

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BLINDED VETERANS ASSOCIATION</b>		<b>D</b> Employer identification number <b>53-0214281</b>	
	Doing business as		E Telephone number <b>(202) 371-8880</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>125 N. WEST STREET, 3RD FLOOR</b>		G Gross receipts \$ <b>6,193,658.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ALEXANDRIA, VA 22314</b>		H(a) Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: <b>AL AVINA</b> <b>SAME AS C ABOVE</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

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

**J** Website: ▶ **WWW.BVA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1945** **M** State of legal domicile: **DC**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE THE WELFARE OF BLINDED VETERANS - SEE PART III AND SCHEDULE O</b>		
	2	Check this box <input type="checkbox"/> 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)	<b>3</b>	<b>11</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>44</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>364</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>3,461,073.</b>	<b>2,221,653.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,963,970.</b>	<b>82,709.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>325,850.</b>	<b>232,655.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,750,893.</b>	<b>2,537,017.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13,550.</b>	<b>13,650.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,565,344.</b>	<b>1,533,671.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>19,600.</b>	<b>97,970.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>724,623.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,942,082.</b>	<b>2,118,288.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,540,576.</b>	<b>3,763,579.</b>
19	Revenue less expenses. Subtract line 18 from line 12	<b>3,210,317.</b>	<b>-1,226,562.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>14,387,609.</b>	<b>12,929,630.</b>
	21	Total liabilities (Part X, line 26)	<b>331,241.</b>	<b>287,017.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>14,056,368.</b>	<b>12,642,613.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer 		Date
	AL AVINA, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name <b>DAVID L. JOHNSON</b>	Preparer's signature	Date
	Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b>	Firm's EIN ▶ <b>56-0747981</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00188102</b>
	Firm's address ▶ <b>1410 SPRING HILL ROAD, STE 500 TYSONS, VA 22102-3056</b>	Phone no. <b>703-970-0400</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROMOTE THE WELFARE OF BLINDED VETERANS SO THAT, NOTWITHSTANDING THEIR DISABILITIES, THEY MAY TAKE THEIR RIGHTFUL PLACE IN THE COMMUNITY. TO PRESERVE AND STRENGTHEN A SPIRIT OF FELLOWSHIP AMONG BLINDED VETERANS SO THAT THEY MAY GIVE MUTUAL AID AND ASSISTANCE TO

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 [X] 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 [X] 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 \$ 1,380,807. including grants of \$ ) (Revenue \$ ) FIELD SERVICE AND VOLUNTEER SERVICE PROGRAMS

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,101,328. including grants of \$ ) (Revenue \$ ) PUBLIC EDUCATION AND COMMUNICATION

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 196,041. including grants of \$ ) (Revenue \$ ) ADVOCACY

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 272,411. including grants of \$ 13,650.) (Revenue \$ )

4e Total program service expenses 2,950,587.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AR, AZ, CT, GA, IL, MA, MD, ME, MN, MS, NC, ND
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 202-371-8880 125 N. WEST STREET, 3RD FLOOR, ALEXANDRIA, VA 22314

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT DALE STAMPER NATIONAL PRESIDENT	8.00	X		X				0.	0.	0.
(2) JOE PARKER NATIONAL VICE PRESIDENT	22.00	X		X				0.	0.	0.
(3) PAUL MIMMS NATIONAL SECRETARY	2.00	X		X				0.	0.	0.
(4) JOE MCNEIL NATIONAL TREASURER	5.00	X		X				0.	0.	0.
(5) MARK CORNELL PAST NATIONAL PRESIDENT	1.00	X		X				0.	0.	0.
(6) DENNIS O'CONNELL DIRECTOR - DISTRICT 1	5.00	X						0.	0.	0.
(7) DAVID FOX DIRECTOR - DISTRICT 2	9.00	X						0.	0.	0.
(8) PETER DAVIS DIRECTOR - DISTRICT 3	12.00	X						0.	0.	0.
(9) RAE HAIL DIRECTOR - DISTRICT 4	1.00	X						0.	0.	0.
(10) PAUL KAMINSKY DIRECTOR - DISTRICT 5	7.00	X						0.	0.	0.
(11) DR. THOMAS ZAMPIERI DIRECTOR - DISTRICT 6	58.00	X						0.	0.	0.
(12) ALBERTO AVINA EXECUTIVE DIRECTOR, ASST.	37.50			X				104,583.	0.	2,465.
(13) KATHRYN RUAIS CHIEF FINANCIAL OFFICER	37.50			X				120,551.	0.	1,866.
(14) BRIGITTE JONES ADMINISTRATIVE DIRECTOR	37.50			X				71,497.	0.	1,916.
(15) STUART NELSON COMMUNICATIONS COORDINATOR	37.50			X				56,539.	0.	13,089.



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	11,017.				
	<b>b</b> Membership dues .....	<b>1b</b>	16,055.				
	<b>c</b> Fundraising events .....	<b>1c</b>	29,519.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,165,062.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		24,817.				
	<b>h Total.</b> Add lines 1a-1f .....			2,221,653.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			335,714.			335,714.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			-253,005.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 29,519. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		28,813.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	27,264.			
		<b>c</b> Net income or (loss) from fundraising events .....			1,549.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MAILING LIST RENTAL TO OTHER 501(		900099		155,516.			155,516.
<b>b</b> CONVENTION & RELATED		900099		66,415.			66,415.
<b>c</b> _____							
<b>d</b> All other revenue .....		900099		9,175.			9,175.
<b>e Total.</b> Add lines 11a-11d .....				231,106.			
<b>12 Total revenue.</b> See instructions. ....				2,537,017.	0.	0.	315,364.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,650.	13,650.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	361,783.	72,822.	282,681.	6,280.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	824,785.	560,716.	216,397.	47,672.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,855.	1,467.	1,126.	262.
9 Other employee benefits	232,251.	145,319.	53,419.	33,513.
10 Payroll taxes	111,997.	64,902.	43,935.	3,160.
11 Fees for services (non-employees):				
a Management				
b Legal	16,933.	1,348.	15,585.	
c Accounting	50,445.		50,445.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	97,970.			97,970.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,063,063.	657,169.	45,192.	360,702.
12 Advertising and promotion				
13 Office expenses	506,660.	277,008.	77,851.	151,801.
14 Information technology	70,669.	15,453.	54,386.	830.
15 Royalties				
16 Occupancy	136,674.		136,674.	
17 Travel	136,986.	86,818.	48,751.	1,417.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,838.	19,999.	4,659.	180.
20 Interest				
21 Payments to affiliates	80,474.	80,474.		
22 Depreciation, depletion, and amortization	19,118.		19,118.	
23 Insurance	12,428.		12,428.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SEE SCH. O: ALLOC. OF I	0.	953,442.	-974,278.	20,836.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,763,579.	2,950,587.	88,369.	724,623.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	1,084,041.	653,925.	10,572.	419,544.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	657,980.	<b>1</b>	1,089,594.
	<b>2</b> Savings and temporary cash investments .....	144.	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	669,517.	<b>3</b>	242,828.
	<b>4</b> Accounts receivable, net .....	34,977.	<b>4</b>	6,217.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	3,086.	<b>8</b>	2,276.
	<b>9</b> Prepaid expenses and deferred charges .....	76,298.	<b>9</b>	218,155.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 112,218.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 21,703.		
	<b>11</b> Investments - publicly traded securities .....	87,928.	<b>10c</b>	90,515.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	12,857,679.	<b>11</b>	11,280,045.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	14,387,609.	<b>15</b>		
<b>17</b> Accounts payable and accrued expenses .....	331,241.	<b>16</b>	12,929,630.	
<b>18</b> Grants payable .....		<b>17</b>	287,017.	
<b>19</b> Deferred revenue .....		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
<b>25</b> 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 .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	331,241.	<b>25</b>		
<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>	287,017.	
<b>28</b> Unrestricted net assets .....	13,713,985.	<b>27</b>	12,396,936.	
<b>29</b> Temporarily restricted net assets .....	342,383.	<b>28</b>	245,677.	
<b>30</b> Permanently restricted net assets .....		<b>29</b>		
<b>31</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>32</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
<b>34</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>35</b> Total net assets or fund balances .....	14,056,368.	<b>33</b>	12,642,613.	
<b>36</b> Total liabilities and net assets/fund balances .....	14,387,609.	<b>34</b>	12,929,630.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,537,017.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,763,579.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,226,562.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	14,056,368.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-187,193.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	12,642,613.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2015)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public Inspection

Name of the organization **BLINDED VETERANS ASSOCIATION** Employer identification number **53-0214281**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,080,161.	3,333,809.	5,717,556.	3,521,522.	2,300,620.	19,953,668.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	5,080,161.	3,333,809.	5,717,556.	3,521,522.	2,300,620.	19,953,668.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,184,564.
<b>6 Public support.</b> Subtract line 5 from line 4.						17,769,104.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	5,080,161.	3,333,809.	5,717,556.	3,521,522.	2,300,620.	19,953,668.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	223,100.	251,517.	261,883.	318,584.	335,714.	1,390,798.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	240,959.	235,248.	206,829.	217,532.	164,691.	1,065,259.
<b>11 Total support.</b> Add lines 7 through 10						22,409,725.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	48,309.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	79.29 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	79.58 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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**

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

<b>Name of organization</b>  <b>BLINDED VETERANS ASSOCIATION</b>	<b>Employer identification number</b>  <b>53-0214281</b>
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 50,857.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 51,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 68,819.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BLINDED VETERANS ASSOCIATION</b>	Employer identification number  <b>53-0214281</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>BLINDED VETERANS ASSOCIATION</b>	Employer identification number  <b>53-0214281</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

Name of organization <b>BLINDED VETERANS ASSOCIATION</b>	Employer identification number <b>53-0214281</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA  
532041  
10-05-15

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	22,500.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	22,500.													
<b>d</b>	Other exempt purpose expenditures .....	3,741,079.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	3,763,579.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	338,179.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	84,545.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total	
<b>2a</b>	Lobbying nontaxable amount	418,239.	374,325.	377,029.	338,179.	1,507,772.
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))					2,261,658.
<b>c</b>	Total lobbying expenditures	40,000.	40,000.	40,000.	22,500.	142,500.
<b>d</b>	Grassroots nontaxable amount	104,560.	93,581.	94,257.	84,545.	376,943.
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))					565,415.
<b>f</b>	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2015

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**SCHEDULE C, PART II-A**

BVA SENT LETTERS TO AND MET DIRECTLY WITH GOVERNMENT OFFICIALS AND LEGISLATORS, AND COMMUNICATED TO ITS MEMBERS BY ELECTRONIC NEWSLETTERS.

BVA'S EFFORTS ARE CONCENTRATED ON LEGISLATION AFFECTING BLIND REHABILITATION PROGRAMS AND SERVICES OFFERED BY THE FEDERAL GOVERNMENT THROUGH THE DEPARTMENT OF VETERANS AFFAIRS TO BLINDED VETERANS. SEE

**Part IV** Supplemental Information (continued)

SCHEDULE O FOR MORE INFORMATION ON BVA'S ADVOCACY PROGRAM.

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** BLINDED VETERANS ASSOCIATION **Employer identification number** 53-0214281

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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)? .....

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2015

532051  
11-02-15

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		112,218.	21,703.	90,515.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				90,515.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	4,752,417.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-187,193.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,375,329.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	27,264.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		2,215,400.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	2,537,017.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	2,537,017.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,166,174.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,375,331.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	27,264.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		2,402,595.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	3,763,579.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	3,763,579.

**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:**

THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL OR STATE INCOME TAXES. THE ASSOCIATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2016 AND 2015. YEARS ENDING ON OR AFTER JUNE 30, 2013 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIII** Supplemental Information (continued)

FUNDRAISING - DIRECT EXPENSE REFLECTED ON PART VIII, LINE

8B 27,264.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING - DIRECT EXPENSE REFLECTED ON PART VIII, LINE

8B 27,264.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	58,332.			58,332.
	<b>2</b> Less: Contributions .....	29,519.			29,519.
	<b>3</b> Gross income (line 1 minus line 2) .....	28,813.			28,813.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	27,264.			27,264.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				27,264.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				1,549.	

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

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

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

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: LEWIS ADVERTISING  
 (I) ADDRESS OF FUNDRAISER: 325 EAST OLIVER STREET, BALTIMORE, MD 21202  
 \_\_\_\_\_  
 (I) NAME OF FUNDRAISER: THOMAS L. TOBIN  
 (I) ADDRESS OF FUNDRAISER:  
 2310 ARDLEIGH DRIVE, CLEVELAND HEIGHTS, OH 44106

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: EARL C. PIKE

(I) ADDRESS OF FUNDRAISER:

3064 COLERIDGE ROAD, CLEVELAND HEIGHTS, OH 44118

SCHEDULE G, PART I, LINE 2B

THE TWO NEW FUNDRAISERS THIS YEAR, THOMAS L. TOBIN AND EARL C. PIKE, WERE RETAINED DURING THE FISCAL YEAR. THEIR PRIMARY FOCUS WAS ON IDENTIFYING AND CULTIVATING DONORS. THESE FUNDRAISERS WILL BRING IN REVENUE IN THE UPCOMING YEAR(S).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **BLINDED VETERANS ASSOCIATION** Employer identification number **53-0214281**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance

- 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.

Schedule I (Form 990) (2015)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	8	13,100.	0.	CASH	
SERVICE AWARDS	3	550.	0.	CASH	

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

PART I, LINE 2:

THE ATTENDING COLLEGE OR UNIVERSITY LISTED ON THE RECIPIENT'S SCHOLARSHIP APPLICATION IS CONTACTED BY A BVA EMPLOYEE. FUNDS ARE DISBURSED DIRECTLY TO THAT SCHOOL UPON RECEIPT OF AN INVOICE FOR PAYMENT RATIFYING THE FACT THAT THE STUDENT IS ENROLLED.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

FORM 990, PART I, LINE 1

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE BLINDED VETERANS ASSOCIATION (BVA) IS THE ONLY CONGRESSIONALLY  
CHARTERED VETERANS SERVICE ORGANIZATION (VSO) EXCLUSIVELY DEDICATED TO  
SERVING THE NEEDS AND PROMOTING THE WELFARE OF AMERICA'S BLINDED  
VETERANS AND THEIR FAMILIES.

BVA IS A NONPROFIT 501(C)3 TAX-EXEMPT ORGANIZATION ESTABLISHED IN 1945  
IN AVON, CONNECTICUT, BY A SMALL GROUP OF COMBAT-BLINDED VETERANS FROM  
WORLD WAR II. THE ORGANIZATION'S PRIMARY PURPOSE INCLUDES LOCATING  
BLINDED VETERANS WHO NEED SERVICES, GUIDING THEM THROUGH THE  
REHABILITATION PROCESS, AND ACTING AS ADVOCATES FOR THEM AND THEIR  
FAMILIES IN THE PRIVATE AND PUBLIC SECTORS, INCLUDING THE U.S. CONGRESS  
AND THE DEPARTMENT OF VETERANS AFFAIRS (VA). THE STAFF AND MEMBERSHIP  
OF THE ORGANIZATION ARE ROLE MODELS, DEMONSTRATING THAT THE CHALLENGES  
OF SUBSTANTIAL VISION LOSS CAN BE OVERCOME. THE ASSOCIATION ALSO SERVES  
AS A MEDIUM OF COMMUNICATION REGARDING ISSUES AFFECTING BLINDED  
VETERANS, SUPPORTS VOCATIONAL AND RECREATIONAL PROGRAMS THAT FOSTER  
REHABILITATION, AND OFFERS ENCOURAGEMENT AND EMOTIONAL SUPPORT.

VA ESTIMATES THAT SOME 130,000 AMERICAN VETERANS ARE CURRENTLY LEGALLY  
BLIND, AND THAT AT LEAST HALF OF THESE MEN AND WOMEN REMAIN UNAWARE OF  
THEIR ELIGIBILITY FOR SPECIAL SERVICES AND BENEFITS. THOUSANDS OF  
ADDITIONAL VETERANS BECOME BLIND OR VISUALLY IMPAIRED EVERY YEAR. BVA  
PROGRAMS HELP VETERANS AND THEIR FAMILIES MEET THE CHALLENGES OF

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

Schedule O (Form 990 or 990-EZ) (2015)

532211  
09-02-15

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

SUBSTANTIAL VISION LOSS. THERE IS NO CHARGE FOR ANY BVA SERVICE AND MEMBERSHIP IN THE ORGANIZATION IS NOT A PREREQUISITE. ALL LEGALLY BLINDED VETERANS ARE ELIGIBLE FOR ASSISTANCE, WHETHER THEY BECAME BLIND DURING COMBAT OR AFTER ACTIVE DUTY DUE TO AGE OR DISEASE.

BVA WAS INCORPORATED IN 1947 AND CHARTERED BY CONGRESS IN 1958 TO REPRESENT ALL BLINDED VETERANS. THE ASSOCIATION DOES NOT RECEIVE ANY GRANTS OR FINANCIAL SUPPORT FROM THE GOVERNMENT; INSTEAD, IT IS SUPPORTED BY THE GENEROUS CONTRIBUTIONS OF THOUSANDS OF AMERICANS WHO REMEMBER THE SACRIFICES OF OUR NATION'S BLINDED VETERANS.

THE ORGANIZATION IS MANAGED BY 11 VOTING MEMBERS OF THE NATIONAL BOARD OF DIRECTORS, ALONG WITH TWO HONORARY MEMBERS THAT INCLUDE THE AUDIT COMMITTEE CHAIR. THE POSITIONS ARE HELD ON A VOLUNTARY BASIS. MEMBERS OF THE BOARD GIVE FREELY OF THEIR TIME AND RESOURCES. THEY ARE ALL MEMBERS OF BVA AND ALL MEET THE CRITERIA OF WHAT CONSTITUTES A BLINDED VETERAN AS DEFINED FOR ALL BVA MEMBERS. THESE REQUIREMENTS ARE ALSO MET BY THE NATIONAL SERGEANT-AT-ARMS AND THE NATIONAL CHAPLAIN. BOARD MEMBER TRAVEL INCLUDES ATTENDANCE AT TWO ANNUAL BOARD MEETINGS, ONE HELD AT THE ANNUAL CONVENTION LOCATION AND THE OTHER AT BVA NATIONAL HEADQUARTERS. MEMBERS OF THE BOARD ALSO CONDUCT BUSINESS USING EMAIL AND THROUGH TELEPHONE CONVERSATIONS DURING THE FISCAL YEAR. THEY ARE INVOLVED NOT ONLY AT THE NATIONAL LEVEL BUT ALSO REGIONALLY IN THEIR AREA OF RESIDENCE, HOLDING OFFICES AND ASSISTING BLINDED VETERANS AND THEIR FAMILIES. THIS FISCAL YEAR THE BOARD DONATED MORE THAN 8,600 TOTAL HOURS OF WORK TOWARD ASSISTING BLINDED VETERANS AND MORE THAN \$2,500 IN DONATIONS AND REIMBURSABLE EXPENSES THAT WERE NOT REQUESTED FOR PAYMENT.

Name of the organization <b>BLINDED VETERANS ASSOCIATION</b>	Employer identification number <b>53-0214281</b>
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THE NATIONAL BOARD OF DIRECTORS APPOINTS MANY COMMITTEES TO OVERSEE AND ADVISE THE GROUP. ALL OF THE COMMITTEE MEMBERS ARE VOLUNTEERS; SOME ARE ON THE BOARD WHILE OTHERS ARE REGULAR MEMBERS OF THE ORGANIZATION. SOME COMMITTEE MEMBERS ARE SIMPLY CONCERNED AND INTERESTED SIGHTED CITIZENS WHO WISH TO LEND A HELPING HAND. DURING THE PAST FISCAL YEAR, COMMITTEE MEMBERS WHO ARE NOT ON THE BOARD DONATED MORE THAN 100 HOURS OF VOLUNTEER TIME.

BVA HAS 53 REGIONAL GROUPS IN THE UNITED STATES AND PUERTO RICO WHO OFFER EMOTIONAL SUPPORT, SOCIAL EVENTS, AND RECREATIONAL ACTIVITIES TO VETERANS WITH SUBSTANTIAL VISION LOSS AND THEIR FAMILIES AT THE LOCAL LEVEL. REGIONAL GROUPS ALSO INFLUENCE POLICY CHANGES THAT ARE INSTITUTED BY THE ASSOCIATION.

BVA NATIONAL HEADQUARTERS HAS RELOCATED TO THE OLD TOWN NEIGHBORHOOD OF ALEXANDRIA, VIRGINIA, ONLY A FEW MILES ACROSS THE POTOMAC RIVER TO OUR NATION'S CAPITAL AND THE DEPARTMENT OF VETERANS AFFAIRS (VA) CENTRAL OFFICE IN WASHINGTON, DC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
ONE ANOTHER. TO EDUCATE THE GENERAL PUBLIC SO THEY MAY UNDERSTAND WHAT BLINDED VETERANS MAY ACCOMPLISH AND HOW TO ASSIST BLINDED VETERANS THEY MAY ENCOUNTER IN THEIR COMMUNITIES.

FORM 990, PART III, LINE 4

A) FIELD SERVICE AND VOLUNTEER SERVICE PROGRAMS

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

THE BVA FIELD SERVICE PROGRAM CONSISTS PRIMARILY OF FIVE NATIONAL FIELD SERVICE OFFICERS AND A TEAM OF VOLUNTEERS WHO ARE LEGALLY BLIND VETERANS THEMSELVES, WORKING THROUGHOUT THE UNITED STATES AND PUERTO RICO. THE NATIONAL FIELD SERVICE OFFICERS ARE LOCATED AT THE NATIONAL FIELD SERVICE RESOURCES CENTER IN ALEXANDRIA, VA.

ACTING AS ROLE MODELS, NATIONAL FIELD SERVICE OFFICERS ASSIST BLINDED VETERANS AS THEY TAKE THE FIRST STEPS IN ADJUSTING TO BLINDNESS. THEY ARE RESPONSIBLE FOR LINKING VETERANS WITH LOCAL SERVICES, ASSURING THAT THE NEWLY BLINDED TAKE ADVANTAGE OF VA BLIND REHABILITATION SERVICES AND ASSISTING THEM WITH THE VA BENEFIT CLAIMS PROCESS. THEY AIM TO HELP VETERANS BRING FOCUS AND DIRECTION TO THEIR LIVES BY PROVIDING INSPIRATION AND ENCOURAGEMENT.

UNDERSTANDING THE COMPLEXITIES AND EMOTIONS THAT ACCOMPANY THE ONSET OF BLINDNESS, FIELD SERVICE OFFICERS ARE EFFECTIVE ROLE MODELS IN HELPING NEWLY BLINDED VETERANS FIND AND FOLLOW THE ROAD TO INDEPENDENCE. THEY KNOW WHAT IS AVAILABLE ON BOTH A LOCAL AND NATIONAL LEVEL. THEY KNOW WHOM TO CALL, WHAT TO SAY, AND HOW TO CUT THROUGH THE RED TAPE SINCE MUCH OF THEIR EXPERTISE HAS BEEN GAINED FIRSTHAND AS A RESULT OF THEIR OWN PERSONAL EXPERIENCES WITH BLINDNESS.

DURING FY 2016, THE BVA FIELD SERVICE PROGRAM WAS RESPONSIBLE FOR 212 CLAIMS GRANTED FOR COMPENSATION AND PENSION TO VETERANS ASSISTED BY THE PROGRAM. THE PROGRAM WAS RESPONSIBLE FOR MORE THAN \$2,218,118.00 IN TOTAL RETROACTIVE PAYMENTS.

THE FIELD SERVICE PROGRAM TRANSFORMED THE BLIND REHABILITATION CENTER

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

(BRC) VISITS IT CONDUCTED IN PREVIOUS YEARS INTO THE COMPREHENSIVE VETERANS CARE REVIEW PARTNERSHIP. HAVING FIELD SERVICE OFFICERS MEET WITH VA STAFF AS WELL AS VETERANS GIVES A COMPREHENSIVE OVERALL PICTURE OF THE CURRENT STATUS OF THE BRCS. THIS KNOWLEDGE ALLOWS BVA TO BETTER SPREAD BEST PRACTICES FROM ONE BRC TO ANOTHER. THIS INITIATIVE LED TO DRAMATIC IMPROVEMENTS IN SERVICES PROVIDED TO BLIND VETERANS AT SEVERAL BRC FACILITIES DURING THE CURRENT FISCAL YEAR. THE FIELD SERVICE OFFICERS WERE ABLE TO REACH AND ASSIST VETERANS OF WHOM BVA HAD NOT PREVIOUSLY BEEN AWARE. FIELD SERVICE OFFICERS HOLD EDUCATIONAL SESSIONS FOR ALL VETERANS AT THE BRCS THEY VISIT, FOLLOWED BY ONE-ON-ONE MEETINGS WITH VETERANS WHO NEED FURTHER HELP AND ADVICE.

BVA PROVIDED FUNDING FOR TRAVEL THROUGH THE CATASTROPHICALLY DISABLED TRAVEL ACCESS PROGRAM (CDTAP) FOR AT LEAST 21 BLINDED VETERANS WITH LIMITED MEANS TO ATTEND VARIOUS VA BRCS ACROSS THE COUNTRY.

AS AN ADDITIONAL MEANINGFUL ADJUNCT TO THE BVA FIELD SERVICE PROGRAM, THE VOLUNTEER OFFICES ARE LOCATED IN VA MEDICAL CENTERS, REGIONAL OFFICES, AND OUTPATIENT CLINICS NATIONWIDE. VOLUNTEERS ARE PEER COUNSELORS AND VOLUNTEER NATIONAL SERVICE OFFICERS (VNSOS). THE PROGRAM PROVIDES ANOTHER OUTLET FOR BLINDED VETERANS TO HELP AND SERVE ONE ANOTHER SINCE A LARGE NUMBER OF BVA VOLUNTEERS ARE BLINDED VETERANS THEMSELVES. THEY LISTEN AND SHARE IDEAS IN GROUPS, OFFER INFORMATION ON PROGRAMS AND SERVICES, ENCOURAGE BLINDED VETERANS TO ENTER REHABILITATION PROGRAMS, AND DEMONSTRATE EQUIPMENT AND AIDS USED BY THE BLIND. THEY ALSO REINFORCE THE WORK OF THE NATIONAL FIELD SERVICE OFFICER BY HELPING TO LIFT FELLOW VETERANS FROM THE DISCOURAGEMENT AND FRUSTRATION THEY OFTEN FACE.

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

BVA VOLUNTEERS ARE EXPECTED TO BE ACTIVE IN THEIR COMMUNITIES AND TO BE GOOD SOURCES OF INFORMATION ABOUT LOCAL PROGRAMS AND SERVICES. THEY ARE AN IMPORTANT LINK IN THE BVA CHAIN OF SERVICES. A TOTAL OF 217 BVA VOLUNTEERS DONATED 16,933 HOURS OF TIME.

OPERATION PEER SUPPORT (OPS), WAS ESTABLISHED IN FY 2006. OPS CONSTITUTES AN ONGOING EFFORT TO CONNECT NEWLY BLINDED VETERANS FROM IRAQ AND AFGHANISTAN WITH OTHER OPERATION IRAQI FREEDOM (OIF) AND OPERATION ENDURING FREEDOM (OEF) SERVICE MEMBERS. IT ALSO SEEKS TO CONNECT THE NEWLY BLINDED SERVICE MEMBERS WITH BLINDED VETERANS FROM ALL WAR ERAS. THIS FISCAL YEAR, FIVE NEWLY BLINDED SERVICE MEMBERS FROM AFGHANISTAN AND IRAQ, ACCOMPANIED BY A SPOUSE OR FAMILY MEMBER, ATTENDED BVA'S 70TH NATIONAL CONVENTION IN LOUISVILLE, KY. FOUR BRITISH SOLDIERS AND TWO RETURNING BLIND VETERAN UK PARTICIPANTS ALSO ACCEPTED THE OPPORTUNITY TO ATTEND THE EDUCATIONAL PEER SUPPORT MEETINGS. ALL EXPENSES OF THE NEW PARTICIPANTS WERE PAID BY BVA'S OPS PROGRAM WHILE TEN ALUMNI RETURNED TO PARTICIPATE AT THEIR OWN EXPENSE. THEY ALL FELT THAT THE PROGRAM WAS SO BENEFICIAL THAT THEY WANTED TO RETURN AND OFFER ASSISTANCE TO THE MORE RECENTLY BLINDED VETERANS.

THEY ALSO CONDUCTED CAREGIVER SUPPORT TRAINING AT THE NATIONAL CONVENTION IN LOUISVILLE, KY.

NEW THIS YEAR, OPERATION PEER SUPPORT EXPANDED ITS ACTIVITIES TO INCLUDE SUPPORTING AN OIF VETERAN'S PARTICIPATION IN A PARALYMPIC BLIND ARCHERY ACTIVITY IN GERMANY.

Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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THE MAJOR ROB SOLTES MEMORIAL GOLF TOURNAMENT HOSTED FOUR BLINDED AMERICAN VETERANS AND THREE BRITISH ARMY WAR-BLINDED VETERANS.

FOUR MEMBERS OF OPS PARTICIPATED IN THE CALIFORNIA INTERNATIONAL MARATHON.

MEMBERS CONDUCTED A TRIP TO CAPITOL HILL IN WASHINGTON, DC TO SEEK AN ADDITIONAL \$5 MILLION FOR VISION RESEARCH.

THEY ALSO DEPLOYED 6 MEMBERS TO THE U.S. ARMY MOUNTAIN RANGER CAMP TO TEST THEIR PHYSICAL LIMITS.

OPS SUPPORTED THE ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY (ARVO), THE LARGEST AND MOST RESPECTED EYE AND VISION RESEARCH ORGANIZATION IN THE WORLD, WITH A KEYNOTE SPEAKER WHO SPOKE ABOUT HIS PERSONAL EXPERIENCE WITH BLINDNESS AND TBI. THE MEMBERS OF ARVO INCLUDE NEARLY 12,000 RESEARCHERS FROM MORE THAN 75 COUNTRIES.

OPS SUPPORTED 5 MEMBERS OF BVA AND THE PRESIDENT OF ARVO ON AN INTERNATIONAL EXCHANGE WITH BLINDED VETERANS UNITED KINGDOM AT THE LLANDUDNO CENTRE OF BLIND VETERANS UK IN NORTHERN WALES.

OPS HOSTED 6 MEMBERS OF THE BLIND VETERANS UK IN CHICAGO AT THE CENTRAL BLIND REHABILITATION CENTER IN HINES, ILLINOIS. THIS EVENT FOCUSED ON THE EXCHANGE OF IDEAS AND VIEWS REGARDING THE BEST WAYS TO SUPPORT VETERANS WHO HAVE LOST THEIR SIGHT.

BVA CONTINUES TO INCREASE PUBLIC AWARENESS AT ALL LEVELS REGARDING THE

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

NEEDS OF BLINDED VETERANS AND THEIR FAMILIES, INCLUDING THOSE WHO HAVE EXPERIENCED TRAUMATIC BRAIN INJURY (TBI) AND SUBSEQUENT VISUAL DYSFUNCTION BY PROVIDING THE NEWS MEDIA WITH INFORMATION ON THE ISSUES SURROUNDING THESE VISION INJURIES. THESE EFFORTS HAVE RESULTED IN NEWSPAPER, RADIO AND RESEARCH ARTICLES IN VARIOUS MEDIA OUTLETS, MAKING BVA WELL KNOWN FOR ADVOCACY IN THIS AREA.

B) PUBLIC EDUCATION AND COMMUNICATION

AT THE FOUNDATION OF ALL BVA COMMUNICATIONS AND PUBLIC RELATIONS EFFORTS NATIONALLY IS THE BVA BULLETIN, CURRENTLY A BI-MONTHLY PERIODICAL SENT TO ALL BLINDED VETERANS AND THEIR FAMILIES FOR WHOM THE ASSOCIATION HAS UPDATED CONTACT INFORMATION. THE PUBLICATION IS ALSO MAILED TO DOZENS OF LIBRARIES, HEALTH CARE INSTITUTIONS, VETERANS SERVICE ORGANIZATIONS, VA BLIND REHABILITATION SERVICE EMPLOYEES, AND NONPROFIT ORGANIZATIONS. AS THE FACE OF BVA, THE BULLETIN FOCUSES ON ISSUES AND EVENTS RELATING SPECIFICALLY TO BLINDED VETERANS. IT ALSO COVERS GENERAL TOPICS ABOUT VETERANS AS WELL AS GENERAL TOPICS ABOUT BLINDNESS (I.E., TECHNOLOGY, SOCIAL ISSUES, ETC.). AVERAGE CIRCULATION OF THE LARGE-PRINT VERSION OF THE BULLETIN WAS APPROXIMATELY 10,950 IN FY 2016. THE COMPACT DISK VERSION, WHICH IS MADE AVAILABLE TO MEMBERS ONLY, HAD AN AVERAGE CIRCULATION OF 92 FOR THE SIX ISSUES. THE PUBLICATION IS ALSO AVAILABLE FOR READING ON THE BVA WEBSITE AND BY EMAIL, UPON REQUEST, IN TWO DIFFERENT FORMATS. THE NUMBER OF BVA MEMBERS RECEIVING THE BULLETIN VIA EMAIL IS NOW APPROXIMATELY 1,500, A NUMBER NEARLY TEN TIMES GREATER THAN IN FY 2015. THE SUDDEN RISE IN EMAIL RECIPIENTS IS DUE TO A DECISION TO SEND THE BULLETIN BY EMAIL TO ALL BLINDED VETERANS FOR WHOM THE ASSOCIATION HAS AN EMAIL ADDRESS.

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

THROUGH THE DONATED SERVICES OF NORTH AMERICAN PRECISION SYNDICATE (NAPS), BVA DISTRIBUTED A SERIES OF NEWSPAPER, RADIO, AND TV RELEASES HIGHLIGHTING ITS WORK. DURING FY 2016, BVA PRODUCED TWO 3-COLUMN NATIONAL NEWSPAPER RELEASES (800 WORDS EACH), TWO 60-SECOND NATIONAL RADIO RELEASES, FOUR 30-SECOND RADIO RELEASES, AND TWO NATIONAL TV RELEASES. ALL OF THE RELEASES PROVIDED A BRIEF COMMENT ABOUT BVA SERVICES AND GAVE BVA CONTACT INFORMATION AT THE END (TOLL-FREE NUMBER AND/OR WEBSITE URL). WHAT DIFFERED FOR EACH SET OF RELEASES, HOWEVER, WERE THE LEAD PARAGRAPHS IN THE PRINT ARTICLES AND THE INTRODUCTORY STATEMENT IN THE ELECTRONIC MEDIA RELEASES. DIFFERENT ALSO WERE A FEW ADDITIONAL PARAGRAPHS OF ENSUING ANECDOTAL MATERIAL THAT MADE UP THE STORYLINES. SUCH STORYLINES WERE: 1) AMERICAN VETERANS IN ENGLAND (PROJECT GEMINI FOR TELEVISION), 2) NEWS OF VETERANS (BLINDED VETERANS FIGHTING FOR THE BENEFITS AND SERVICES THAT THEY HAVE EARNED AS A RESULT OF THEIR SACRIFICE AND FULFILLMENT OF DUTY IN THE U.S. ARMED SERVICES FOR TWO RADIO RELEASES, ONE 30- AND ONE 60-SECOND, AND A TELEVISION RELEASE), 3) VETERANS NEWS AND NOTES (RANGER TRAINING CAMP THAT EQUALS TOUGH TRAINING IN THE MILITARY FOR RADIO), 4) HELPING BLINDED VETERANS (LEONARD SMITH OF HOUSTON, TEXAS GETTING SERVICE-CONNECTED FOR DIABETIC RETINOPATHY FOR RADIO), 5) A MARATHON EFFORT (RICHARD HUNTER, OPERATION PEER SUPPORT COMMITTEE, AND THE UNITED STATES ASSOCIATION OF BLIND ATHLETES ARRANGING GROUP PARTICIPATION AT THE CALIFORNIA INTERNATIONAL MARATHON FOR RADIO), AND 6) HOW ONE VETERAN AND HIS FAMILY FOUND SUPPORT AFTER AN INJURY (SEAN JOHNSON STORY FOR NEWSPAPER/PRINT AND RADIO).

IF BVA HAD PURCHASED THE MEDIA TIME AND SPACE FOR THE NAPS RELEASES

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

AIRED/PRINTED IN FY 2016, THE TOTAL COST WOULD HAVE BEEN \$2,162,354.

ALL BVA NAPS RELEASES-PRINT, RADIO, AND TELEVISION-ARE NOW ACCESSIBLE ONLINE AND CAN BE DOWNLOADED. BVA OWNS THE MATERIAL OUTRIGHT.

THEREFORE, ANY EDITOR OR PRODUCER CAN DOWNLOAD AND PLACE THE RELEASES AT WILL, AS CAN ANY INDIVIDUAL OR ORGANIZATION FROM THE GENERAL PUBLIC. BVA MEMBERS CAN PETITION THEIR LOCAL STATION OR NEWSPAPER TO RUN A NAPS RELEASE BY FURNISHING THE STATION WITH THE APPROPRIATE INTERNET LINK, OR BY REQUESTING THAT BVA NATIONAL HEADQUARTERS SEND THE RELEASE TO THE NEWSPAPER, RADIO STATION, OR TELEVISION STATION IN QUESTION. IF A RADIO STATION WOULD PREFER TO READ THE SCRIPT OF THE RELEASE RATHER THAN USE THE AUDIO VERSION, THE SCRIPT CAN BE PROVIDED IN PDF FORMAT, VIA EMAIL, BY FAX, OR USING THE U.S. POSTAL MAIL.

BVA UTILIZES ONE MAJOR BROCHURE IN SPREADING ITS MESSAGE TO THE ORGANIZATION'S STAKEHOLDERS. IN JUNE 2015 BVA PRODUCED 6,000 COPIES OF A NEW MULTI-PURPOSE COLOR BROCHURE WITH THE FOLLOWING TEXT HIGHLIGHTING THE COVER: EMPOWERING THROUGH ACCESS TO LEAVE NO BLINDED VETERAN BEHIND. THE TWO PREVIOUSLY EMPLOYED BROCHURES, ONE DESIGNED SPECIFICALLY FOR MEMBERSHIP AND THE OTHER FOR OTHER PUBLIC RELATIONS/MARKETING PURPOSES, BECAME OUTDATED IN 2013. IT WAS DISCONTINUED ENTIRELY IN DECEMBER 2014 WITH BVA'S MOVE TO A NEW PHYSICAL LOCATION. BECAUSE OF THE DEMAND FOR THE BROCHURES FOR WHITE CANE AWARENESS DAY AND OTHER AUTUMN ACTIVITIES, IT WAS NECESSARY FOR BVA TO DO A SECOND PRINTING OF THE BROCHURE, INCLUDING A LIMITED NUMBER OF IMPROVEMENTS IN THE TEXT AND ART. THE AMOUNT OF THE SECOND PRINTING WAS ONCE AGAIN 6,000, COMPLETED IN DECEMBER 2015. THE TEXT OF THE NEW BROCHURE IS IN LARGE PRINT. THERE ARE 25 CONTEMPORARY ARTISTIC IMAGES, INCLUDING BVA'S NEW LOGO AND A NEWLY DESIGNED VERSION OF THE

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

ASSOCIATION'S EMBLEM.

THE BVA WEBSITE RECOVERED FROM THE SLIGHT DOWNTURN IN TOTAL VISITORS IN FY 2015 FOR FY 2016. THERE WAS A 70.1 PERCENT INCREASE IN THE NUMBER OF UNIQUE VISITORS, THROUGHOUT THE FISCAL YEAR. BVA.ORG EXPERIENCED AN AVERAGE INCREASE OF 230.6 PERCENT IN THE NUMBER OF PAGE VIEWS, A 108.2 PERCENT INCREASE IN THE DURATION OF AN AVERAGE SESSION, AND AN 87.2 PERCENT INCREASE IN THE NUMBER OF SESSIONS. A DISPROPORTIONATELY LARGE MAJORITY OF THE VISITS ORIGINATED THROUGH THE GOOGLE SEARCH ENGINE. OTHER SEARCH ENGINES CONTRIBUTED TO THE EFFORT MORE THAN EVER WITH A 181.8 PERCENT INCREASE THE BING SEARCH ENGINE, AND 122.6 PERCENT INCREASE IN THE YAHOO SEARCH ENGINE, BUT STILL TO A LESSER EXTENT THAN DID GOOGLE. BVA.ORG HOWEVER EXPERIENCED A SLIGHT DECREASE IN THE NUMBER OF NEW FIRST TIME BROWSER SESSIONS. THE BVA SITE IS A CONSTANT WORK IN PROGRESS THAT HAS MADE CONSISTENT IMPROVEMENTS BUT WHICH HAS CONSIDERABLE WORK AHEAD IN ORDER TO HELP THE ORGANIZATION FULFILL ITS MISSION IN THE 21ST CENTURY.

BVA MAINTAINS SOCIAL MEDIA ACCOUNTS ON MAJOR SITES SUCH AS FACEBOOK, TWITTER, AND YOUTUBE. OVER THE PAST YEARS, BVA HAS ATTRACTED A LARGE FOLLOWING AND CURRENTLY COMMANDS A SOCIAL MEDIA AUDIENCE OF MORE THAN 9,000 FOLLOWERS, A 66.7 PERCENT INCREASE COMPARED TO FY 2015. BVA USES THESE RESOURCES TO SPREAD INFORMATION TO ITS FOLLOWERS ABOUT THE ASSOCIATION'S ACTIVITIES AND RECENT LEGISLATIVE NEWS, AND TO EDUCATE THEM ABOUT ISSUES FACING BLINDED VETERANS. SOCIAL MEDIA IS ALSO INSTRUMENTAL IN COORDINATING WITH PARTNER ORGANIZATIONS AND EDUCATING BVA FOLLOWERS ABOUT THE HELPFUL RESOURCES AVAILABLE.

Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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BVA ALLOCATES A PORTION OF ITS DIRECT MARKETING EXPENSES TO PUBLIC EDUCATION, AND MANAGEMENT AND GENERAL ACCORDING TO AICPA STATEMENT OF POSITION 98-2 (SOP 98-2), ACCOUNTING FOR COSTS OF ACTIVITIES OF NOT-FOR-PROFIT ORGANIZATIONS AND STATE AND LOCAL GOVERNMENTAL ENTITIES THAT INCLUDE FUNDRAISING, NOW CODIFIED IN FASB ACCOUNTING STANDARDS CODIFICATION 958-720, NOT-FOR-PROFIT ENTITIES-OTHER EXPENSES (ASC 958-720). BVA UNDERTAKES A PRELIMINARY ANALYSIS OF ITS ACTIVITIES TO DETERMINE IF THE PURPOSE, AUDIENCE, AND CONTENT CRITERIA ARE MET AND, IF SO, APPLIES A SYSTEMATIC, RATIONAL JOINT COST ALLOCATION METHODOLOGY.

BVA MAKES ITS FINANCIAL INFORMATION AVAILABLE TO THE GENERAL PUBLIC AND WATCHDOG AGENCIES. BVA ADHERES TO THE REQUIREMENTS SET FORTH BY THE COMBINED FEDERAL CAMPAIGN (#10513), THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE, AND GUIDESTAR.ORG. BVA IS PROUD TO DISPLAY ITS SEAL AWARDED BY THE BETTER BUSINESS BUREAU (BBB) AS AN ACCREDITED CHARITY.

AT THE ANNUAL CONVENTION, BVA PRESENTS AWARDS AND CERTIFICATES TO HONOR INDIVIDUALS FOR THEIR OUTSTANDING ACHIEVEMENTS. THE MAJOR GENERAL MELVIN J. MAAS ACHIEVEMENT AWARD IS PRESENTED TO A VETERAN WITH SERVICE-CONNECTED BLINDNESS THAT PROVES HIMSELF/HERSELF OUTSTANDING IN EMPLOYMENT PERFORMANCE AND ADJUSTMENT TO DAILY LIVING. THE DAVID L. SCHNAIR AWARD IS PRESENTED TO A VOLUNTEER FOR HIS/HER OUTSTANDING CONTRIBUTION TO THE BVA VOLUNTEER PROGRAM. THE IRVING DIENER AWARD IS PRESENTED TO THE BVA MEMBER WHO HAS MADE AN OUTSTANDING CONTRIBUTION TO THE GROWTH AND DEVELOPMENT OF HIS/HER REGIONAL GROUP. A CERTIFICATE OF APPRECIATION IS TO RECOGNIZE INDIVIDUALS, GROUPS, AND EMPLOYERS WHO HAVE PROVIDED OUTSTANDING SERVICES TO BLINDED VETERANS AND/OR TO BVA AT

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

THE NATIONAL LEVEL. IN FYE 2016, AT THE NATIONAL CONVENTION IN LOUISVILLE, KENTUCKY, THE MAAS, DIENER, AND SCHNAIR AWARDS WERE REWARDED TO BVA MEMBERS AND ONE CERTIFICATE OF APPRECIATION WAS PRESENTED TO A DESERVING INDIVIDUAL.

AT THE ANNUAL CONVENTION, EDUCATION SESSIONS INCLUDED THE FOLLOWING TOPICS: VOLUNTEER SERVICE OFFICER TRAINING, SMART PHONE BASICS, MOBILE PHONE FUNDAMENTALITY, WAY FINDING AND GPS, CONSUMER FINANCE & PROTECTION AND TOASTMASTERS.

THE NATIONAL CONVENTION HOSTS 50 EXHIBITORS WHO OFFER PRODUCT DEMONSTRATIONS AND INFORMATION ABOUT PROGRAMS AND SERVICES FOR THE BLIND AND VISUALLY IMPAIRED COMMUNITY. THE EXHIBIT HALL IS OPEN TO THE PUBLIC AND INVITATIONS ARE EXTENDED TO THE BLIND AND VISUALLY IMPAIRED SERVICES COMMUNITY.

### C) ADVOCACY

THE ASSOCIATION'S CONGRESSIONAL CHARTER DESIGNATES BVA AS THE ORGANIZATIONAL ADVOCATE FOR ALL BLINDED VETERANS BEFORE THE EXECUTIVE AND LEGISLATIVE BRANCHES OF GOVERNMENT. THE BVA NATIONAL PRESIDENT, BOARD MEMBERS, AND NATIONAL HEADQUARTERS STAFF MEMBERS ARE INVITED TO PRESENT TESTIMONY BEFORE BOTH THE HOUSE AND SENATE COMMITTEES ON VETERANS AFFAIRS IN ORDER TO SHARE INFORMATION AND CONCERNS RELATED TO SPECIALIZED PROGRAMS AND SERVICES OFFERED BY VA TO VISUALLY IMPAIRED AND BLINDED VETERANS. THEY ALSO MEET PERIODICALLY WITH MEMBERS OF CONGRESS, THEIR KEY STAFF, THE DEPARTMENT OF DEFENSE (DOD), THE WHITE HOUSE, AND VA OFFICIALS TO INFORM AND EDUCATE THEM REGARDING THE UNIQUE AND SPECIFIC NEEDS OF BLINDED AND VISUALLY IMPAIRED VETERANS ACROSS OUR

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

NATION. BVA'S EDUCATIONAL EFFORTS SEEK TO ENHANCE THE SPECIALIZED REHABILITATION PROGRAMS THAT ARE PROVIDED BY VA. THE GOAL OF THESE PROGRAMS IS TO ASSIST BLINDED VETERANS IN THE ACCEPTANCE OF AND ADJUSTMENT TO VISION LOSS AND TO HELP THEM ACQUIRE THE ADAPTIVE SKILLS NECESSARY TO BE SUCCESSFULLY REINTEGRATED INTO THEIR FAMILIES AND COMMUNITIES.

BVA CONTINUES ITS EFFORTS TO EDUCATE FEDERAL AGENCY STAFFERS AND LEGISLATORS. THESE EFFORTS HAD A SIGNIFICANT IMPACT DURING THE FISCAL YEAR. BVA SENT A LETTER TO THE SECRETARY OF VETERANS AFFAIRS AND KEY LEADERS THROUGHOUT HIS DEPARTMENT, SETTING FORTH THE PRIORITY CONCERNS OF BLINDED VETERANS WITH REGARD TO THE PROGRAMS AND SERVICES PROVIDED BY THE VA. COPIES OF THIS LETTER WERE ALSO SENT TO MEMBERS OF THE HOUSE AND SENATE COMMITTEES ON VETERANS AFFAIRS AND THE WHITE HOUSE. SEVERAL MEETINGS WERE HELD THROUGHOUT THE YEAR WITH THE VA SECRETARY, AS WELL AS KEY CONGRESSIONAL COMMITTEE STAFFERS TO DISCUSS ISSUES OUTLINED IN THE LETTER IN GREATER DETAIL. ASSOCIATION REPRESENTATIVES ALSO MET FREQUENTLY WITH OTHER VETERANS SERVICE ORGANIZATIONS, DISABILITY ADVOCACY ASSOCIATIONS, AND REPRESENTATIVES FROM VA AND DOD. BVA'S NATIONAL PRESIDENT PRESENTED HIS ANNUAL TESTIMONY IN MARCH BEFORE A JOINT SESSION OF THE HOUSE AND SENATE VETERANS' AFFAIRS COMMITTEES. ADDITIONAL MEETINGS WITH VARIOUS CONGRESSIONAL OFFICES AND STAFFERS FOR SEVERAL COMMITTEES WERE ATTENDED BY BVA STAFF IN AN EFFORT TO ACTIVELY MONITOR AND SUPPORT THE WIDE RANGE OF LEGISLATIVE PROPOSALS UNDER CONSIDERATION BY CONGRESS THAT COULD IMPACT VETERANS AND THEIR FAMILIES.

LEGISLATIVE UPDATES WERE SENT SEVERAL TIMES THROUGHOUT THE YEAR BY

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

EMAIL TO MEMBERS OF THE BVA BOARD, STAFF, OFFICERS OF REGIONAL GROUPS AND OTHER INTERESTED MEMBERS AND FRIENDS OF BVA. BVA, IN CONCERT WITH OTHER MAJOR VSOS, PROVIDED BACKGROUND INFORMATION TO SUPPORT AN INCREASE IN THE VHA BUDGET AS PART OF THE FY 2016-FY 2017 ADVANCED APPROPRIATIONS IN ORDER TO ENSURE THAT THE VA HAS THE RESOURCES NEEDED TO MEET THE NEEDS OF VETERANS.

BVA CONTINUED TO MONITOR DOD'S IMPLEMENTATION OF THE VISION CENTER OF EXCELLENCE (VCE) AND DEFENSE VETERANS EYE INJURY VISION REGISTRY (DVEIVR). BVA STAFF MET WITH SENIOR VCE STAFF MEMBERS IN JUNE AND THE DIRECTOR, PENNY WALTERS, PROVIDED AN UPDATE TO THE BVA BOARD IN AUGUST. BVA CONTINUES TO RAISE AWARENESS ABOUT THE NEEDS OF AN INCREASING POPULATION OF OIF AND OEF VETERANS WITH TRAUMATIC BRAIN INJURY VISUAL SYSTEM DYSFUNCTION TO ENSURE THAT SCREENING, DIAGNOSIS, TREATMENT, AND VISION RESEARCH ARE FUNDED.

WORKING WITH THE NATIONAL ALLIANCE FOR EYE AND VISION RESEARCH (NAEVR), BVA ATTENDED MEETINGS WITH KEY CONGRESSIONAL COMMITTEE MEMBERS AND KEY BUDGET STAFF WITH THE GOAL OF INCREASING FUNDING FOR THE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAM FOR VISION. BVA CONTINUES TO ADVOCATE FOR ALTERNATIVE DEFENSE TRAUMATIC BRAIN INJURY (TBI) VISION RESEARCH PROGRAMS, SECURING \$10 MILLION IN 2016 FOR VISION TRAUMA RESEARCH PROGRAMS (VTRP) AND REQUESTING AN INCREASE TO \$15 MILLION IN FY 2017 DEFENSE APPROPRIATIONS FOR VTRP.

BVA CONTINUES TO MONITOR THE WAITING TIMES, LENGTH OF STAYS, AND STAFFING FOR THE 13 EXISTING VA BLIND REHABILITATION CENTERS TO ENSURE THAT VETERANS HAVE ADEQUATE OPPORTUNITIES TO OBTAIN THE REHABILITATION

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

TRAINING THEY NEED.

BVA HAS ALSO BEEN ACTIVELY INVOLVED IN SPECIAL WORK GROUPS ESTABLISHED BY VA PROSTHETICS & SENSORY AIDS SERVICE (PSAS) TO DEVELOP RECOMMENDATIONS FOR IMPROVING THE DISTRIBUTION AND DELIVERY OF PROSTHETIC APPLIANCES TO BLINDED VETERANS.

BVA WORKED TO HAVE THE BENEFICIARY TRAVEL SECTION OF THE U.S. CODE REVISED TO EXPAND ELIGIBILITY FOR TRAVEL BENEFITS COVERING THE COST OF TRAVEL TO ONE OF THE 13 REGIONAL BLIND REHABILITATION CENTERS TO ADDITIONAL VETERANS WHO HAVE CATASTROPHIC DISABILITIES, BUT WHO ARE CURRENTLY NOT ELIGIBLE FOR THIS BENEFIT. OUR GOAL IS TO ENSURE THAT VETERANS WHO NEED REHABILITATION TRAINING CAN RECEIVE SUCH SERVICES AT THE BLIND REHABILITATION CENTERS AND NOT BE PREVENTED FROM DOING SO BY THE FINANCIAL BARRIER CREATED BY THE COST OF TRAVEL TO AND FROM A CENTER. LEGISLATION TO MAKE THIS CHANGE WAS INTRODUCED IN BOTH THE HOUSE AND THE SENATE VETERANS AFFAIRS COMMITTEES. BVA ALSO HELD SEVERAL MEETINGS WITH VA STAFF IN THE VETERANS TRAVEL PROGRAM OFFICE TO DISCUSS THE POSSIBILITY OF NON-LEGISLATIVE MEANS OF ADDRESSING THIS ISSUE. PURSUIT OF BOTH LEGISLATIVE AND ADMINISTRATIVE SOLUTIONS TO THIS MATTER WILL BE CARRIED ON INTO THE NEXT FISCAL YEAR.

BVA CONTINUES TO ADVOCATE FOR VA TO COMPLY MORE FULLY WITH SECTION 508 OF THE REHABILITATION ACT BY MAKING ALL ELECTRONIC INFORMATION DISTRIBUTED BY THE VA AND IT SYSTEMS USED BY THE VA MORE COMPLIANT WITH ACCESSIBILITY STANDARDS ISSUED BY THE U.S. ACCESS BOARD AND ENTITIES SUCH AS THE WORLDWIDE WEB CONSORTIUM. BVA LEADERS MET WITH THE VA ASSISTANT SECRETARY FOR INFORMATION TECHNOLOGY TO EDUCATE HER AND HER

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

STAFF ABOUT PARTICULAR AREAS IN NEED OF ATTENTION. WE MAINTAINED FREQUENT CONTACT WITH THE VA SECTION 508 COMPLIANCE OFFICE TO OBTAIN REPORTS ON THE DEPARTMENT'S PROGRESS AND NOTIFY THEM OF PROBLEMS WE HEAR ABOUT FROM VA EMPLOYEES AND VETERANS ACROSS THE COUNTRY.

BVA JOINED WITH OTHER VETERANS SERVICE ORGANIZATIONS IN A NUMBER OF PARTNERSHIPS AIMED AT EDUCATING THE PUBLIC ABOUT NEEDS OF VETERANS AND THEIR FAMILIES, AS WELL AS EDUCATING VETERANS ABOUT BENEFITS AND SERVICES THAT ARE AVAILABLE TO THEM.

BVA ALSO PARTICIPATES WITH OTHER BLINDNESS ADVOCACY ORGANIZATIONS IN MEETINGS OF THE LEGISLATIVE WORKING GROUP (LWG) TO ASSURE THAT ALL BLINDED INDIVIDUALS RECEIVE THE SERVICES AND ACCOMMODATIONS THEY DESERVE.

BVA CONTINUES TO INCREASE PUBLIC AWARENESS AT ALL LEVELS REGARDING THE NEEDS OF BLINDED VETERANS AND THEIR FAMILIES, INCLUDING THOSE WHO HAVE EXPERIENCED TRAUMATIC BRAIN INJURY AND SUBSEQUENT VISUAL DYSFUNCTION. THIS OCCURS BY PROVIDING THE NEWS MEDIA WITH INFORMATION ON THE ISSUES SURROUNDING THESE VISION INJURIES. AS PREVIOUSLY MENTIONED, THESE EFFORTS HAVE RESULTED IN NEWSPAPER, RADIO, RESEARCH ARTICLES IN VARIOUS MEDIA OUTLETS, MAKING BVA WELL KNOWN FOR ADVOCACY IN THIS AREA.

#### D) MEMBERSHIP

BVA IS A MEMBERSHIP-DRIVEN ORGANIZATION. MEMBERSHIP IN BVA CONSTITUTES MEMBERSHIP IN THE NATIONAL ORGANIZATION AS WELL AS IN A LOCAL REGIONAL GROUP. IT IS NOT NECESSARY TO BE A MEMBER TO BENEFIT FROM THE SERVICES BVA PROVIDES. IN FACT, BVA OFFERS THE CHOICE OF THE DIGITAL OR PRINT

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

VERSION OF THE QUARTERLY BVA BULLETIN TO ANY BLINDED VETERAN REGARDLESS OF MEMBERSHIP STATUS. THE BVA BULLETIN IS A VALUABLE RESOURCE THAT BLINDED VETERANS FIND USEFUL IN ORDER TO KEEP ABREAST OF RELEVANT INFORMATION. BVA LOCAL STRUCTURE IS CONDUCTED THROUGH THE 53 REGIONAL GROUPS WHERE BVA PROVIDES MEMBERS THE OPPORTUNITIES TO MEET NEW PEOPLE FACING SIMILAR CHALLENGES, TO ESTABLISH FRIENDSHIPS, AND TO GAIN A VOICE AT THE ANNUAL CONVENTIONS. WITHOUT MEMBERSHIP, THE AFOREMENTIONED PROGRAMS WOULD NOT EXIST SINCE THEY HAVE BEEN ESTABLISHED BY MEMBERS AND DEVELOPED WITH THEIR NEEDS IN MIND. A BLINDED VETERAN CAN JOIN AS EITHER AN ANNUAL OR A LIFE MEMBER. DURING FY 2016 THE NEW MEMBERSHIP DATABASE IMIS CONTINUED TO ENHANCE MEMBERSHIP MANAGEMENT.

ALL LIFE MEMBERSHIP DUES ARE DEPOSITED INTO A LIFE MEMBERSHIP FUND, WHICH IS MANAGED BY A LIFE MEMBERSHIP BOARD OF TRUSTEES APPOINTED BY THE NATIONAL PRESIDENT. THE DUES ARE INVESTED AND THE ANNUAL EARNINGS (INTEREST AND DIVIDENDS) ARE APPORTIONED TO THE REGIONAL GROUP BASED ON THE NUMBER OF LIFE MEMBERS IN EACH GROUP. BVA NATIONAL HEADQUARTERS DOES NOT BENEFIT FINANCIALLY AT ALL FROM THE LIFE MEMBERSHIP DUES BUT ONLY MANAGES, OR ADMINISTERS, THE FUND WITH THE ASSISTANCE OF THE BOARD OF TRUSTEES AND AN EXTERNAL PORTFOLIO MANAGER. IT IS A BOARD-DESIGNATED FUND.

#### E) SCHOLARSHIP PROGRAM

BVA'S KATHERN F. GRUBER SCHOLARSHIP PROGRAM COMPLETED ITS 32ND YEAR. THE SCHOLARSHIPS ARE OPEN TO A DEPENDENT CHILD, GRANDCHILD, OR SPOUSE OF A BLINDED VETERAN OR AN ACTIVE-DUTY BLINDED SERVICE MEMBER OF THE U.S. ARMED FORCES. THE BLINDNESS MAY BE EITHER SERVICE-CONNECTED OR NONSERVICE-CONNECTED. FOR THE ACADEMIC YEAR 2015-16, THERE WERE SIX

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

SCHOLARSHIPS OF \$2,000 EACH. THE THOMAS H. MILLER SCHOLARSHIP HAS COMPLETED ITS 4TH YEAR, ANNUALLY AWARDING ONE SCHOLARSHIP OF \$1,000. THE GUIDELINES ARE THE SAME AS THOSE ESTABLISHED FOR THE KATHERN F. GRUBER SCHOLARSHIP BUT WITH ADDITIONAL CONSIDERATION TOWARD MUSIC AND FINE ARTS STUDENTS WHEN POSSIBLE AND APPLICABLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP AND SCHOLARSHIP PROGRAM

EXPENSES \$ 272,411. INCLUDING GRANTS OF \$ 13,650. REVENUE \$ 0.

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

THE MEMBERS AND ASSOCIATE MEMBERS ASSEMBLED AT THE ANNUAL NATIONAL CONVENTION HAVE VOTING RIGHTS AND ARE THE SUPREME AUTHORITY OF THE ASSOCIATION.

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

THE MEMBERS AND ASSOCIATE MEMBERS ASSEMBLED AT THE ANNUAL NATIONAL CONVENTION ELECT THE NATIONAL OFFICERS OF THE NATIONAL BOARD OF DIRECTORS. THE DISTRICT DIRECTORS ARE ELECTED BY THE MEMBERS AND ASSOCIATE MEMBERS WITHIN THEIR RESPECTIVE GEOGRAPHICAL DISTRICT.

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

THE MEMBERS AND ASSOCIATE MEMBERS ASSEMBLED AT THE ANNUAL NATIONAL CONVENTION VOTE TO APPROVE ISSUES AND AMENDMENTS THAT ARISE REGARDING RULES, BYLAWS, RESOLUTIONS, AND REPORTS PRESENTED TO SAID MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

A DRAFT OF THE FORM 990 IS SENT TO THE CHIEF FINANCIAL OFFICER BY THE PREPARER. IT IS EMAILED TO THE FINANCIAL EXPERT OF THE AUDIT COMMITTEE AND THE EXECUTIVE DIRECTOR WHO ALONG WITH THE CHIEF FINANCIAL OFFICER REVIEW THE RETURN TOGETHER AND DISCUSS ANY ISSUES OF CONCERN. THEY MAY INDIVIDUALLY OR COLLECTIVELY SPEAK WITH THE PREPARER TO DISCUSS THEIR CONCERNS OR REVIEW THE FORM IN DETAIL. AFTER ANY CHANGES ARE MADE, A COPY IS SENT TO THE FULL BOARD PRIOR TO FILING. ANY COMMENTS THEY HAVE ARE REVIEWED AND DISCUSSED WITH THE PREPARER. WHEN COMPLETED, THE FORM 990 IS SIGNED BY THE EXECUTIVE DIRECTOR AND FILED WITH THE INTERNAL REVENUE SERVICE.

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

BVA'S WRITTEN CONFLICT OF INTEREST POLICY QUESTIONNAIRE IS DISTRIBUTED TO ALL BOARD MEMBERS, EMPLOYEES, AND APPROPRIATE OUTSIDE PARTIES BY THE CFO PRIOR TO THE ANNUAL CONVENTION. THE CFO ENSURES THAT ALL QUESTIONNAIRES ARE COMPLETED, REVIEWS THEM, AND DISCLOSES ANY CONFLICTS AT THE PRE-CONVENTION BOARD MEETING. BOARD MEMBERS WHO HAVE CONFLICTS DO NOT VOTE ON ANY ISSUES PERTAINING TO THAT CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR ALL EMPLOYEES OF THE ASSOCIATION INCLUDING THE EXECUTIVE DIRECTOR, OTHER OFFICERS, AND KEY EMPLOYEES. THEY MEET ANNUALLY, AND AS NEEDED, TO REVIEW, DETERMINE, AND APPROVE ANY CHANGES TO BE MADE TO THE COMPENSATION PROGRAM.

DURING THE ANNUAL MEETING THE EXECUTIVE COMMITTEE COMPARES THE SALARIES OF THE EXECUTIVE DIRECTOR, OTHER OFFICERS, AND KEY EMPLOYEES AGAINST EITHER SALARY SURVEYS PREPARED BY INDEPENDENT THIRD PARTIES, OR COMPARABILITY DATA

Name of the organization <b>BLINDED VETERANS ASSOCIATION</b>	Employer identification number <b>53-0214281</b>
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FROM PEER ORGANIZATIONS TO DETERMINE HOW THEY COMPARE AGAINST THE COMPETITIVE MARKET. THIS COMPARISON HAS HISTORICALLY SHOWN TRENDS OF COMPARABILITY IN SOME POSITIONS AND BELOW PEERS IN OTHERS. THE COMMITTEE CONSIDERS RECOMMENDATIONS AND INPUT FROM THE EXECUTIVE DIRECTOR DURING DELIBERATIONS REGARDING OTHER OFFICERS AND KEY EMPLOYEES. USUALLY, THE EXECUTIVE COMMITTEE GOES INTO EXECUTIVE SESSION WHEN DISCUSSING THE EXECUTIVE DIRECTOR'S COMPENSATION WITHOUT THE EXECUTIVE DIRECTOR PRESENT. DURING THIS TIME THEY EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE AND DETERMINE COMPENSATION. THESE DELIBERATIONS AND DECISIONS ARE DOCUMENTED. THE PRESIDENT INFORMS THE EXECUTIVE DIRECTOR OF ANY CHANGES AFTER THE MEETING IS ADJOURNED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AR, AZ, CT, GA, IL, MA, MD, ME, MN, MS, NC, ND, NJ, NM, NV, NY, OH, OR, PA, RI, SC, TN, UT, VA, WA  
WV

FORM 990, PART VI, SECTION C, LINE 19:  
THE BYLAWS AND CONGRESSIONAL CHARTER OF THE ASSOCIATION ARE AVAILABLE ON BVA'S WEBSITE, ALONG WITH THE FORM 990. ADDITIONAL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

BUILDING MAINTANANCE:	
PROGRAM SERVICE EXPENSES	1,409.
MANAGEMENT AND GENERAL EXPENSES	5,187.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,596.

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

**BULLETIN:**

PROGRAM SERVICE EXPENSES	55,935.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	55,935.

**PRINTING:**

PROGRAM SERVICE EXPENSES	59,578.
MANAGEMENT AND GENERAL EXPENSES	13,679.
FUNDRAISING EXPENSES	42,096.
TOTAL EXPENSES	115,353.

**PROFESSIONAL FEES:**

PROGRAM SERVICE EXPENSES	33,571.
MANAGEMENT AND GENERAL EXPENSES	5,239.
FUNDRAISING EXPENSES	4,963.
TOTAL EXPENSES	43,773.

**PUBLIC RELATIONS:**

PROGRAM SERVICE EXPENSES	25,196.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,196.

**WEB DESIGN:**

PROGRAM SERVICE EXPENSES	910.
MANAGEMENT AND GENERAL EXPENSES	13,603.
FUNDRAISING EXPENSES	0.

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

TOTAL EXPENSES	14,513.
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## DIRECT MAIL DATA PROCESSING:

PROGRAM SERVICE EXPENSES	105,221.
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MANAGEMENT AND GENERAL EXPENSES	1,701.
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FUNDRAISING EXPENSES	67,508.
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TOTAL EXPENSES	174,430.
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## DIRECT MAIL DONOR PROCESSING:

PROGRAM SERVICE EXPENSES	28,617.
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MANAGEMENT AND GENERAL EXPENSES	463.
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FUNDRAISING EXPENSES	18,360.
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TOTAL EXPENSES	47,440.
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## DIRECT MAIL LIST RENTAL:

PROGRAM SERVICE EXPENSES	31,492.
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MANAGEMENT AND GENERAL EXPENSES	509.
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FUNDRAISING EXPENSES	20,204.
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TOTAL EXPENSES	52,205.
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## DIRECT MAIL PACKAGE AND SHIPPING:

PROGRAM SERVICE EXPENSES	278,968.
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MANAGEMENT AND GENERAL EXPENSES	4,510.
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FUNDRAISING EXPENSES	178,980.
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TOTAL EXPENSES	462,458.
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## DIRECT MAIL PRODUCTION COST:

PROGRAM SERVICE EXPENSES	18,591.
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Name of the organization <b>BLINDED VETERANS ASSOCIATION</b>	Employer identification number <b>53-0214281</b>
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<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>301.</b>
<b>FUNDRAISING EXPENSES</b>	<b>11,928.</b>
<b>TOTAL EXPENSES</b>	<b>30,820.</b>

**EDUCATION DATA PROCESSING:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>11,806.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>11,806.</b>

**EDUCATION CREATIVE:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>5,875.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>0.</b>
<b>TOTAL EXPENSES</b>	<b>5,875.</b>

**MD DATA PROCESSING:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>0.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>6,499.</b>
<b>TOTAL EXPENSES</b>	<b>6,499.</b>

**MD CREATIVE:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>0.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>0.</b>
<b>FUNDRAISING EXPENSES</b>	<b>5,320.</b>
<b>TOTAL EXPENSES</b>	<b>5,320.</b>

Name of the organization <b>BLINDED VETERANS ASSOCIATION</b>	Employer identification number <b>53-0214281</b>
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PG DATA PROCESSING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,544.
TOTAL EXPENSES	2,544.

PG CREATIVE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,300.
TOTAL EXPENSES	2,300.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,063,063.

FORM 990, PART XII, LINE 2C

THE REVIEW PROCESS HAS NOT CHANGED FROM PREVIOUS YEARS.

