** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

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

Form 990

Department of the Treasury
Internal Revenue Service

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Name of organization
PARALYZED VETERANS OF AMERICA
SPINAL CORD RESEARCH FOUNDATION

Doing business as PVA RESEARCH FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) 1875 EYE STREET NW
Room/suite 1100

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

D Employer identification number

52-1064398

E Telephone number

(800) 424-8200

F Name and address of principal officer: ROBERT THOMAS

SAME AS C ABOVE

G Gross receipts $ 1,991,340

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

H(b) Are all subordinates included? Yes No

I Tax-exempt status: 501(c)(3) 4947(a)(1) or 527

J Website: WWW.PVA.ORG/RESEARCH

K Form of organization: Corporation Trust Association Other


Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.

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 8

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 8

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 8

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

8 Contributions and grants (Part VIII, line 1h) 1,494,919. 944,382.

9 Program service revenue (Part VIII, line 2g) 0. 0.

10 Investment income (Part VIII, column A, lines 3, 4, and 7d) 180,679. 2,191.

11 Other revenue (Part VIII, column A, lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column A, line 12) 1,675,598. 946,573.

13 Grants and similar amounts paid (Part IX, column A, lines 1-3) 1,149,223. 899,360.

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) 0. 0.

16a Professional fundraising fees (Part IX, column A, line 11e) 0. 0.

16b Total fundraising expenses (Part IX, column D, line 25) 0.

17 Other expenses (Part IX, column A, lines 11a-11d, 11f-24e) 21,719. 13,914.

18 Total expenses. Add lines 13-17 (must equal Part IX, column A, line 25) 1,170,942. 913,274.

19 Revenue less expenses. Subtract line 18 from line 12 504,656. 33,299.

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.

Signature of officer

Cheryl Topping, Chief Financial Officer

Type or print name and title

Paid

Richard J. Locastro, CPA

Preparer's signature

04/23/2024

Check if self-employed

PTIN

P00288314

Preparer

Gelman, Rosenberg & Freedman

Firm's EIN 52-1392008

Use Only

4550 Montgomery Ave Suite 800N

Firm's address

Bethesda, MD 20814-2930

Phone no. 301-951-9090

May the IRS discuss this return with the preparer shown above? See instructions

Yes No
Part III  Statement of Program Service Accomplishments

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 $ 897,189, including grants of $ 899,360)  (Revenue $ _____)

PROVIDE 24 MONTH GRANTS RELATED TO SPINAL CORD INJURY AND/OR DISEASE IN BASIC SCIENTIFIC RESEARCH, APPLIED CLINICAL CARE, AND ASSISTIVE TECHNOLOGIES. GRANTS FOCUS ON INNOVATIVE INVESTIGATIONS AND POST-DOCTORAL FELLOWSHIPS. GRANT AWARDS ARE MADE BASED ON SCIENTIFIC MERIT AND MISSION.

4b  (Code: _____)  (Expenses $ _____, including grants of $ ______)  (Revenue $ _____)

4c  (Code: _____)  (Expenses $ _____, including grants of $ ______)  (Revenue $ _____)

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

(Expenses $ _____, including grants of $ ______)  (Revenue $ _____)

4e  Total program service expenses  897,189.
<table>
<thead>
<tr>
<th>Section 501(c)(3) Organizations</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization operate one or more hospital facilities?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .................................................. 22 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 .................................................. 23 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 .................................................. 24a X

b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .................................................. 24b

c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .................................................. 24c

d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .................................................. 24d

25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .................................................. 25a 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 .................................................. 25b X

26. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .................................................. 26 X

27. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .................................................. 27 X

28. Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):

a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .................................................. 28a X

b. A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .................................................. 28b X

c. A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV .................................................. 28c X

29. Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M .................................................. 29 X

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .................................................. 30 X

31. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .................................................. 31 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 .................................................. 32 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 .................................................. 33 X

34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .................................................. 34 X

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 .................................................. 35a X

35b. 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 .................................................. 35b X

36. 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 .................................................. 36 X

37. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .................................................. 37 X

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1. Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .................................................. 1a 0

b. Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .................................................. 1b 0

c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .................................................. 1c

Form 990 (2022) 12-13-22
**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>2a</th>
<th>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.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation on Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>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?</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td>10a</td>
</tr>
<tr>
<td>b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Gross income from members or shareholders</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>b</td>
<td>Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
<td>11b</td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>b</td>
<td>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</td>
<td></td>
<td>13b</td>
</tr>
<tr>
<td>c</td>
<td>Enter the amount of reserves on hand</td>
<td></td>
<td>13c</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation on Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; see the instructions and file Form 4720, Schedule N.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; complete Form 6069.</td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

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232005 12-13-22

11330424 745960 25042

2022.05090 PARALYZED VETERANS OF AME 25042_1
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

Yes No

1a 8

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 on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent

Yes No

1b 8

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2 X

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?

3 X

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4 X

Did the organization become aware during the year of a significant diversion of the organization’s assets?

5 X

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?

6 X

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

7a X

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

7b X

The governing body?

8a X

Each committee with authority to act on behalf of the governing body?

8b X

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 on Schedule O?

9 X

Section B. Policies

10a Did the organization have local chapters, branches, or affiliates?

Yes No

10a X

If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, branches, and affiliates to ensure their operations are consistent with the organization’s exempt purposes?

10b

Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

11a X

Describe on Schedule O the process, if any, used by the organization to review this Form 990.

11b

Did the organization have a written conflict of interest policy?

12a X

If “No,” go to line 13

B Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b X

C Did the organization regularly and consistently monitor and enforce compliance with the policy?

12c X

If “Yes,” describe on Schedule O how this was done

13 X

Did the organization have a written whistleblower policy?

14 X

Did the organization have a written document retention and destruction policy?

15 X

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

15a X

The organization’s CEO, Executive Director, or top management official

15b X

Other officers or key employees of the organization

16a X

If “Yes” to line 15a or 15b, describe the process on Schedule O. See instructions.

16b

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

17 X

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?

18

Section C. Disclosure

19 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization’s books and records

800-424-8200

CHERYL TOPPING 1875 EYE STREET NW, 1100, WASHINGTON, DC 20006

2022.05090 PARALYZED VETERANS OF AMERICA 25042_1
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

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

<table>
<thead>
<tr>
<th>A. Name and title</th>
<th>B. Average hours per week (list any hours for related organizations below line)</th>
<th>C. Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>D. Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>E. Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>F. Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CHERYL TOPPING TREASURER</td>
<td>4.00</td>
<td>X</td>
<td>0. 239,224.</td>
<td>41,873.</td>
<td></td>
</tr>
<tr>
<td>(2) SHAUN CASTLE EXECUTIVE DIRECTOR</td>
<td>4.00</td>
<td>X</td>
<td>0. 178,689.</td>
<td>39,048.</td>
<td></td>
</tr>
<tr>
<td>(3) CHERYL VINES SECRETARY</td>
<td>4.00</td>
<td>X</td>
<td>0. 119,193.</td>
<td>8,068.</td>
<td></td>
</tr>
<tr>
<td>(4) ROBERT THOMAS CHAIRMAN</td>
<td>4.00</td>
<td>X</td>
<td>0. 9,000.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(5) PETER AXELSON BOARD MEMBER</td>
<td>4.00</td>
<td>X</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(6) RORY A. COOPER BOARD MEMBER</td>
<td>4.00</td>
<td>X</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(7) KENNETH C. CURLEY BOARD MEMBER</td>
<td>4.00</td>
<td>X</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(8) CHERYL LEWIS BOARD MEMBER</td>
<td>4.00</td>
<td>X</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(9) EDUARDO TINOCO BOARD MEMBER</td>
<td>4.00</td>
<td>X</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(10) MATTHEW MICKUNAS BOARD MEMBER</td>
<td>4.00</td>
<td>X</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(11) COL. DANIEL DUDEK BOARD MEMBER</td>
<td>4.00</td>
<td>X</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>
### Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual (other than key employee)</td>
<td>Employee</td>
<td>Officer</td>
<td>Individual (other than key employee)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Subtotal**  
   - Total from continuation sheets to Part VII, Section A:  
     - 0. 546,106. 88,989.
   - Total (add lines 1b and 1c): 0. 546,106. 88,989.

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: 0.

3. Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a?  
   - Yes:  3  No: X

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?  
   - Yes:  4  No: X

5. Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?  
   - Yes:  5  No: 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 0.
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 h Total: Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Program Service Revenue                                  |                  |                                        |                               |                                                  |
| 2 a                                                      |                  |                                        |                               |                                                  |
| 2 b                                                      |                  |                                        |                               |                                                  |
| 2 c                                                      |                  |                                        |                               |                                                  |
| 2 d                                                      |                  |                                        |                               |                                                  |
| 2 e                                                      |                  |                                        |                               |                                                  |
| 2 f All other program service revenue                    |                  |                                        |                               |                                                  |
| 2 g Total: Add lines 2a-2f                              |                  |                                        |                               |                                                  |

| Other Revenue                                            |                  |                                        |                               |                                                  |
| 3 Investment income (including dividends, interest, and other similar amounts) |                  |                                        |                               |                                                  |
| 4 Income from investment of tax-exempt bond proceeds     |                  |                                        |                               |                                                  |
| 5 Royalties                                              |                  |                                        |                               |                                                  |
| 6 a Gross rents                                          |                  |                                        |                               |                                                  |
| 6 b Less: rental expenses                                |                  |                                        |                               |                                                  |
| 6 c Rental income or (loss)                             |                  |                                        |                               |                                                  |
| 7 a Gross amount from sales of assets other than inventory |                  |                                        |                               |                                                  |
| 7 b Less: cost or other basis and sales expenses         |                  |                                        |                               |                                                  |
| 7 c Gain or (loss)                                       |                  |                                        |                               |                                                  |
| 7 d Net gain or (loss)                                   |                  |                                        |                               |                                                  |
| 8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 |                  |                                        |                               |                                                  |
| 8 b Less: direct expenses                               |                  |                                        |                               |                                                  |
| 9 a Gross income from gaming activities. See Part IV, line 19 |                  |                                        |                               |                                                  |
| 9 b Less: direct expenses                               |                  |                                        |                               |                                                  |
| 9 c Net income or (loss) from gaming activities          |                  |                                        |                               |                                                  |
| 10 a Gross sales of inventory, less returns and allowances |                  |                                        |                               |                                                  |
| 10 b Less: cost of goods sold                            |                  |                                        |                               |                                                  |
| 10 c Net income or (loss) from sales of inventory       |                  |                                        |                               |                                                  |

| Miscellaneous Revenue                                    |                  |                                        |                               |                                                  |
| 11 a                                                     |                  |                                        |                               |                                                  |
| 11 b                                                     |                  |                                        |                               |                                                  |
| 11 c                                                     |                  |                                        |                               |                                                  |
| 11 d All other revenue                                   |                  |                                        |                               |                                                  |
| 11 e Total: Add lines 11a-11d                           |                  |                                        |                               |                                                  |

232009 12-13-22

Form 990 (2022)
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>700,000.</td>
<td>700,000.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>199,360.</td>
<td>199,360.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>9,828.</td>
<td>9,828.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>5,072.</td>
<td>5,072.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>TRAINING AND EDUCATION</td>
<td>1,185.</td>
<td>1,185.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>RETURN OF UNUSED GRANTS</td>
<td>-2,171.</td>
<td>-2,171.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24</td>
<td>913,274.</td>
<td>897,189.</td>
<td>16,085.</td>
<td>0.</td>
</tr>
</tbody>
</table>

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>1,271,628</td>
<td>1</td>
<td>1,290,912</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>126,632</td>
<td>2</td>
<td>45,428</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>37,318</td>
<td>4</td>
<td>24,650</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>2,617,622</td>
<td>11</td>
<td>2,930,375</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>24,197</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets. Add lines 1 through 15 (must equal line 33)</strong></td>
<td>4,077,397</td>
<td>16</td>
<td>4,291,365</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>77,499</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>946,194</td>
<td>18</td>
<td>897,693</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>0</td>
<td>25</td>
<td>67,482</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities. Add lines 17 through 25</strong></td>
<td>1,023,693</td>
<td>26</td>
<td>965,175</td>
</tr>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>3,053,704</td>
<td>27</td>
<td>3,326,190</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>3,053,704</td>
<td>32</td>
<td>3,326,190</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>4,077,397</td>
<td>33</td>
<td>4,291,365</td>
</tr>
</tbody>
</table>
## Part XI Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
</tr>
</tbody>
</table>

## Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>Accrual</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
</tr>
</tbody>
</table>
Name of the organization: PARALYZED VETERANS OF AMERICA SPINAL CORD RESEARCH FOUNDATION

Employer identification number: 52-1064398

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).)
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.)
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 on 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 organizations:

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td>745,522</td>
<td>94,761</td>
<td>283,654</td>
<td>1494919</td>
<td>944,382</td>
<td>3563238</td>
</tr>
<tr>
<td>membership fees received (Do not include</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>benefit and either paid to or expended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>745,522</td>
<td>94,761</td>
<td>283,654</td>
<td>1494919</td>
<td>944,382</td>
<td>3563238</td>
</tr>
<tr>
<td>4 Public support. Subtract line 3 from</td>
<td>481,434</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3081804</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>745,522</td>
<td>94,761</td>
<td>283,654</td>
<td>1494919</td>
<td>944,382</td>
<td>3563238</td>
</tr>
<tr>
<td>8 Gross income from interest,</td>
<td>84,454</td>
<td>73,556</td>
<td>57,685</td>
<td>63,486</td>
<td>65,882</td>
<td>345,063</td>
</tr>
<tr>
<td>dividends, payments received on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>securities loans, rents, royalties,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities, whether or not the business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 7 through 10</strong></td>
<td>14,858</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3923159</td>
</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3923159</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 78.55% |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 46.39% |

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions
## Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(f) Total</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

## Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(f) Total</th>
<th>17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>18</td>
</tr>
</tbody>
</table>

### 19a 33 1/3% support tests - 2022.

If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

### 20 Private foundation.

If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

230203 12-09-22

11330424 745960 25042

2022.05090 PARALYZED VETERANS OF AME 25042_1
Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
**Part IV** Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b A family member of a person described on line 11a above?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c A 35% controlled entity of a person described on line 11a or 11b above?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section B. Type I Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If &quot;No,&quot; 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Type II Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;No,&quot; 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).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section D. All Type III Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If &quot;Yes,&quot; describe in Part VI the role the organization's supported organizations played in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section E. Type III Functionally Integrated Supporting Organizations**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If &quot;Yes&quot; or &quot;No&quot; provide details in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## PARALYZED VETERANS OF AMERICA

### SPINAL CORD RESEARCH FOUNDATION

#### Schedule A (Form 990) 2022

**Page 6**

### Part VII 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

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

7. **Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).**
## Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Amounts paid to supported organizations to accomplish exempt purposes</td>
<td>1</td>
</tr>
<tr>
<td>2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td>2</td>
</tr>
<tr>
<td>3 Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td>3</td>
</tr>
<tr>
<td>4 Amounts paid to acquire exempt-use assets</td>
<td>4</td>
</tr>
<tr>
<td>5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
<td>5</td>
</tr>
<tr>
<td>6 Other distributions (describe in Part VI). See instructions.</td>
<td>6</td>
</tr>
<tr>
<td>7 Total annual distributions. Add lines 1 through 6.</td>
<td>7</td>
</tr>
<tr>
<td>8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td>8</td>
</tr>
<tr>
<td>9 Distributable amount for 2022 from Section C, line 6</td>
<td>9</td>
</tr>
<tr>
<td>10 Line 8 amount divided by line 9 amount</td>
<td>10</td>
</tr>
</tbody>
</table>

## Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2022</th>
<th>(iii) Distributable Amount for 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2022 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2022 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2017 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2022 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2022 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2022: Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2023. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Excess from 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Excess from 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2022</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990) 2022
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
** PUBLIC Disclosure COPY **

Schedule B
(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization
PARALYZED VETERANS OF AMERICA
SPINAL CORD RESEARCH FOUNDATION

Employer identification number
52-1064398

Organization type (check one):

Filers of:
Section:

Form 990 or 990-EZ
X 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 foundation

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2022)
### Part I: Contributors

Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$ 800,000.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$ 34,498.</td>
<td></td>
</tr>
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</tr>
</tbody>
</table>

(Check bo)
### Part II Noncash Property

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
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<td></td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Purpose of gift</td>
<td>(c) Use of gift</td>
<td>(d) Description of how gift is held</td>
</tr>
<tr>
<td>---------------------</td>
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<td>----------------</td>
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</tbody>
</table>

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry for organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) $
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.

Name of the organization: PARALYZED VETERANS OF AMERICA

Employer identification number: 52-1064398

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.

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 ........................................

(a) Donor advised funds
(b) Funds and other accounts

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 impermissiible private benefit? Yes No

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

1. Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of open space Preservation of a historically important land area Preservation of a certified historic structure

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.
   a. Total number of conservation easements ...................................
   b. Total acreage restricted by conservation easements ...................
   c. Number of conservation easements on a certified historic structure included in (a) ...........................................
   d. Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register ...........................................

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 FASB 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.

1b. If the organization elected, as permitted under FASB 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 FASB ASC 958 relating to these items:
   a. Revenue included on Form 990, Part VIII, line 1 $ ...........................................
   b. Assets included in Form 990, Part X ...........................................
**Part III** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [ ] Loan or exchange program
- [ ] 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

b. Contributions

c. Net investment earnings, gains, and losses

d. Grants or scholarships

e. Other expenditures for facilities and programs

f. Administrative expenses

g. End of year balance

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

- [ ] Board designated or quasi-endowment [%]
- [ ] Permanent endowment [%]
- [ ] Term endowment [%]

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

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

   (i) Unrelated organizations [ ]

   (ii) Related organizations [ ]

b. If "Yes" on 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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Schedule D (Form 990) 2022

232052 09-01-22

11330424 745960 25042 2022.05090 PARALYZED VETERANS OF AME 25042__1
### Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
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<td>(A)</td>
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<td>(G)</td>
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<td></td>
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<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<tr>
<td>(2)</td>
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<td>(3)</td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
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<td>(5)</td>
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<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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**
   - (1) Federal income taxes
     - (2) DUE TO RELATED PARTY: **67,482.**
   - (3)  
   - (4)  
   - (5)  
   - (6)  
   - (7)  
   - (8)  
   - (9)  

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) **67,482.**

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. [X]
### 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.

<table>
<thead>
<tr>
<th>1</th>
<th>Total revenue, gains, and other support per audited financial statements</th>
<th>1,358,438.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
<td>2a 239,187.</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>2b 182,506.</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e 421,693.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 936,745.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a 9,828.</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c 9,828.</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5 946,573.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>1</th>
<th>Total expenses and losses per audited financial statements</th>
<th>1,085,952.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>2a 182,506.</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>2e 182,506.</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3 903,446.</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a 9,828.</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c 9,828.</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5 913,274.</td>
</tr>
</tbody>
</table>

### 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, LINE 2:**

**FOR THE YEAR ENDED JUNE 30, 2023, PVA RESEARCH FOUNDATION HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.**
**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**PARALYZED VETERANS OF AMERICA**  
**SPINAL CORD RESEARCH FOUNDATION**

Employer identification number

52-1064398

### General Information on Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

<table>
<thead>
<tr>
<th>For grantmakers.</th>
<th>Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

For grantmakers. Describe in Part V the organization’s procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH AMERICA</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO RECIPIENTS</td>
<td>Located in region</td>
<td>199,360.</td>
</tr>
</tbody>
</table>

3 a Subtotal                  | 0                                 | 0                                                                      |                                                                                               |                                                                                                | 199,360.                                         |

b Total from continuation sheets to Part I | 0                                 | 0                                                                      |                                                                                                |                                                                                                | 0.                                               |

Totals (add lines 3a and 3b) | 0                                 | 0                                                                      |                                                                                                |                                                                                                | 199,360.                                         |

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

Schedule F (Form 990) 2022
## Part II Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>NORTH AMERICA</td>
<td>RESEARCH, EDUCATION, TRAINING</td>
<td>199,360</td>
<td>ACK WIRE TRANSFER</td>
<td>0.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax-exempt 501(c)(3) organization by the IRS, or for which the grantee or contractor has provided a section 501(c)(3) equivalency letter: 1

3. Enter total number of other organizations or entities: 0
### Schedule F (Form 990) 2022

**PARALYZED VETERANS OF AMERICA**  
**SPINAL CORD RESEARCH FOUNDATION**  
52-1064398

#### Page 3

**Part III  Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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31
1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926). [X] Yes [ ] No

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A; don't file with Form 990). [ ] Yes [X] No

3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471). [ ] Yes [X] No

4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8621). [ ] Yes [X] No

5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see instructions for Form 8865). [ ] Yes [X] No

6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see instructions for Form 5713; don't file with Form 990). [ ] Yes [X] No
PART I, LINE 2:

ONCE GRANTS ARE AWARDED, THE FOUNDATION AND THE GRANTEE COMPLETE AN ACKNOWLEDGEMENT FORM IN WHICH THE GRANTEE AGREES TO FOLLOW THE POLICIES AND PROCEDURES OF THE FOUNDATION. FOR ALL GRANTS THERE IS AN INTERIM REPORT THAT IS DUE, AND A FINAL REPORT THAT IS DUE THAT COMPARES HOW THE GRANT FUNDS ARE SPENT AS COMPARED TO BUDGET. FOR THE INTERIM REPORT, ADDITIONAL FUNDS WILL BE PROVIDED TO THE GRANTEE IF THE FOUNDATION BELIEVES THE FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE GRANT APPLICATION. THERE IS A WITHHOLDING OF 10% OF THE GRANT AWARD THAT IS PAID UPON SATISFACTORY COMPLETION OF THE FINAL REPORT.
### Part I 
**General Information on Grants and Assistance**

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARALYZED VETERANS OF AMERICA</td>
<td>52-1064398</td>
</tr>
</tbody>
</table>

#### 1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee’s eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
- Yes [X]  
- No [ ]

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

<table>
<thead>
<tr>
<th>1(a) Name and address of organization or government</th>
<th>1(b) EIN</th>
<th>1(c) IRC section (if applicable)</th>
<th>1(d) Amount of cash grant</th>
<th>1(e) Amount of noncash assistance</th>
<th>1(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>1(g) Description of noncash assistance</th>
<th>1(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE S, FINANCIAL SERVICES BUILDING 16 - BIRMINGHAM, AL 35233</td>
<td>63-6005396</td>
<td>501(C)(3)</td>
<td>250,000</td>
<td>0</td>
<td></td>
<td>RESEARCH, EDUCATION &amp; TRAINING</td>
<td></td>
</tr>
<tr>
<td>CRAIG HOSPITAL FOUNDATION 3425 SOUTH CLARKESON STREET ENGLEWOOD, CO 80113</td>
<td>84-0404333</td>
<td>501(C)(3)</td>
<td>150,000</td>
<td>0</td>
<td></td>
<td>RESEARCH, EDUCATION &amp; TRAINING</td>
<td></td>
</tr>
<tr>
<td>REGENTS OF THE UNIVERSITY OF MINNESOTA - 420 DELAWARE STREET SE MINNEAPOLIS, MN 55455</td>
<td>39-0806261</td>
<td>501(C)(3)</td>
<td>150,000</td>
<td>0</td>
<td></td>
<td>RESEARCH, EDUCATION &amp; TRAINING</td>
<td></td>
</tr>
<tr>
<td>TRUSTEES OF BOSTON UNIVERSITY 44 CHEMINOTTO MALL, ERB ROOM 521 BOSTON, MA 02215</td>
<td>04-2103547</td>
<td>501(C)(3)</td>
<td>150,000</td>
<td>0</td>
<td></td>
<td>RESEARCH, EDUCATION &amp; TRAINING</td>
<td></td>
</tr>
</tbody>
</table>

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

---

LHA: For Paperwork Reduction Act Notice, see the instructions for Form 990.
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
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</thead>
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</tbody>
</table>

### Supplemental Information

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

ONCE GRANTS ARE AWARDED, THE FOUNDATION AND THE GRANTEE COMPLETE AN ACKNOWLEDGMENT FORM IN WHICH THE GRANTEE AGREES TO FOLLOW THE POLICIES AND PROCEDURES OF THE FOUNDATION. FOR ALL GRANTS THERE IS AN INTERIM REPORT THAT IS DUE, AND A FINAL REPORT THAT IS DUE, THAT COMPARES HOW THE GRANT FUNDS ARE SPENT AS COMPARED TO BUDGET. FOR THE INTERIM REPORT, ADDITIONAL FUNDS WILL BE PROVIDED TO THE GRANTEE IF THE FOUNDATION BELIEVES THE FUNDS ARE BEING SPENT IN ACCORDANCE WITH THE GRANT APPLICATION. THERE IS A WITHHOLDING OF 10% OF THE GRANT AWARD THAT IS PAID UPON SATISFACTORY
COMPLETION OF THE FINAL REPORT.
**Compensation Information**

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

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

Attach to Form 990.

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

**Name of the organization**

PARALYZED VETERANS OF AMERICA  
SPINAL CORD RESEARCH FOUNDATION

**Employer identification number**

52-1064398

---

### 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.

- [ ] First-class or charter travel  
- [ ] Travel for companions  
- [ ] Tax indemnification and gross-up payments  
- [ ] Discretionary spending account  
- [ ] Housing allowance or residence for personal use  
- [ ] Payments for business use of personal residence  
- [ ] Health or social club dues or initiation fees  
- [ ] Personal services (such as maid, chauffeur, chef)

2. 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.

2b

3. Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, regarding the items checked on line 1a?

- [ ] Compensation committee  
- [ ] Independent compensation consultant  
- [ ] Form 990 of other organizations  
- [ ] Written employment contract  
- [ ] Compensation survey or study  
- [ ] Approval by the board or compensation committee

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

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

- [ ] Yes  
- [ ] No

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?

- [ ] Yes  
- [ ] No

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?

- [ ] Yes  
- [ ] No

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

LHA  
For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) CHERYL TOPPING</td>
<td>[Data]</td>
<td>[Data]</td>
<td>[Data]</td>
<td>[Data]</td>
<td>[Data]</td>
</tr>
<tr>
<td>TREASURER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) SHAUN CASTLE</td>
<td>231,644.</td>
<td>7,580.</td>
<td>0.</td>
<td>13,842.</td>
<td>28,031.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>171,109.</td>
<td>7,580.</td>
<td>0.</td>
<td>10,350.</td>
<td>28,698.</td>
</tr>
</tbody>
</table>
PARALYZED VETERANS OF AMERICA
SPINAL CORD RESEARCH FOUNDATION
52-1064398

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 3:

PVA RESEARCH FOUNDATION DOES NOT HAVE ITS OWN STAFF AND RELIED ON PVA, A RELATED ORGANIZATION, TO DETERMINE COMPENSATION. PVA USED THE FOLLOWING METHODS TO DETERMINE COMPENSATION:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
FORM 990, PART III, LINE 1:

PVA RESEARCH FOUNDATION INC., A NON-PROFIT ORGANIZATION FOUNDED IN WASHINGTON, DC IN 1976, IS CONTROLLED BY THE PARALYZED VETERANS OF AMERICA ("PVA"), A NATIONAL ORGANIZATION CHARTERED BY THE U.S. CONGRESS ON AUGUST 11, 1971. PVA RESEARCH FOUNDATION IS OPERATED EXCLUSIVELY FOR THE SCIENTIFIC, CHARITABLE AND EDUCATIONAL PURPOSES OF FURTHERING THE TECHNOLOGICAL ADVANCES IN REHABILITATIVE METHODS AND DEVICES, BASIC CURE, RESEARCH INJURY AND DISEASES AND OTHER AREAS BENEFICIAL TO DISABLED INDIVIDUALS. THE PVA RESEARCH FOUNDATION FUNDS NEUROSCIENTIFIC RESEARCH AIMED AT RESTORING FUNCTION AND IMPROVING THE QUALITY OF LIFE FOR PARALYZED PEOPLE.

THE MAJORITY OF THE PVA RESEARCH FOUNDATION'S FINANCIAL, ADMINISTRATIVE AND OPERATING COSTS ARE DONATED FREE OF CHARGE BY PVA; ALMOST 100% OF ALL FUNDS RECEIVED BY THE PVA RESEARCH FOUNDATION ARE SPENT DIRECTLY ON GRANTS THAT FURTHER ITS MISSION.

FORM 990, PART VI, SECTION A, LINE 6:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF PARALYZED VETERANS OF AMERICA, A RELATED ORGANIZATION, ARE THE MEMBERS OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE CORPORATION HAVE THE POWER TO APPOINT DIRECTORS THAT ARE NOT OTHERWISE PRE-DETERMINED BY THE BYLAWS OF THE CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS COMPLETED BY THE OUTSIDE TAX ACCOUNTANTS, GRF, CPAS IN BETHESDA, MD. A DRAFT COPY THE RETURN WAS E-MAILED TO EIGHT BOARD MEMBERS AND THREE OFFICERS. AFTER THE REVIEW AND CORRECTIONS A FINAL COPY OF THE RETURN WAS E-MAILED TO THE BOARD MEMBERS. THE RETURN IS SIGNED BY THE TREASURER (PVA CFO) AND BY GRF.

FORM 990, PART VI, SECTION B, LINE 12C:

AT PVA RESEARCH FOUNDATION'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 RESEARCH FOUNDATION 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. WHEN ANY CONFLICT OF INTEREST RELATES TO A MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD OF DIRECTORS OR ITS APPROPRIATE COMMITTEE AND SUCH PERSON SHALL NOT VOTE ON THE MATTER; PROVIDED HOWEVER, THAT ANY DIRECTOR DISCLOSING A CONFLICT OF INTEREST MAY BE COUNTED IN DETERMINING THE PRESENCE OF QUORUM AT A MEETING OF THE BOARD OF DIRECTORS OR COMMITTEE THEREOF. UNLESS REQUIRED TO REMAIN PRESENT DURING THE MEETING, THE PERSON HAVING THE CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR ITS COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THAT PERSON SHALL PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION.

FORM 990, PART VI, SECTION B, LINE 15:
THERE ARE NO SALARIES PAID AT THE PVA RESEARCH FOUNDATION. ALL EMPLOYEES ARE PAID BY THE PARALYZED VETERANS OF AMERICA (PVA) WHO DONATE THEIR TIME TO THE PVA RESEARCH FOUNDATION. THE EXECUTIVE DIRECTOR (ED) IS THE TOP OFFICIAL OF PVA. THE PVA BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE ED. PVA HAD A THIRD PARTY REVIEW SALARIES FOR ALL EMPLOYEES IN THE ORGANIZATION AND UPDATED THE SURVEY IN JANUARY 2023. THE RESULTS ARE THEN 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 PVA EXECUTIVE DIRECTOR AND DIRECTOR OF HUMAN RESOURCE MANAGEMENT APPROVE ALL SALARY CHANGES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, FL, GA, IL, KS, KY, MD, MA, MI, MS, NJ, OH, PA, SC, TX, VA, WA

FORM 990, PART VI, SECTION C, LINE 19:
PVA RESEARCH FOUNDATION POSTS ALL OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE. PVA RESEARCH FOUNDATION ALSO PROVIDES PAPER COPIES UPON WRITTEN REQUEST.
**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.  
Go to www.irs.gov/Form990 for instructions and the latest information.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARALYZED VETERANS OF AMERICA SPINAL CORD RESEARCH FOUNDATION</td>
<td>52-1864399</td>
</tr>
</tbody>
</table>

### Part I: Identification of Disregarded Entities

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

### Part II: Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 501(c)(3) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARALYZED VETERANS OF AMERICA - 13-1946868</td>
<td></td>
<td></td>
<td>501(c)(3)</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>1875 EYK ST NW STE 1100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>WASHINGTON, DC 20006</td>
<td></td>
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<tr>
<td>PVA SPINAL CORD INJURY EDUCATION &amp; TRAINING</td>
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<tr>
<td>FOUNDATION - 94-2733585, 1875 EYK ST NW STE 1100</td>
<td></td>
<td></td>
<td>501(c)(3)</td>
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<td></td>
<td>X</td>
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<td>1100, WASHINGTON, DC 20006</td>
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For Paperwork Reduction Act Notice, see the instructions for Form 990.
### Part III
Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Individual or entity?</th>
<th>(i) Code V (UBI amount in box 20 of Schedule K-1)</th>
<th>(j) Percentage ownership</th>
<th>(k) Yes / No</th>
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### Part IV
Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity</th>
<th>Yes / No</th>
</tr>
</thead>
</table>
### Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - Gift, grant, or capital contribution to related organization(s)
   - Gift, grant, or capital contribution from related organization(s)
   - Loans or loan guarantees to or for related organization(s)
   - Loans or loan guarantees by related organization(s)
   - Dividends from related organization(s)
   - Sale of assets to related organization(s)
   - Purchase of assets from related organization(s)
   - Exchange of assets with related organization(s)
   - Lease of facilities, equipment, or other assets to related organization(s)
   - Lease of facilities, equipment, or other assets from related organization(s)
   - Performance of services or membership or fundraising solicitations for related organization(s)
   - Performance of services or membership or fundraising solicitations by related organization(s)
   - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - Sharing of paid employees with related organization(s)
   - Reimbursement paid to related organization(s) for expenses
   - Reimbursement paid by related organization(s) for expenses
   - Other transfer of cash or property to related organization(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.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-i)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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Schedule R (Form 990) 2022 45
**Part VII Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all related parties described in section 514?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Subchapter K partnership?</th>
<th>(i) Code VI UBI amount in box 29 of Schedule K-1 (Form 1065)</th>
<th>(j) Distribute profits?</th>
<th>(k) Percentage ownership</th>
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