

Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)◆ Do not enter social security numbers on this form as it may be made public.
◆ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016
Open to Public Inspection**A** For the 2016 calendar year, or tax year beginning **07/01/16**, and ending **06/30/17****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**Paralyzed Veterans of America**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

801 Eighteenth Street, NW

Room/suite

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

Washington**DC 20006****D** Employer identification number**13-1946868****E** Telephone number**202-872-1300****G** Gross receipts **110,443,198****F** Name and address of principal officer:**Albert Kovach, Jr.****801 Eighteenth Street, NW****Washington****DC 20006****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status:☒ 501(c)(3)☐ 501(c)☐ (insert no.)☐ 4947(a)(1) or☐ 527**J** Website: ◆**www.pva.org****H(c)** Group exemption number ◆**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other ◆**L** Year of formation: **1947****M** State of legal domicile: **DC****Part I Summary****1** Briefly describe the organization's mission or most significant activities:**See Schedule O****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)**3** **32****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **32****5** Total number of individuals employed in calendar year 2016 (Part V, line 2a)**5** **312****6** Total number of volunteers (estimate if necessary)**6** **294****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **257,368****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

100,829,097

Current Year

100,485,189**9** Program service revenue (Part VIII, line 2g)**602,290****559,853****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**3,110,448****1,617,967****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**2,289,859****1,680,734****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**106,831,694****104,343,743****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**6,875,983****6,989,169****14** Benefits paid to or for members (Part IX, column (A), line 4)**0****0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**22,467,856****22,715,928****16a** Professional fundraising fees (Part IX, column (A), line 11e)**99,450****64,967****b** Total fundraising expenses (Part IX, column (D), line 25) ◆ **35,610,348****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**77,417,622****75,673,630****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**106,860,911****105,443,694****19** Revenue less expenses. Subtract line 18 from line 12**-29,217****-1,099,951****20** Total assets (Part X, line 16)

Beginning of Current Year

64,441,756

End of Year

72,550,659**21** Total liabilities (Part X, line 26)**11,045,923****13,826,711****22** Net assets or fund balances. Subtract line 21 from line 20**53,395,833****58,723,948****Part II Signature Block**

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

Sign Here

Signature of officer

Richard Kalafus

Type or print name and title

Acting CFO

Date

11/9/2017**Paid Preparer Use Only**

Print/Type preparer's name

Richard J. Locastro

Preparer's signature

Gelman, Rosenberg & Freedman

Date

11/09/17Check ☐ if

self-employed

PTIN

P00288314

Firm's name

Gelman, Rosenberg & Freedman

Firm's EIN

52-1392008

Firm's address

4550 Montgomery Avenue

Phone no.

301-951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2016)

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 20,737,197 including grants of \$ 21,622) (Revenue \$ 426,635)
PVA Achievement I - VA Benefits and Medical Advocacy Services

VA Benefits and Medical Advocacy Services - The VA benefits and medical advocacy services program maintains service offices with trained employees who specialize in helping catastrophically disabled veterans and dependents submit disability-related VA claims and obtain other service-related benefits. PVA maintains 73 offices at department of Veterans Affairs (VA) medical centers and regional offices throughout the United States and Puerto Rico, distributed across three regions with 161 employees to accomplish this goal. PVA provides expert assistance and accredited representation, without charge, to veterans with a spinal cord

4b (Code:) (Expenses \$ 32,233,896 including grants of \$ 12,500) (Revenue \$ 67,830)
PVA Achievement II - Public Education

Paralyzed Veterans of America engages and educates both the public and key decision makers about the challenges facing veterans with spinal cord injury and their families - and the important services we provide to these brave heroes which allow them and their families to lead full and productive lives. Whether it's a janitor whose dad served in Vietnam, the doctor who's thinking about specializing in spinal cord injury medicine, or the student who has no veterans in her family, our print and e-publications are designed to get them all to think about the challenges facing paralyzed and disabled veterans - and to make helping veterans part of their life's mission. For example, through our clinical practice guidelines and

4c (Code:) (Expenses \$ 5,386,192 including grants of \$ 5,322,698) (Revenue \$)
PVA Achievement III - Chapter and Community Outreach

Paralyzed Veterans of America thinks nationally and acts locally through our 34 chapters dotted across the nation. Whether it's helping newly injured veterans get the help they need or advocating for barrier free sporting facilities, our chapters are trusted members of their communities who work tirelessly to "Pay it Forward" and to get the word out about our services to millions every year.

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

(Expenses \$ 6,275,464 including grants of \$ 1,632,349) (Revenue \$ 65,388)

4e Total program service expenses ♦ 64,632,749

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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		X
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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
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		X
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)	X	
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	X	
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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
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	X	
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	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 94	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 312	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: ♦ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	32	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		32		
b Enter the number of voting members included in line 1a, above, who are independent	1b	32		
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?				X
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?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
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?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
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				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, AZ, CA, CO, CT, DE, FL, GA, IL, IN, KS**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Richard Kalafus, PVA CFO**
PVA, 801 Eighteenth Street, NW
Washington DC 20006
202-872-1300

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Leonard Smith	20.00									
Director Arizona	0.00	X						0	0	0
(2) Kevin Patton	20.00									
Dir. Bay Area & West	0.00	X						0	0	0
(3) Willie Harvey	20.00									
Dir Bayou Gulf State	0.00	X						0	0	0
(4) Carl Harris	20.00									
Director, Buckeye	0.00	X						0	0	0
(5) Jim Russell	20.00									
Director, Cal-Diego	0.00	X						0	0	0
(6) Jacqueline Baskett	20.00									
Director, California	0.00	X						0	0	0
(7) Steve Kirk	20.00									
Directro Central FL	0.00	X						0	0	0
(8) Ronald P. Hoskins	20.00									
Director, Colonial	0.00	X						0	0	0
(9) Joseph Del Vecchio	20.00									
Director Florida	0.00	X						0	0	0
(10) Eduardo Oyola-Rivera	20.00									
Dir. FL Gulf Coast	0.00	X						0	0	0
(11) Stanley D. Brown	20.00									
Director Gateway	0.00	X						0	0	0

DAA

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Inst./nonal trustee	Officer	Key employee	Highest compensated employee	Former			
(12) David Nelson, Jr. Dir. Great Plains	20.00 0.00	X						0	0	0
(13) Kenneth E. Lloyd Director Iowa	20.00 0.00	X						0	0	0
(14) William T. Vallandingham Director KY-IN	20.00 0.00	X						0	0	0
(15) William D Jakovac Director Keystone	20.00 0.00	X						0	0	0
(16) Melsvin K. Hasenyager Director Lone Star	20.00 0.00	X						0	0	0
(17) David Peck Director Michigan	20.00 0.00	X						0	0	0
(18) William H. Wood Director Mid-America	20.00 0.00	X						0	0	0
(19) Charles R. Weir Dir. Mid-Atlantic	20.00 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								1,829,881		274,868
d Total (add lines 1b and 1c)								1,829,881		274,868

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 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

	Yes	No
3		X
4	X	
5		X

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
U.S. Postmaster Washington DC 20001	900 Brentwood Road, NW Mail Delivery	11,786,186
Target MarketTeam Atlanta GA 30328	600 Northpark Town Center, Ste. 1600 Mail Production	8,406,347
Grantmail Direct Ltd. Hong Kong HK	Albion Plaza, 2-6 Gramville Road HK Gifts/Mail Prog	8,250,669
Hub Labels, Inc Hagerstown MD 21740	18223 Shawley Drive Mail Labels	6,927,705
CHLIC (Cigna Health Insurance) Pittsburgh PA 15264	P.O. Box 644546 Health Ins.	3,945,516

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **69**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 22,678				
	b Membership dues	1b				
	c Fundraising events	1c 1,080,951				
	d Related organizations	1d				
	e Government grants (contributions)	1e 228,468				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 99,153,092				
	g Noncash contributions included in lines 1a-1f	\$ 457,361				
	h Total. Add lines 1a-1f		100,485,189			
Program Service Revenue	2a Paraplegia News	Busn. Code 511120	217,879	11,315	206,564	
	b Veterans Legal Services		133,376	133,376		
	c Information Publications		67,830	67,830		
	d Sports 'n Spokes	511120	67,610	16,806	50,804	
	e Sports Event Registration		65,388	65,388		
	f All other program service revenue		7,770	7,770		
	g Total. Add lines 2a-2f		559,853			
	3 Investment income (including dividends, interest, and other similar amounts)		1,747,773			1,747,773
4 Income from investment of tax-exempt bond proceeds						
5 Royalties		1,522,381			1,522,381	
Other Revenue	6a Gross rents	(i) Real 152,290 (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)	152,290				
	d Net rental income or (loss)		152,290			152,290
	7a Gross amount from sales of assets other than inventory	(i) Securities 5,765,912 (ii) Other				
	b Less: cost or other basis & sales exps.	5,895,718				
	c Gain or (loss)	-129,806				
	d Net gain or (loss)		-129,806			-129,806
	8a Gross income from fundraising events (not including \$ 1,080,951 of contributions reported on line 1c). See Part IV, line 18	a 209,800				
	b Less: direct expenses	b 203,737				
	c Net income or (loss) from fundraising events		6,063			6,063
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.			104,343,743	302,485	257,368	3,298,701

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,831,612	6,831,612		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	157,557	157,557		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,242,977	786,170	266,732	190,075
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,677,496	12,921,104	757,805	1,998,587
8 Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)	767,553	666,942	30,518	70,093
9 Other employee benefits	3,741,033	2,895,804	279,872	565,357
10 Payroll taxes	1,286,869	1,118,186	51,166	117,517
11 Fees for services (non-employees):				
a Management				
b Legal	208,832	32,644	1,436	174,752
c Accounting	194,859		194,859	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	64,967			64,967
f Investment management fees	203,523		203,523	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,186,243	1,303,722	168,074	2,714,447
12 Advertising and promotion	2,099,795	277,301	785,043	1,037,451
13 Office expenses	885,595	623,013	121,436	141,146
14 Information technology	1,131,850	763,708	43,329	324,813
15 Royalties				
16 Occupancy	1,039,854	923,534	35,283	81,037
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,141,194	2,988,450	473,900	678,844
20 Interest	49,963	23,012	24,532	2,419
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	756,647	679,980	23,255	53,412
23 Insurance	243,114	211,247	9,666	22,201
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Mail Program Fundraising	59,440,891	30,633,561	1,694,510	27,112,820
b Miscellaneous Expenses	344,229	103,508	26,753	213,968
c Readership Costs-PN	336,535	336,535		
d Printing and Publications	226,294	219,651	2,015	4,628
e All other expenses	184,212	135,508	6,890	41,814
25 Total functional expenses. Add lines 1 through 24e	105,443,694	64,632,749	5,200,597	35,610,348
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	59,440,891	30,633,561	1,694,510	27,112,820

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	3,152,981	1	1,343,150
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,114,212	4	3,827,857
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	465,909	9	720,059
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,574,648		
	b Less: accumulated depreciation	10b 7,238,697		
	11 Investments—publicly traded securities	3,077,053	10c	3,335,951
	12 Investments—other securities. See Part IV, line 11	50,750,539	11	59,442,580
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	3,881,062	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	64,441,756	15	3,881,062	
Liabilities	17 Accounts payable and accrued expenses	9,235,212	16	72,550,659
	18 Grants payable		17	11,538,277
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities	666,642	19	1,013,810
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,144,069	24	
	26 Total liabilities. Add lines 17 through 25	11,045,923	25	1,274,624
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	13,826,711
	27 Unrestricted net assets	49,338,714	27	53,427,891
	28 Temporarily restricted net assets	4,057,119	28	5,296,057
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	53,395,833	33	58,723,948
	34 Total liabilities and net assets/fund balances	64,441,756	34	72,550,659

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,343,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	105,443,694
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,099,951
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53,395,833
5	Net unrealized gains (losses) on investments	5	6,359,942
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	68,124
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	58,723,948

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) Truman A. Suttle	20.00									
Director Mid-South	0.00	X						0	0	0
(21) Ken J. Klein	20.00									
Director Minnesota	0.00	X						0	0	0
(22) Alan C. Jones	20.00									
Dir. Mountain States	0.00	X						0	0	0
(23) Lester Wood	20.00									
Director Nevada	0.00	X						0	0	0
(24) Neal A. Williams	20.00									
Dir. New England	0.00	X						0	0	0
(25) Michael Olson	20.00									
Dir. North Central	0.00	X						0	0	0
(26) Mike Partridge	20.00									
Director Northwest	0.00	X						0	0	0
(27) William C. Gray	20.00									
Director Oregon	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 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

	Yes	No
3		
4		
5		

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(28) James Torres	20.00								
Director Puerto Rico	0.00	X					0	0	0
(29) Paul Stewart	20.00								
Dir. Southeastern	0.00	X					0	0	0
(30) Darrell Wilson	20.00								
Director Texas	0.00	X					0	0	0
(31) Gilbert Miller	20.00								
Dir. West Virginia	0.00	X					0	0	0
(32) Ken Ness	20.00								
Director Wisconsin	0.00	X					0	0	0
(33) John D. Ring	50.00								
Chief Fin. Officer	8.00			X			227,787	0	36,635
(34) Sherman Gillums	50.00								
Executive Director	0.00			X			172,890	0	12,258
(35) Albert Kovach, Jr.	40.00								
President	8.00			X			91,310	0	7,195
1b Sub-total							491,987		56,088
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

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

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 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

	Yes	No
3		
4		
5		

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(36) David Zurfluh	35.00								
Senior VP	4.00			X			9,000	0	0
(37) Hack Albertson	35.00								
Vice President	0.00			X			9,000	0	0
(38) Joseph L. Fox, Sr.	35.00								
Vice President	0.00			X			9,000	0	0
(39) Ken Weas	35.00								
Vice President	0.00			X			9,000	0	0
(40) Larry J. Dodson	40.00								
Secretary	0.00			X			9,000	0	0
(41) Charles O. Brown	35.00								
Vice President	0.00			X			9,000	0	0
(42) Tom Wheaton	40.00								
Treasurer	0.00			X			9,000	0	0
(43) Bill Lawson	30.00								
Immediate Past Pres.	0.00			X			9,000	0	0
1b Sub-total							72,000	0	0
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									
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									

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 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.

	Yes	No
3		
4		
5		

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

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(44) Leonard Selfon	50.00								
General Counsel	0.00				X		200,121	0	15,588
(45) Lana McKenzie	50.00								
AED of Medical Ser.	0.00				X		191,075	0	37,619
(46) David Fanning	50.00								
Acting AED of Dev.	0.00				X		162,901	0	35,557
(47) William Blake	50.00								
AED of Gov't Ral.	0.00					X	157,269	0	35,687
(48) Mark Lichter	50.00								
Dir. of Arch. & Fac.	0.00					X	143,787	0	34,557
(49) Richard Kalafus	50.00								
Controller	0.00					X	140,143	0	22,324
(50) Leslie Zupan	50.00								
Director of IT	0.00					X	136,457	0	18,341
(51) Linda Blahut	50.00								
Deputy Gen. Counsel	0.00					X	134,141	0	19,107
1b Sub-total							1,265,894		218,780
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

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

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 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

	Yes	No
3		
4		
5		

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

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

SCHEDULE A
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

♦ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

 Open to Public
 Inspection

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868
Part I
Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

Part II**Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ♦	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	77,739,110	101,739,309	104,956,855	100,829,097	100,485,189	485,749,560
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	703,920	907,212	954,719	968,846	1,000,739	4,535,436
4 Total. Add lines 1 through 3	78,443,030	102,646,521	105,911,574	101,797,943	101,485,928	490,284,996
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						490,284,996

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	96.71%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.69%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV**Supporting Organizations**

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

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

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

Part VI

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

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016

◆ Attach to Form 990, Form 990-EZ, or Form 990-PF.

◆ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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 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 $\frac{1}{3}$ % 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.
- ☐ 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

► \$

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 990-PF, 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.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Paralyzed Veterans of America

Employer identification number
13-1946868**Part I****Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,200,000	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ◆ Complete if the organization is described below.
- ◆ Attach to Form 990 or Form 990-EZ.
- ◆ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Paralyzed Veterans of America

Employer identification number
13-1946868

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ◆ \$
- 3 Volunteer hours for political campaign activities (see instructions) ◆ \$

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2016

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	111,252													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	299,421													
c Total lobbying expenditures (add lines 1a and 1b)	410,673													
d Other exempt purpose expenditures	104,947,306													
e Total exempt purpose expenditures (add lines 1c and 1d)	105,357,979													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1"> <thead> <tr> <th>if the amount on line 1a, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1a.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			if the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1a.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000
if the amount on line 1a, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1a.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	406,151	325,084	367,427	410,673	1,509,335
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	88,741	87,662	107,270	111,252	394,925

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

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

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

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

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

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

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

Part IV Supplemental Information

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements◆ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

◆ Attach to Form 990.

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

OMB No. 1545-0047

2016Open to Public
Inspection

Employer identification number

13-1946868

Paralyzed Veterans of America**Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

- | | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II**Conservation Easements.**

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ◆
- 4 Number of states where property subject to conservation easement is located ◆
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ◆ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|---|------|
| (i) Revenue included on Form 990, Part VIII, line 1 | ◆ \$ |
| (ii) Assets included in Form 990, Part X | ◆ \$ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- | | |
|---|------|
| a Revenue included on Form 990, Part VIII, line 1 | ◆ \$ |
| b Assets included in Form 990, Part X | ◆ \$ |

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

Schedule D (Form 990) 2016

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

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

Part V Endowment Funds.

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Temporarily restricted endowment %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	4,750,531		3,243,425	1,507,106
d Equipment	5,824,117		3,995,272	1,828,845
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,335,951

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Investment in 801 18th Street Assoc.	
(2) Due from 801 18th Street Assoc.	2,052,688
(3)	1,828,374
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ♦	

Part X Other Liabilities.

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

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

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

☒

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

Under ASC 740-10, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely-than-not that the position will be sustained. PVA does not believe there are any material uncertain tax positions and; accordingly, it will not recognize any liability for unrecognized tax benefits. PVA has filed for and received income tax exemptions in the jurisdictions where it is required to do so. Additionally, PVA has filed Internal Revenue Service Form 990 and Form 990-T tax returns as required and all other applicable returns in those jurisdictions where it is required. PVA believes that it is no longer subject to U.S. federal, state and local, or non-U.S. income tax examinations by tax authorities for fiscal years before 2014. For the

years ended June 30, 2017 and 2016, respectively, there were no interest or penalties to uncertain tax positions recorded in statements of activities.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Paralyzed Veterans of America

Employer identification number

13-1946868

Part I

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

☒ Yes ☐ No

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Insurance Auto Auctions 1 Two Westbrook Corp. Ctr., Suite 500 Westchester IL 60154	Car Don.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	323,192	64,967	258,225
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				323,192	64,967	258,225

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

All states

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

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

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

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

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

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

b If "No," explain:

☐ Yes ☐ No

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

b If "Yes," explain:

☐ Yes ☐ No

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ♦

Address ♦

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ♦ \$ and the amount of gaming revenue retained by the third party ♦ \$
- c If "Yes," enter name and address of the third party:

Name ♦

Address ♦

16 Gaming manager information:

Name ♦

Gaming manager compensation ♦ \$

Description of services provided ♦

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ♦ \$

Part IV

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

Sch G, Part I, Line 2b, Col (iii) - Custody or Control Arrangement
Insurance Auto Auctions
Accepted and sold donated cars

SCHEDULE I
(Form 990)

 Department of the Treasury
 Internal Revenue Service

**Grants and Other Assistance to Organizations,
 Governments, and Individuals in the United States**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

Name of the organization

Paralyzed Veterans of America

Employer identification number
13-1946868

OMB No. 1545-0047

2016

Open to Public
Inspection
Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Arizona Chapter PVA 5015 N. 7th Avenue, Suite 2 Phoenix AZ 85013	25-7174799	501c3	158,100				Chapter Grant
(2)	Bay Area & Western Chapter PVA 3801 Miranda Avenue Palo Alto CA 94304	94-6132553	501c3	158,100				Chapter Grant
(3)	Bayou Gulf States Chapter PVA 15489 Dedeaux Road Gulport MS 39503	94-6132553	501c3	158,100				Chapter Grant
(4)	Buckeye Chapter PVA 26250 Euclid Ave., Suite 115 Euclid OH 44132	23-7193597	501c3	158,100				Chapter Grant
(5)	Cal Diego Chapter PVA VAMC, 3550 LaJolla Village Drive San Diego CA 92161	95-3691162	501c3	158,100				Chapter Grant
(6)	California Chapter PVA 5901 E. Seventh Street Long Beach CA 90822	95-6089203	501c3	158,100				Chapter Grant
(7)	Central Florida Chapter PVA 2711 South Design Court Sanford FL 32773	59-1793434	501c3	158,100				Chapter Grant
(8)	Colonial Chapter PVA 356 E. Main Street, Suite 103 Newark DE 19711	23-7099908	501c3	158,100				Chapter Grant
(9)	Florida Chapter PVA 3799 N. Andrews Avenue FT. Lauderdale FL 33309	59-1731533	501c3	158,100				Chapter Grant

♦ 60

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

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

DAA

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
 Governments, and Individuals in the United States**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
 ♦ Attach to Form 990.

OMB No. 1545-0047

2016

 Open to Public
 Inspection

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Part I **General Information on Grants and Assistance**

 Employer identification number
13-1946868

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

 Yes ☐ No ☐
Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (cost, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Florida Gulf Coast Chapter PVA 15435 North Florida Avenue Tampa FL 33613	23-7037565	501c3	158,100				Chapter Grant
(2)	Great Plains Chapter PVA 7612 Maple Street Omaha NE 68134	23-7193599	501c3	158,100				Chapter Grant
(3)	Iowa Chapter PVA 3703 1/2 Douglas Avenue Des Moines IA 50310	42-1320922	501c3	158,100				Chapter Grant
(4)	Kentucky/Indiana Chapter PVA 1030 Goss Avenue Louisville KY 40217	61-1123112	501c3	158,100				Chapter Grant
(5)	Keystone Chapter PVA 1113 Main Street Pittsburgh PA 15215	25-1291634	501c3	158,100				Chapter Grant
(6)	Lone Star Chapter PVA 3925 Forest Lane Garland TX 75042	74-6077762	501c3	158,100				Chapter Grant
(7)	Michigan Chapter PVA 40550 Grand River Avenue Novi MI 48375	38-6120911	501c3	158,100				Chapter Grant
(8)	Mid America Chapter PVA 6108 NW 63rd Street, Suite A Oklahoma City OK 73132	73-1100787	501c3	158,100				Chapter Grant
(9)	Mid-Atlantic Chapter PVA 11620 Busy Street North Chesterfield VA 23236	54-0653585	501c3	158,100				Chapter Grant

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

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

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

bAA

SCHEDULE I
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
 Governments, and Individuals in the United States**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

♦ Attach to Form 990.

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

OMB No. 1545-0047

2016

 Open to Public
 Inspection

 Employer identification number
13-1946868
☐ Yes ☐ No

Part I **Paralyzed Veterans of America**
General Information on Grants and Assistance

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

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Mid-South Chapter PVA 1030 Jefferson Avenue, Room 20100 Memphis TN 38104	62-6042046	501c3	158,100				Chapter Grant
(2)	Gateway Chapter PVA 1311 Lindbergh Plaza Center St. Louis MO 63132	51-0217506	501c3	158,100				Chapter Grant
(3)	Minnesota Chapter PVA 1 Veterans Drive, SCI - 238 Minneapolis MN 55417	41-1722452	501c3	158,100				Chapter Grant
(4)	Mountain States Chapter PVA 12200 E. Iliff Ave., Suite 107 Aurora CO 80014	84-6036190	501c3	158,100				Chapter Grant
(5)	Nevada Chapter PVA 704 South Jones Blvd. Las Vegas NV 89107	31-1647467	501c3	158,100				Chapter Grant
(6)	New England Chapter PVA 1600 Providence Highway, Suite 143 Walpole MA 02081	04-6112881	501c3	158,100				Chapter Grant
(7)	North Central Chapter PVA 209 North Garfield Avenue Sioux Falls SD 57104	46-0359947	501c3	158,100				Chapter Grant
(8)	Northwest Chapter PVA 616 SW 152nd Street, Suite B Burien WA 98166	91-1017716	501c3	158,100				Chapter Grant
(9)	Oregon Chapter PVA 3700 Silveton Road NE Salem OR 97305	93-0713859	501c3	158,100				Chapter Grant

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

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

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SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
◆ Attach to Form 990.

OMB No. 1545-0047

2016**Open to Public
Inspection**◆ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Paralyzed Veterans of America
General Information on Grants and AssistanceEmployer identification number
13-1946868☐ Yes ☐ No**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.**

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Puerto Rico Chapter PVA 812 Moluca Street URB Country Club San Juan PR 00924	66-0346980	501c3	158,100				Chapter Grant
(2)	Southeastern Chapter PVA 4010 Deane Bridge Road Hephzibah GA 30815	58-6055069	501c3	158,100				Chapter Grant
(3)	Texas Chapter PVA 2656 South Loop West, Suite 130 Houston TX 77054	74-6077762	501c3	158,100				Chapter Grant
(4)	Vaughan Chapter PVA 2235 Enterprise Drive, Suite 3501 Westchester IL 60154	36-6156638	501c3	158,100				Chapter Grant
(5)	West Virginia Chapter PVA 336 Campbell Creek Drive Charleston WV 25306	55-0718655	501c3	158,100				Chapter Grant
(6)	Wisconsin Chapter PVA 2311 S. 108th Street West Allis WI 53277	39-1393216	501c3	158,100				Chapter Grant
(7)	Zia Chapter PVA 933 Gibson Blvd. Albuquerque NM 87102	59-1161641	501c3	105,400				Chapter Grant
(8)	Northwest Chapter PVA 616 SW 152nd Street, Suite B Burien WA 98166	91-1017716	501c3	6,000				Shooting Sports Grt.
(9)	Keystone Chapter PVA 1113 Main Street Pittsburgh PA 15215	25-1291634	501c3	6,000				Shooting Sports Grt.

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

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

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**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
◆ Attach to Form 990.Department of the Treasury
Internal Revenue Service

Name of the organization

Paralyzed Veterans of AmericaEmployer identification number
13-1946868**Part I General Information on Grants and Assistance**

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

☐ Yes ☐ No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Oregon Chapter PVA 3700 Silverton Road NE Salem OR 97305	93-0713859	501c3	6,000				Shooting Sports Grt.
(2)	Wisconsin Chapter PVA 2311 S. 108th Street West Allis WI 53277	39-1393216	501c3	6,000				Shooting Sports Grt.
(3)	North Central Chapter PVA 209 North Garfield Avenue Sioux Falls SD 57104	46-0359947	501c3	6,000				Spts. Shooting Grant
(4)	Mid-Atlantic Chapter PVA 11620 Busy Street North Chesterfield VA 23236	54-0653585	501c3	6,000				Shooting Sports
(5)	Arizona Chapter PVA 5015 N. 7th Avenue, Suite 2 Phoenix AZ 85013	25-7174799	501c3	6,874				Shooting Sports Grt.
(6)	Minnesota Chapter PVA 1 Veterans Drive, SCI - 238 Minneapolis MN 55417	41-1722452	501c3	6,000				Shooting Sports Gran
(7)	Vaughan Chapter PVA 2235 Enterprise Drive, Suite 3501 Westchester IL 60154	36-6156638	501c3	6,000				Shooting Sports Grt.
(8)	Nevada Chapter PVA 704 South Jones Blvd. Las Vegas NV 89107	31-1647467	501c3	6,000				Shooting Sports Grt.
(9)	Cal Diego Chapter PVA VAMC, 3550 LaJolla Village Drive San Diego CA 92161	95-3691162	501c3	6,000				Shooting Sports

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

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

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

**SCHEDULE I
(Form 990)**

 Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

♦ Attach to Form 990.

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

OMB No. 1545-0047

2016

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Inspection

Part I General Information on Grants and Assistance

Employer identification number

13-1946868

☐ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Buckeye Chapter PVA 26250 Euclid Ave., Suite 115 Euclid OH 44132	23-7193597	501c3	8,000				Air Rifle Grant
(2)	Southeastern Chapter PVA 4010 Deane Bridge Road Hephzibah GA 30815	58-6055069	501c3	7,500				Fishing Sports Grant
(3)	Mid America Chapter PVA 6108 NW 63rd Street, Suite A Oklahoma City OK 73132	73-1100787	501c3	7,500				Fishing Sports Grant
(4)	Florida Gulf Coast Chapter PVA 15435 North Florida Avenue Tampa FL 33613	23-7037565	501c3	7,500				Fishing Sports Grant
(5)	Vaughan Chapter PVA 2235 Enterprise Drive, Suite 3501 Westchester IL 60154	36-6156638	501c3	7,500				Fishing Sports Grant
(6)	Kentucky/Indiana Chapter PVA 1030 Goss Avenue Louisville KY 40217	61-1123112	501c3	7,500				Fishing Sports Grant
(7)	Mid-Atlantic Chapter PVA 11620 Busy Street North Chesterfield VA 23236	54-0653585	501c3	7,500				Fishing Sports Grant
(8)	Beneficial Designs 2240 Meridan Blvd., Suite C Minden NV 89423	88-0479254	501c3	30,000				Research Grant
(9)	Yale University 333 Cedar Street New Haven CT 06510	06-0646973	501c3	270,000				Research Grant

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

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

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

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SCHEDULE I
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
 Governments, and Individuals in the United States**
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

♦ Attach to Form 990.

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

OMB No. 1545-0047

2016

 Open to Public
 Inspection

Employer identification number

13-1946868

☐ Yes ☐ No

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	Human Engineering Research Lab 7180 Highland Drive Pittsburgh PA 15206	25-0965591	501c3	121,500				Research Grant
(2)	PVA Spinal Cord Research Foundation 801 Eighteenth Street, NW Washington DC 20006	52-1064398	501c3	648,000				Research Grant
(3)	PVA Spinal Cord Research Foundation 801 Eighteenth Street, NW Washington DC 20006	52-1064398	501c3	143,278				Research Grant
(4)	VA Cincinnati, OH		GOV	8,713				NVWG Local Committee
(5)	PVA Education & Training Foundation 801 Eighteenth Street, NW Washington DC 20006	94-2733585	501c3	100,000				Education Grant
(6)	Puerto Rico Chapter PVA 812 Moluca Street URB Country Club San Juan PR 00924	66-0346980	501c3	10,000				Wheelchair Repair
(7)								
(8)								
(9)								

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

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

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

DAA

Schedule I (Form 990) (2016) **Paralyzed Veterans of America** 13-1946868

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Educational Scholarships	12	12,500			
2 Disaster Relief	9	9,123			
3 PVA Summit Scholarships	265	117,810			
4 MS Scholarships	17	16,850			
5 Sports Travel Grants	2	1,274			
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

CHAPTER GRANTS-All 34 chapters of PVA must provide a yearly budget, audited financial statements and copy of the chapter 990. The national organization also investigates any chapter if there is any question raised on the administration of the Chapter.

RESEARCH GRANTS-Research grants are approved by the PVA Board of Directors.

The PVA Director of Research monitors the grants and gives reports to the Board of Directors.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

- ◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
◆ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Paralyzed Veterans of America

Employer identification number

13-1946868

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b ☒

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2 ☒

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

4a ☒

4b ☒

4c ☒

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

5a ☒

5b ☒

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

6a ☒

6b ☒

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7 ☒

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 ☒

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2016 **Paralyzed Veterans of America** **13-1946868** **Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed. Page 2

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 aren't listed on Form 990, Part VII.
 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 John D. Ring	208,537	0	19,250	0	11,357	25,278	264,422	0
2 Sherman Gillums	166,905	0	5,985	0	10,014	2,244	185,148	0
3 Leonard Selfon	187,328	0	12,793	0	5,635	9,953	215,709	0
4 Lana McKenzie	183,280	0	7,795	0	11,197	26,422	228,694	0
5 David Fanning	154,519	0	8,382	0	9,281	26,276	198,458	0
6 Acting AED of Dev. William Blake	154,347	0	2,922	0	9,265	26,422	192,956	0
7 Mark Lichter	135,782	0	8,005	0	8,404	13,920	162,467	0
8 Dir. of Arch. & Fac. Richard Kalafus	140,143	0	0	0	8,427	9,914	154,798	0
9 Controller Leslie Zupan	136,457	0	0	0	8,507	10,600	153,248	0
10 Director of IT Linda Blahut	134,141	0	0	0	0	0	0	0
11 Deputy Gen. Counsel	0	0	0	0	0	0	0	0
12								
13								
14								
15								
16								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a - Fringe or Expense Explanation

PVA owns three wheelchair equipped vans and has an employee who as part of his job responsibility is to drive and to do administrative work. This employee drives individuals in wheelchairs to meetings during the day. The employee also is responsible for renting and scheduling wheelchair equipped vans for out of town meetings and running a program that often moves 50 to 100 wheelchair users from the airport to the hotel and around the meeting city as needed. About 40% of this employee's time is on administrative tasks such as answering the phone.

PVA allows spouse travel of Executive Committee members to all meetings, chapter visits and sporting events. The amount of travel required of the nine members of the PVA Executive Committee is extensive. As previously stated all members have spinal cord injury or disease and are wheelchair users making the assistance of a spouse necessary. Spouse/attendant travel is allowed for any member of PVA whereby the member could not travel without their assistance.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

- ◆ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ◆ Attach to Form 990.
- ◆ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Paralyzed Veterans of America

Employer identification number

13-1946868

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	618	391,316	Market
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	12	66,045	Market
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ♦ ()				
26 Other ♦ ()				
27 Other ♦ ()				
28 Other ♦ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) (2016)

Part II

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

Part I, Line 32b - Third Party Used to Process Noncash Contributions

PVA conducts a car donation program which Insurance Auto Auctions, a professional fundraiser, conducts. There were 612 car donations which Insurance Auto Auctions took possession of the cars and sold them.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

◆ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

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Inspection

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13-1946868

Paralyzed Veterans of America

Form 990 - Organization's Mission

Paralyzed Veterans of America - Changing Lives, Building Futures

Paralyzed Veterans of America (Paralyzed Veterans) is the only congressionally chartered veterans service organization dedicated solely for the benefit and representation of veterans with spinal cord injury or disease. For nearly 70 years, we have ensured that veterans have received the benefits earned through their service to our nation; monitored their care in VA spinal cord injury units; and funded research and education in the search for a cure and improved care for individuals with paralysis.

As a partner for life, Paralyzed Veterans also develops training and career services, works to ensure accessibility in public buildings and spaces, provides health and rehabilitation opportunities through sports and recreation and advocates for veterans and all people with disabilities. With more than 70 offices and 34 chapters, Paralyzed Veterans serves veterans, their families, and their caregivers in all 50 states, the District of Columbia and Puerto Rico.

Paralyzed Veterans works to positively change lives and build brighter futures for our nation's veterans with disabilities and their families, through our broad range of services and expertise.

Whether it's fighting for quality health care and decent benefits for all who served, providing opportunities to get back into life through adaptive

Paralyzed Veterans of America

Employer identification number

13-1946868

sports, helping veterans with disabilities get good jobs and careers, advancing a barrier-free America, educating clinicians about spinal cord injury, or investing in a cure for paralysis, Paralyzed Veterans leads the way in empowering people with disabilities with everything they need to live full and productive lives.

Our History

In 1946, Paralyzed Veterans was founded by a group of seriously injured American heroes from the "Greatest Generation" of World War II. They created a non-profit organization to meet the challenges that they faced back in the 1940s - from a medical community not ready to treat them to an environment with many barriers for people who use wheelchairs. For more than seven decades, Paralyzed Veterans' national office and our 34 chapters across the nation have been making America a better place for all veterans and people with disabilities.

What We Do

- We fight for all veterans with disabilities - last year we served 50,000 veterans and their families.
- We advocate for quality VA health care and decent veterans benefits - this year alone, we advocated more than \$73 billion in vital veterans health care and benefits funding. In turn, our staff fought through miles of bureaucratic red tape to secure over \$1.07 billion in service-earned benefits for thousands of veterans.
- We provide expert independent oversight for VA health care services and

Paralyzed Veterans of America

Employer identification number

13-1946868

facilities - last year we did 36 hospital visits and helped more than 3,400 callers to our Health Hotline.

- We provided 500 scholarships to empower health care professionals to attend our Summit 2015, one of the world's leading conferences in the specialized field of spinal cord injury research and care.

- We push to make America more wheelchair accessible.

- We empower veterans with the tools they need to secure good careers - this year alone, our PAVE (Paving Access for Veterans Employment) program helped hundreds of hard-to-place clients secure competitive careers.

- We invest in research to find new treatments and a cure for paralysis - this year alone we invested \$1 million to incubate spinal cord injury researchers before their research can create enough support for large investment by government or industry.

- We promote and provide wheelchair sports and recreational activities

- We deliver our services to all veterans and their families FREE of charge, thanks to the generous support and donations of the American people.

Major Achievements from Our First 70

Years

- We built a national 93-strong network of expert service officers who work at VA hospitals to help all veterans secure the medical and veterans benefits they have earned through their service and sacrifice.

- We've fought for and secured billions of dollars in benefits and tens of billions in health-care funding for all veterans.

Paralyzed Veterans of America

Employer identification number

13-1946868

- We pioneered adaptive wheelchair sports with wheelchair basketball, and for more than two decades, we have co-presented the National Veterans Wheelchair Games, the largest annual wheelchair sports event in the world.
- We led the charge for the landmark Americans with Disabilities Act (1990), making our nation more accessible and for the ADA Amendments (2008).
- We've made the American built environment more barrier-free with our architects providing free expert input to projects as diverse as VA hospitals, airports and baseball stadiums.
- We invested with our chapters more than \$100 million over seven decades in research, new treatments, and the search for a cure for paralysis - helping to increase the average life span of paralyzed veterans from what was near zero after injury in the 1940s to near normal today.
- We led the way in providing world-class professional education, clinical practice guidelines, and through our annual health Summits, have created unique educational networking opportunities for spinal cord injury clinicians.
- We created our PAVE (Paving Access for Veterans Employment) Program, which is designed to help hard-to-place veterans with disabilities secure competitive careers. We want all veterans to have access to the American Dream of a good job with a good company.

Form 990, Part III, Line 4a - First Accomplishment

injury/disease and veterans of all eras seeking health care and other VA benefits to which they are entitled.

Paralyzed Veterans of America

Employer identification number
13-1946868

The program also offers career assistance services, including vocational rehabilitation, to assist veterans and caregivers who face barriers to employment with finding training programs and/or career opportunities in both the private and public sector. As of June 30, 2016, there were six vocational rehabilitation offices staffed by certified rehabilitation counselors and an employer network coordinator located at the PVA national office.

The program also includes a professional staff of physicians, architects, and registered nurses who partner with service officers and PVA Chapter members throughout the year to monitor the health care provided by the VA to veterans with spinal cord injury/disease at VA medical centers throughout the country. There are currently 25 VA hospitals that have specialized spinal cord injury & disease centers, which are monitored daily by field staff and visited by a survey team each year.

This program also provides for the representation of veterans before the VA Board of Veterans' Appeals, the U.S. Court of Appeals for Veterans Claims and the U.S. Court of Appeals for the Federal Circuit. In addition, the program publishes monthly magazines that explore current issues of importance to persons with spinal cord injury/disease and other severe disabilities.

Form 990, Part III, Line 4b - Second Accomplishment
companion consumer guides - on issues as diverse as the early acute management of adults with spinal cord injury to bladder management - we lead the way in providing "gold standard" professional education and self-

Paralyzed Veterans of America

Employer identification number

13-1946868

help information to health care professionals and patients alike. Last year alone, our guidelines were used by thousands of doctors, nurses, psychologists, social workers and therapists, potentially helping millions of people living with Spinal Cord Injury/Disease (SCI/D).

As part of this professional education PVA, on an annual basis brings together clinicians and researchers from both the public and private sectors for a three-day health care summit designed to improve care for all disabled Americans.

Form 990, Part III, Line 4d - All Other Accomplishment

PVA Achievement IV - Advocacy

(Expenses of \$1,966,954 including grants of \$0; Revenue of \$0)

Advocacy maintains ongoing programs to promote the special needs of the spinal cord injured and individuals with disabilities, including promoting the construction of accessible public and private structures for individuals confined to wheelchairs.

PVA also analyzes health care data involving veterans to ensure that they have access to quality health care throughout the VA health-care system.

PVA architects using their expertise in spinal cord injury/diseases design and construction ensure that VA Medical Center facilities are continuously improved. As a result, these facilities better accommodate and promote the independence of patients with spinal cord injuries. This is accomplished using a wide range of activities that include consulting, the review of VA facility construction projects and the continuous assessment of the needs of veterans with spinal cord injury or disease.

PVA works closely with federal and state policymakers to initiate and

Paralyzed Veterans of America

Employer identification number
13-1946868

implement legislation that provides necessary benefits and services for veterans, their dependents and their survivors, including compensation, pension, insurance, housing and employment. The broad spectrum of issues encompassed by these efforts include:

1. Ensuring that veterans have access to quality and timely health care at VA medical facilities;
2. Promoting and supporting federal research activities that address spinal cord dysfunction and rehabilitation as funded or conducted by such agencies as the Department of Veterans Affairs (VA), National Institutes of Health, Department of Defense, Department of Energy and National Science Foundation;
3. Coordinating PVA initiatives regarding federal and state policy matters involving Medicare and Medicaid affecting all veterans with disabilities;
4. Adding facilities and programs needed to care for aging veterans including the development of non-institutional methods of long-term care; and promoting realistic, cost-effective funding for the VA.

PVA, along with three other veterans' service organizations, publishes the Independent Budget, a detailed annual review of programs and expenditures for the VA. This in-depth document makes specific policy recommendations for the entire range of VA services and programs. To ensure quality care for our members under these delivery systems, PVA has developed guidelines for consumers on how to choose managed-care plans. These documents have been widely acclaimed on Capitol Hill and by other federal and state policymakers and among the private-sector health care community.

PVA also serves as the voice for paralyzed veterans on Capitol Hill and assists the 34 PVA chapters in dealing with state governments,

Paralyzed Veterans of America

Employer identification number
13-1946868

testifying regularly on their behalf.

PVA Achievement V - Sports and Recreation

(Expenses of \$1,723,562 including grants of \$184,910: Revenue of \$65,388)

The sports and recreation programs have a track record of building camaraderie among participants even as competitors push themselves to achieving personal bests. In outdoor events such as trapshooting, bass fishing and hand-cycling or indoor events such as weightlifting, billiards, bowling, pool or wheelchair basketball-athletes who participate derive therapeutic benefits on physical, emotional, and social levels. PVA annually co-presents the National Veterans Wheelchair Games, and sponsors an annual Bass Tour, Trapshoot Circuit, Billiards Tournament and Pool Tournament for the benefit of its membership and others with disabilities.

PVA Achievement VI - Research, Consumer and Professional Education

(Expenses of \$2,584,950 including grants of \$1,447,439: Revenue of \$0)

Research, consumer and professional education awards grants for medical and technological research into the treatment of spinal cord injuries and for the development of rehabilitative methods and devices. It also awards grants to institutions to promote quality of life for people with spinal cord dysfunction through educating and training the entire health professional team, with the patient/client as the central focus.

PVA operates and pays most costs of the PVA Research Foundation and the PVA Education Foundation. The Research Foundation is one of the leading private sources of funding for spinal cord injury and disease research.

The Education Foundation works to make sure that health professionals who

Paralyzed Veterans of America

Employer identification number
13-1946868

Page 2

provide care for those with spinal cord injury or disease receive quality, ongoing training, with the goal of enhancing their ability to provide the most up-to-date services. PVA also facilitates the development and publication of evidence based clinical practice guidelines. In addition to the aforementioned research initiatives, PVA provides significant financial support to the Center for Neuroscience and Regeneration Research Center at Yale University, one of the leading facilities in spinal cord research in the world.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
PVA has 18,100 members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
PVA has 32 chapters and the members in each chapter elect the board member from the chapter. Two chapters are under National monitoring and have no board member. Officers are elected by the Board at the Annual Meeting held in May, 2017. Each board member has one vote. Officers do not have a vote. There are two chapters who do not vote at this time.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The 990 is completed by the PVA Acting CFO, who is a CPA, and reviewed in detail by PVA's outside tax accountants, Gelman, Rosenberg & Freedman, CPAs of Bethesda, MD. A draft copy of the return was emailed to all 32 Board Members and eleven officers. After the review and corrections, a final copy of the return was emailed to the Board Members and officers. The return is signed by the CFO and by Gelman, Rosenberg & Freedman.

Paralyzed Veterans of America

Employer identification number

13-1946868

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

At PVA's first Board of Director's meeting each year Board Members are required to sign a statement that they have read and agree to abide by the PVA Conflict of Interest Policy before they are certified as Directors. Furthermore, if they have a conflict they must report it. If a Board Member becomes aware of a conflict on another member's behalf, they have been instructed to point out the conflict to the Board Chair for appropriate investigation.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director (ED) is the top official of the Paralyzed Veterans of America. The PVA Board of Directors sets the compensation for the ED. The PVA Board has access to the third party salary survey done for PVA (updated in 2016 for the ED Position) plus other published surveys.

Form 990, Part VI, Line 15b - Compensation Process for Officers

With regard to compensation that PVA had a third party review salaries for all employees in the organization. The survey was updated by the same third party in 2016 and reviewed by the PVA Executive Director and the PVA Director of Human Resource Management to ensure compliance with PVA's internal policy for compensation. The Executive Director, Chief Financial Officer and Director of Human Resource Management approve all salary changes.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed

Kentucky, Louisiana, Massachusetts, Maine, Maryland, Minnesota, Michigan, Mississippi, New Hampshire, New Jersey, New Mexico, North Carolina,

Paralyzed Veterans of America

Employer identification number

13-1946868

Page 2

North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee,
Texas, Utah, Virginia, Washington, West Virginia, Wisconsin

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
PVA posts all of its governing documents, conflict of interest policy, and
audited financial statements on its website, www.pva.org. PVA also provides
paper copies upon written request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation
Donated Van

\$ 68,124

SCHEDULE R
(Form 990)
Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2016

 Department of the Treasury
 Internal Revenue Service
 Name of the organization

Open to Public Inspection

Paralyzed Veterans of America

 Employer identification number
 13-1946868

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)						
(3)						
(4)						
(5)						

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	PVA Spinal Cord Research Foundation 801 18th Street, NW Washington DC 20006 52-1064398	Res. Grant	DC	501c3	7	PVA	X
(2)	PVA Spinal Cord Injury Education 801 18th Street, NW Washington DC 20006 94-2733585	Ed. Grants	DE	501c3	7	PVA	X
(3)	Paralysis Society of America 801 18th Street, NW Washington DC 20006 52-1266735	Inactive	DC	501c3	7	PVA	X
(4)							
(5)							

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

Schedule R (Form 990) 2016

DAA

Schedule R (Form 990) 2016 Paralyzed Veterans of America 13-1946868

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

Page 1

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded) from tax under sections 512-514	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispro- portionate alloc.?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1) 801 18th Street Associates 801 18th Street, NW Washington DC 20006 52-1242013	Real Estate DC	PVA	Related	12	3,376,474	X		N/A	X	99.00

(3)

(4)

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(2)								
(3)								
(4)								

DAA

Part V**Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Page 3

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 b Gift, grant, or capital contribution to related organization(s)
 c Gift, grant, or capital contribution from related organization(s)
 d Loans or loan guarantees to or for related organization(s)
 e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)
 g Sale of assets to related organization(s)
 h Purchase of assets from related organization(s)
 i Exchange of assets with related organization(s)
 j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)
 l Performance of services or membership or fundraising solicitations for related organization(s)
 m Performance of services or membership or fundraising solicitations by related organization(s)
 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses
 q Reimbursement paid by related organization(s) for expenses

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

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.

(1)	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PVA Spinal Cord Research Foundation	b	648,000	PVA Board Approval
(2)	PVA Spinal Cord Educ. & Train. Fdn.	b	100,000	PVA Board Approval
(3)	PVA Spinal Cord Research Foundation	o	47,097	Specific Employee Work
(4)	PVA Spinal Cord Research Foundation	n	37,539	Specific Employee Work
(5)	PVA Spinal Cord Educ. & Train. Fdn.	o	23,538	Specific Employee Work
(6)	PVA Spinal Cord Educ. & Train. Fdn.	n	18,791	Specific Employee Work

DAA

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII**Supplemental Information**

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