> ral or	() Perce	<b>k)</b> entage
related o	rganization		activity	domicile (state o	r entity	income(r unrela	ited,	total income		ar	allocati	ons?	amou box 2	0 of	mana part	iging ner?	owne	rship
				foreign country		excluded f under se	ections		ass	ets			Schedu (Form					
						512-5	514)				Yes	No		-	Yes	No		
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									-									
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																<u> </u>		
Part IV Identification o	f Related Organiz	ations Taxa	able as	a Corpo	ration or Tru	<b>ist.</b> Com	plete if	the or	ganizat	ion ans	wered	'Yes" on	Form	990,	Part IV,	line 34	<u> </u>	
because it had or	ne or more related of	organization			poration or t	ust durir	ng the t	tax yea	r.									
(a) Name, address, and EIN related organization		(b) Primary act	ivity		(c) Legal omicile	Direct c	d) ontrolling ntity	Type of the type of type of the type of ty	( <b>e)</b> of entity orp, S	(f) Share of incor	total S	(g) Share of end of-year	d-	(h) Percent owners	tage		(i) n 512(b) olled enti	
related organization					e or foreign	er	y	(C 0 	orp, S orp,	ncor		assets		owner	5411P	contro V		••-
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•					Schedule R	(Form 990	) 2022

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Scheo	hedule R (Form 990) 2022		Pa	ige <b>3</b>							
Ра	Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 3	5b, or 36.									
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No							
<b>1</b> D	. During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Г									
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a		No							
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)	15	Yes								
с	$\textbf{c} \hspace{0.1cm} \textit{Gift, grant, or capital contribution from related organization(s)} \hspace{0.1cm} . 0$	1c		No							
d	<b>d</b> Loans or loan guarantees to or for related organization(s)			No							
e	<b>e</b> Loans or loan guarantees by related organization(s)	1e	Yes								
f	f Dividends from related organization(s)	1f		No							
q				No							
h	h Purchase of assets from related organization(s)			No							
i	i Exchange of assets with related organization(s)			No							
j	j Lease of facilities, equipment, or other assets to related organization(s)			No							
k	k Lease of facilities, equipment, or other assets from related organization(s)			No							
I	Performance of services or membership or fundraising solicitations for related organization(s)		Yes	No							
	<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Yes								
0	• Sharing of paid employees with related organization(s)	10	Yes	<u> </u>							
р	p Reimbursement paid to related organization(s) for expenses			No							
q	<b>q</b> Reimbursement paid by related organization(s) for expenses	1q		No							
r	r Other transfer of cash or property to related organization(s)	1r		No							
	s Other transfer of cash or property from related organization(s)			No							
	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and		1	L							
2       If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a)       (b)       (c)       (d)         Name of related organization       Transaction       type (a-s)       Method of determining amount involved											

Name of related organization	Iransaction type (a-s)	Amount involved	Method of determining amount involved
(1)PVA SPINAL CORD RESEARCH FOUNDATION	В	800,000	PVA BOARD APPROVAL
(2)PVA EDUCATION & TRAINING FOUNDATION	В	350,000	PVA BOARD APPROVAL
(3)PVA SPINAL CORD RESEARCH FOUNDATION	0	52,414	SPECIFIC EMPLOYEE WORK
(4)PVA EDUCATION & TRAINING FOUNDATION	0	49,039	SPECIFIC EMPLOYEE WORK
(5)PVA SPINAL CORD RESEARCH FOUNDATION	N	130,092	ACTUAL AMOUNT
(6)PVA EDUCATION & TRAINING FOUNDATION	N	66,456	ACTUAL AMOUNT
(7)PVA SPINAL CORD RESEARCH FOUNDATION	L	0	NO AMOUNT CHARGED
(8)PVA EDUCATION & TRAINING FOUNDATION	L	0	NO AMOUNT CHARGED
(9)PVA SPINAL CORD RESEARCH FOUNDATION	E	18	ACTUAL AMOUNT
	l	1	Schedule R (Form 990) 2022

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Part VI Unrelated Organizations Taxable a	as a Partne	ership. Co	mplete if the	organiza	ation answ	ered "Yes	" on Form	990, Part	IV, line 3	37.			
Provide the following information for each entity taxed as was not a related organization. See instructions regarding					nducted mor	re than five	e percent of	its activitie	s (measur	ed by total as	ssets or g	ross rev	enue) that
(a) Name, address, and EIN of entity	(b) Primary activity	Primary Legal Predominant Are all partners Share of Share of activity domicile income section total end-	end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership				
			514)	Yes	No			Yes	No		Yes	No	

										-		
		-										
									Sch	edule R (	Form 99	90) 202
		Page 5 -										
dule R (Form 990) 2022												Page
TY VII Supplemental Information												
Provide additional information for re	sponses to questi	ons on Sche	edule R. See in	structions.								
Return Reference					Ex	planation	1					
										Schedu	le R (Forn	n 990) 2

**Additional Data** 

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