

HERTZBACH & COMPANY, P.A.
1530 WILSON BLVD, #700
ARLINGTON, VA 22209

BLINDED VETERANS ASSOCIATION
125 N. WEST STREET, 3RD FLOOR
ALEXANDRIA, VA 22314

|||||



February 20, 2019

Blinded Veterans Association
125 N. West Street, 3rd Floor
Alexandria, VA 22314

Blinded Veterans Association:

We have prepared the organization's 2017 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 15, 2019.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Donald Miller

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018**2017**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

BLINDED VETERANS ASSOCIATION**53-0214281**

Name and title of officer

JOSEPH BOGART**EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,908,127.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize HERTZBACH & COMPANY, P.A. to enter my PIN 14812
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54329615676**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

08280221 795281 14812.001

2017.05030 BLINDED VETERANS ASSOCIAT 14812.01

EXTENDED TO MAY 15, 2019

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2017
Open to Public
Inspection**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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	C Name of organization BLINDED VETERANS ASSOCIATION		D Employer identification number 53-0214281
	Doing business as		E Telephone number 202-371-8880
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	125 N. WEST STREET, 3RD FLOOR		G Gross receipts \$ 8,428,917.
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.BVA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: TO PROMOTE THE WELFARE OF BLINDED VETERANS - SEE PART III AND SCHEDULE O		
	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)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,647,679.	Current Year 2,301,512.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	579,499.	407,743.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204,940.	198,872.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,432,118.	2,908,127.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,550.	13,635.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,534,249.	1,226,408.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	118,691.	62,400.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 617,990.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,137,700.	2,070,945.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,804,190.	3,373,388.
	19 Revenue less expenses. Subtract line 18 from line 12	-372,072.	-465,261.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 12,863,077.	End of Year 12,502,121.
	21 Total liabilities (Part X, line 26)	310,357.	292,247.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,552,720.	12,209,874.

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	
	JOSEPH BOGART , EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DONALD MILLER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00641906
	Firm's name ▶ HERTZBACH & COMPANY, P.A.	Firm's EIN ▶ 52-1158459	Phone no. (703) 351-6600	
	Firm's address ▶ 1530 WILSON BLVD, #700 ARLINGTON, VA 22209			

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

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ **No**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ **No**

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **535,222.** including grants of \$) (Revenue \$)
VETERAN SERVICE AND VOLUNTEER VETERAN SERVICE PROGRAMS

SEE SCHEDULE O

4b (Code:) (Expenses \$ **1,049,085.** including grants of \$) (Revenue \$)
PUBLIC EDUCATION AND COMMUNICATION

SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
ADVOCACY

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

(Expenses \$ **13,635.** including grants of \$ **13,635.**) (Revenue \$)

4e Total program service expenses **1,597,942.**

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

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

		1a	1b	2a	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	13																																
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0																															
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?																																	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			36																														
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)																																	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?																																	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O																																	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?																																	
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).																																	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?																																	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?																																	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?																																	
7	Organizations that may receive deductible contributions under section 170(c).																																	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?																																	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?																																	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																	
d	If "Yes," indicate the number of Forms 8282 filed during the year																																	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?																																	
9	Sponsoring organizations maintaining donor advised funds.																																	
a	Did the sponsoring organization make any taxable distributions under section 4966?																																	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?																																	
10	Section 501(c)(7) organizations. Enter:																																	
a	Initiation fees and capital contributions included on Part VIII, line 12																																	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																	
11	Section 501(c)(12) organizations. Enter:																																	
a	Gross income from members or shareholders																																	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)																																	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?																																	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year																																	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.																																	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.																																	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans																																	
c	Enter the amount of reserves on hand																																	
14a	Did the organization receive any payments for indoor tanning services during the tax year?																																	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O																																	

Form 990 (2017)

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		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	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **JOSEPH BOGART, EXECUTIVE DIRECTOR - 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) JOE J. PARKER PRESIDENT	22.00	X		X				0.	0.	0.
(2) PAUL MIMMS VICE PRESIDENT	8.00	X		X				0.	0.	0.
(3) JOE MCNEIL SR. SECRETARY	2.00	X		X				0.	0.	0.
(4) DANIEL WALLACE TREASURER	30.00	X		X				0.	0.	0.
(5) DENNIS O'CONNELL DIRECTOR - DISTRICT 1	14.00	X						0.	0.	0.
(6) DAVE FOX DIRECTOR - DISTRICT 2	12.00	X						0.	0.	0.
(7) VERNON RICHMOND DIRECTOR - DISTRICT 3	4.00	X						0.	0.	0.
(8) JHENNI MORROW DIRECTOR - DISTRICT 4	48.00	X						0.	0.	0.
(9) PAUL KAMINSKY DIRECTOR - DISTRICT 5	16.00	X						0.	0.	0.
(10) DR. THOMAS ZAMPIERI DIRECTOR - DISTRICT 6	43.00	X						0.	0.	0.
(11) ROBERT DALE STAMPER FORMER PRESIDENT	1.00	X		X				0.	0.	0.
(12) ALBERTO AVINA EXECUTIVE DIRECTOR, ASST.	37.50			X				101,745.	0.	3,967.
(13) KATHRYN RUAIS CHIEF FINANCIAL OFFICER	37.50			X				116,748.	0.	1,987.
(14) BRIGITTE JONES ADMINISTRATIVE DIRECTOR	45.00			X				70,044.	0.	1,423.
(15) STUART NELSON CONNUMICATIONS COORDINATOR	37.50			X				54,192.	0.	11,663.
(16) JOSEPH BOGART EXECUTIVE DIRECTOR	60.00			X				0.	0.	0.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	372.				
	b Membership dues	1b	10,350.				
	c Fundraising events	1c	23,675.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,267,115.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f				2,301,512.		
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			351,901.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				55,842.			55,842.
8 a Gross income from fundraising events (not including \$ 23,675. of contributions reported on line 1c). See Part IV, line 18		a	37,585.				
b Less: direct expenses		b	17,898.				
c Net income or (loss) from fundraising events				19,687.			19,687.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a	1,966.				
b Less: cost of goods sold	b	0.					
c Net income or (loss) from sales of inventory			1,966.			1,966.	
Miscellaneous Revenue			Business Code				
11 a SPONSORSHIP	900099		79,325.			79,325.	
b EXHIBITS	900099		36,877.			36,877.	
c REGISTRATION	900099		33,072.			33,072.	
d All other revenue	900099		27,945.			27,945.	
e Total. Add lines 11a-11d				177,219.			
12 Total revenue. See instructions.				2,908,127.	0.	0.	606,615.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,635.	13,635.		
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	371,243.	165,174.	197,128.	8,941.
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	598,311.	265,395.	318,661.	14,255.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,177.	1,908.	8,251.	18.
9 Other employee benefits	168,709.	94,812.	67,107.	6,790.
10 Payroll taxes	77,968.	31,359.	44,132.	2,477.
11 Fees for services (non-employees):				
a Management				
b Legal	9,807.		9,807.	
c Accounting	135,682.		135,682.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	62,400.			62,400.
f Investment management fees	63,051.	63,051.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	55,051.	26,304.	3,172.	25,575.
12 Advertising and promotion	8,000.	8,000.		
13 Office expenses	71,083.	17,282.	39,595.	14,206.
14 Information technology	2,478.		2,478.	
15 Royalties				
16 Occupancy	186,007.		186,007.	
17 Travel	115,519.	82,991.	32,487.	41.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,235.	72,235.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,998.	19,578.	1,320.	1,100.
23 Insurance	26,661.		26,661.	
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 DIRECT MAILING	1,049,048.	627,725.	10,386.	410,937.
b BULLETIN	64,370.	64,370.		
c EQUIPMENT RENTAL	63,830.	10,217.	53,613.	
d HURRICANE HARVEY FUNDRA	57,817.			57,817.
e All other expenses	68,308.	33,906.	20,969.	13,433.
25 Total functional expenses. Add lines 1 through 24e	3,373,388.	1,597,942.	1,157,456.	617,990.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,111,448.	627,725.	10,386.	473,337.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	604,362.	1	327,560.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	646,872.	3	595,006.
	4 Accounts receivable, net	13,003.	4	20,592.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,782.	8	
	9 Prepaid expenses and deferred charges	76,700.	9	74,856.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 112,218.		
	b Less: accumulated depreciation	10b 66,144.	10c 68,072.	46,074.
	11 Investments - publicly traded securities	11,452,286.	11	11,427,200.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	10,833.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,863,077.	16	12,502,121.	
Liabilities	17 Accounts payable and accrued expenses	310,357.	17	219,532.
	18 Grants payable		18	
	19 Deferred revenue		19	72,715.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	310,357.	26	292,247.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,287,505.	27	12,031,753.
	28 Temporarily restricted net assets	265,215.	28	178,121.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	12,552,720.	33	12,209,874.
34 Total liabilities and net assets/fund balances	12,863,077.	34	12,502,121.	

Form 990 (2017)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,908,127.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,373,388.
3	Revenue less expenses. Subtract line 2 from line 1	3	-465,261.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,552,720.
5	Net unrealized gains (losses) on investments	5	216,657.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-94,242.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,209,874.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5717556.	3521522.	2300620.	2756539.	2328443.	16624680.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5717556.	3521522.	2300620.	2756539.	2328443.	16624680.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2255909.
6 Public support. Subtract line 5 from line 4.						14368771.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	5717556.	3521522.	2300620.	2756539.	2328443.	16624680.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	261,883.	318,584.	335,714.	319,904.	351,901.	1587986.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	206,829.	217,532.	164,691.	117,104.	178,407.	884,563.
11 Total support. Add lines 7 through 10						19097229.
12 Gross receipts from related activities, etc. (see instructions)					12	1,966.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	75.24 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	76.74 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

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2017

*** Not Open to Public Inspection ***

723171 04-01-17

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

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 campaign activity expenditures ▶ \$
- 3 Volunteer hours for political campaign activities

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) 2017

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732041 11-09-17

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		40,000.													
c Total lobbying expenditures (add lines 1a and 1b)		40,000.													
d Other exempt purpose expenditures		3,333,388.													
e Total exempt purpose expenditures (add lines 1c and 1d)		3,373,388.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		318,669.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		79,667.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	377,029.	338,179.	340,205.	318,669.	1,374,082.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,061,123.
c Total lobbying expenditures	40,000.	22,500.	40,000.	40,000.	142,500.
d Grassroots nontaxable amount	94,257.	84,545.	85,051.	79,667.	343,520.
e Grassroots ceiling amount (150% of line 2d, column (e))					515,280.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE 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 VETERANS BENEFITS AND, BLIND REHABILITATION PROGRAMS AND SERVICES OFFERED BY THE FEDERAL GOVERNMENT THROUGH THE DEPARTMENT OF VETERANS AFFAIRS TO BLINDED VETERANS.

Part IV **Supplemental Information** *(continued)*

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

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

OMB No. 1545-0047

2017
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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2017

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(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:

- (i) unrelated organizations _____
 (ii) related organizations _____

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

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

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

Part VI Land, Buildings, and Equipment.

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

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.	66,144.	46,074.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				46,074.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2017

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,155,969.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	216,657.
b	Donated services and use of facilities	2b	23,637.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	17,898.
e	Add lines 2a through 2d	2e	258,192.
3	Subtract line 2e from line 1	3	2,897,777.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	10,350.
c	Add lines 4a and 4b	4c	10,350.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,908,127.

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

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

1	Total expenses and losses per audited financial statements	1	3,404,573.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	23,637.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	17,898.
e	Add lines 2a through 2d	2e	41,535.
3	Subtract line 2e from line 1	3	3,363,038.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	10,350.
c	Add lines 4a and 4b	4c	10,350.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,373,388.

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, 2018 AND 2017. YEARS ENDING ON OR

AFTER JUNE 30, 2015 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX

AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

FUNDRAISING EXPENSES 17,898.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LIFE MEMBER DUES 10,350.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 17,898.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LIFE MEMBER DUES 10,350.

COPY

Department of the Treasury
Internal Revenue Service

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

► **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number
53-0214281

Part I

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

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

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

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

☒ Yes☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LEWIS ADVERTISING - 325 EAST OLIVER STREET, BALTIMORE, MD	DIRECT MAIL SOLICITATION		X	1,262,632.	56,700.	1,205,932.
THOMAS TOBIN - 2310 ARDLEIGH DRIVE, CLEVELAND HEIGHTS, OH	MAJOR DONOR SOLICITATION		X	204,531.	5,700.	198,832.
Total				1,467,163.	62,400.	1,404,764.

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

AL, AL, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Schedule G (Form 990 or 990-EZ) 2017

SEE PART IV FOR CONTINUATIONS

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	1 Gross receipts	61,260.			61,260.
	2 Less: Contributions	23,675.			23,675.
	3 Gross income (line 1 minus line 2)	37,585.			37,585.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,898.			17,898.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				17,898.
	11 Net income summary. Subtract line 10 from line 3, column (d)				19,687.

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ 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 | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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 TOBIN

(I) ADDRESS OF FUNDRAISER:

2310 ARDLEIGH DRIVE, CLEVELAND HEIGHTS, OH 44106

Part IV Supplemental Information *(continued)*

COPY

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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) 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) (2017)

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 noncash assistance
SCHOLARSHIPS	9	13,000.	0.		
SERVICE AWARDS	4	635.	0.		

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

FORM 990, PART I, LINE 1

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

BVA IS A NONPROFIT 501(C)3 TAX-EXEMPT ORGANIZATION FOUNDED IN 1945 IN
AVON, CONNECTICUT, BY A SMALL GROUP OF COMBAT-BLINDED WORLD WAR II
VETERANS. IN 1947 THE ASSOCIATION BECAME INCORPORATED FOLLOWED BY
CONGRESSIONAL CHARTER IN 1958. THE ORGANIZATION'S PRIMARY PURPOSE
INCLUDES LOCATING BLINDED VETERANS WHO NEED SERVICES, GUIDING THEM
THROUGH THE REHABILITATION PROCESS, ENSURING HIGH QUALITY BLIND
REHABILITATION, AND SERVE AS ADVOCATES FOR THEM AND THEIR FAMILIES IN
THE PRIVATE, PUBLIC AND GOVERNMENT SECTORS, INCLUDING THE U.S. CONGRESS
AND THE DEPARTMENT OF VETERANS AFFAIRS (VA). BVA SERVES AS THE ROLE
MODEL TO DEMONSTRATE HOW TO OVERCOME THE CHALLENGES OF SUBSTANTIAL
VISION LOSS. THE ASSOCIATION SERVES AS A COMMUNICATION MEDIUM REGARDING
ISSUES AFFECTING BLINDED VETERANS, SUPPORTS VOCATIONAL AND RECREATIONAL
PROGRAMS THAT FOSTER REHABILITATION, AND FOSTERS ENCOURAGEMENT AND
EMOTIONAL SUPPORT.

VA ESTIMATES THAT 130,000 AMERICAN VETERANS ARE CURRENTLY LEGALLY
BLIND, WITH MORE THAN HALF REMAINING UNAWARE OF THEIR ELIGIBILITY FOR
SPECIAL SERVICES AND BENEFITS. THOUSANDS OF ADDITIONAL VETERANS BECOME
BLIND OR VISUALLY IMPAIRED EVERY YEAR EITHER DURING SERVICE OR AFTER
DUE TO AGE OR DISEASE. BVA PROGRAMS HELP ALL OF THESE VETERANS AND

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

THEIR FAMILIES MEET THE CHALLENGES OF SUBSTANTIAL VISION LOSS AT NO CHARGE OR MEMBERSHIP PREREQUISITE. FUNDING FOR THE ASSOCIATION RESULTS FROM GENEROUS CONTRIBUTIONS FROM SUPPORTERS.

THE ORGANIZATION IS GOVERNED BY 11 VOTING MEMBERS OF THE NATIONAL BOARD OF DIRECTORS ELECTED FROM THE BVA MEMBERSHIP. THEY ARE ASSISTED BY TWO HONORARY BOARD MEMBERS INCLUDING THE AUDIT COMMITTEE CHAIR. ALL POSITIONS ARE HELD ON A VOLUNTARY BASIS AND ALL MEMBERS GIVE FREELY OF THEIR TIME AND RESOURCES. THE BOARD INCLUDES BVA MEMBERS APPOINTED TO SERVE AS THE NATIONAL SERGEANT-AT-ARMS AND THE NATIONAL CHAPLAIN. BOARD MEMBER TRAVEL INCLUDES TWO SEMI-ANNUAL BOARD MEETINGS, ONE AT THE ANNUAL CONVENTION AND THE OTHER AT BVA NATIONAL HEADQUARTERS. BOARD MEMBERS CONDUCT REGULAR BUSINESS THROUGH EMAIL AND MONTHLY TELECONFERENCES DURING THE FISCAL YEAR. THE BVA BOARD PROMOTES THE WELFARE OF, ADVOCATION FOR AND ASSISTANCE OF BLINDED VETERANS AND THEIR FAMILIES. THIS FISCAL YEAR THE BOARD DONATED MORE THAN 9,400 TOTAL HOURS OF WORK AND MORE THAN \$3,300 IN REIMBURSABLE EXPENSES THAT WERE NOT REQUESTED FOR PAYMENT.

THE NATIONAL BOARD OF DIRECTORS APPOINTS COMMITTEES TO OVERSEE AND ADVISE IT. ALL OF THE COMMITTEES CONSIST OF PRIMARILY OF BVA MEMBERS AND SOME ARE BOARD MEMBERS WHILE ALL ARE VOLUNTEERS. SOME COMMITTEES INCLUDE NON-MEMBER CITIZENS VOLUNTEERING TO ASSIST THE ORGANIZATION. DURING THE PAST FISCAL YEAR, COMMITTEE MEMBERS WHO ARE NOT ON THE BOARD DONATED OVER 100 HOURS OF VOLUNTEER TIME.

BVA HAS 52 REGIONAL GROUPS IN THE UNITED STATES AND PUERTO RICO WHO OFFER PEER SUPPORT, SOCIAL EVENTS, AND RECREATIONAL ACTIVITIES TO

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

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 IS CURRENTLY LOCATED IN THE OLD TOWN NEIGHBORHOOD OF ALEXANDRIA, VIRGINIA, ONLY A FEW MILES ACROSS THE POTOMAC RIVER FROM 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 3, LINE 4A

VETERAN SERVICE AND VOLUNTEER VETERAN SERVICE PROGRAMS

THE BVA VETERAN SERVICE PROGRAM CONSISTS OF ELEVEN VETERAN SERVICE OFFICERS AND VOLUNTEER SERVICE OFFICERS, INCLUDING FIVE WHO ARE LEGALLY BLIND VETERANS THEMSELVES PROVIDING SERVICES THROUGHOUT THE UNITED STATES AND PUERTO RICO. FOUR VETERAN SERVICE OFFICERS ARE LOCATED AT THE NATIONAL FIELD SERVICE RESOURCE CENTER IN ALEXANDRIA, VA. BVA ALSO HAS CROSS-ACCREDITED 153 SERVICE OFFICERS THROUGH MEMORANDUMS OF UNDERSTANDING WITH STATE DEPARTMENT OF VETERANS SERVICES IN THE STATES OF ALABAMA, COLORADO, FLORIDA, LOUISIANA, MINNESOTA, OKLAHOMA, OREGON, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, AND WISCONSIN.

SERVING AS ROLE MODELS, VETERAN SERVICE OFFICERS ASSIST BLINDED

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

VETERANS WITH THE FIRST STEPS IN ADJUSTING TO BLINDNESS. THEY LINK BLINDED VETERANS WITH LOCAL SERVICES, ASSURE THE NEWLY BLINDED TAKE ADVANTAGE OF VA BLIND REHABILITATION SERVICES AND ASSIST THEM WITH THE VA BENEFIT CLAIMS PROCESS. THEY HELP VETERANS BRING FOCUS AND DIRECTION TO THEIR LIVES, PROVIDE INSPIRATION AND ENCOURAGEMENT. BVA VETERAN SERVICE OFFICERS ARE TRAINED EXPERTS IN NAVIGATING THE VA BENEFIT CLAIMS PROCESS FOR VETERANS SUFFERING FROM VISUAL IMPAIRMENTS AND USE A HOST OF RESOURCES TO ASSIST THE VETERANS THAT NEED THE MOST SUPPORT IN THIS PROCESS.

DURING FY 2018, THE BVA VETERAN SERVICE PROGRAM WAS RESPONSIBLE FOR 275 CLAIMS GRANTED FOR COMPENSATION, PENSION, AND SPECIALIZED GRANTS TO VETERANS ASSISTED BY THE PROGRAM. THE PROGRAM WAS RESPONSIBLE FOR MORE THAN \$7,051,451.30 IN TOTAL RETROACTIVE PAYMENTS.

THE VETERAN SERVICE PROGRAM CONTINUES TO CONDUCT THE COMPREHENSIVE VETERANS CARE REVIEW WITH THE VA BLIND REHABILITATION SERVICES, CENTERS AND OUTPATIENT REHABILITATION CLINICS. BVA'S BLIND REHABILITATION QUALITY ASSURANCE COORDINATOR MEETS WITH VA MEDICAL CENTER STAFF AND VETERANS TO CREATE A COMPREHENSIVE PICTURE OF THE CURRENT STATUS OF EACH BRC OR VISOR CLINIC. THIS ALLOWS BVA TO SHARE BEST PRACTICES FROM ONE BRC TO ANOTHER AND INCREASE COLLABORATION WITH BLIND REHABILITATION SERVICES TO CONTINUE IMPROVING SERVICES TO BLIND VETERANS AT ALL BRC FACILITIES.

THE BLIND REHABILITATION QUALITY ASSURANCE COORDINATOR WAS ABLE TO REACH AND ASSIST VETERANS OF WHOM BVA HAD NOT PREVIOUSLY BEEN AWARE.

THIS VETERAN SERVICE OFFICER CONDUCTS EDUCATIONAL SESSIONS AND

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

ONE-ON-ONE MEETINGS FOR ALL VETERANS AT THE BRCS VISITED.

BVA'S VETERAN SERVICE OFFICERS ALSO SUPPORT VOLUNTEER OFFICES IN VA MEDICAL CENTERS, REGIONAL OFFICES, AND OUTPATIENT CLINICS NATIONWIDE. VOLUNTEER VETERAN SERVICE OFFICERS ARE BLINDED VETERANS SERVING AS PEER COUNSELORS AND PROVIDE ANOTHER WAY FOR BLINDED VETERANS TO HELP AND SERVE ONE ANOTHER. THEY FOSTER GROUP IDEA SHARING, PROVIDE INFORMATION ON PROGRAMS AND SERVICES, ENCOURAGE BLINDED VETERANS TO ENTER REHABILITATION PROGRAMS, AND DEMONSTRATE EQUIPMENT AND AIDS USED BY THE BLIND. THEY REINFORCE THE WORK OF THE VETERAN SERVICE OFFICERS BY LIFTING FELLOW VETERANS FROM THE DISCOURAGEMENT AND FRUSTRATION THEY OFTEN FACE.

BVA VOLUNTEERS ARE ACTIVE IN THEIR COMMUNITIES AND GOOD SOURCES OF INFORMATION ABOUT LOCAL PROGRAMS AND SERVICES. IN FISCAL YEAR 2018 THE BVA HAD 31 REPRESENTATIVES AND 12 DEPUTY REPRESENTATIVES AND 103 VOLUNTEERS DONATING OVER 13,031 HOURS IN 54 VA MEDICAL FACILITIES.

OPERATION PEER SUPPORT PROGRAM

BVA ESTABLISHED THE OPERATION PEER SUPPORT (OPS) PROGRAM IN FY 2006 TO BRING WAR BLINDED IRAQ AND AFGHANISTAN ERA VETERANS TO THE ANNUAL CONVENTIONS TO GENERATE PEER SUPPORT WITHIN THIS GENERATION AND PREVIOUS GENERATIONS OF BVA MEMBERS. OPS THEN EXPANDED TO CONNECT NEWLY BLINDED POST DESERT STORM-GULF WAR I ERA VETERANS WITH OTHER BLINDED VETERANS FROM ALL ERAS. TODAY, THE OPS PROGRAM SERVES BLINDED VETERANS OF ALL ERAS. DURING FY 2018, THIS PROGRAM CONDUCTED 12 EVENTS PLANNED AND EXECUTED BY THE OPS COMMITTEE, THEREBY INCREASING A SENSE OF

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PURPOSE AND HEALING FOR OVER 44 INDIVIDUAL BLINDED VETERANS AND MANY MORE FAMILY MEMBERS, SUPPORTERS, AND VOLUNTEERS.

TO INCREASE LOCAL MEMBERSHIP INVOLVEMENT AT THE NATIONAL LEVEL, THE OPS PROGRAM PROVIDED TRAVEL AND ACCOMMODATIONS FOR NINE BLINDED POST 9/11 SERVICE MEMBERS AND FOUR MEMBERS FROM PREVIOUS ERAS AND A FAMILY MEMBER OR CAREGIVER TO ATTEND BVA'S 72ND NATIONAL CONVENTION IN JACKSONVILLE, FL 2017. THIS EVENT HAS SUCCEEDED TO INSPIRE NINE ALUMNI TO RETURN AND PARTICIPATE AT THEIR OWN EXPENSE AND SERVE IN LEADERSHIP ROLES FOR BVA AND OTHER VETERAN ORGANIZATIONS.

THE OPS PROGRAM SUPPORTED ONE OIF VETERAN IN THE BOSTON MARATHON IN APRIL 2017.

THE OPS PROGRAM PARTICIPATED IN THE MAJOR ROB SOLTES MEMORIAL GOLF TOURNAMENT IN IRVINE, CALIFORNIA WITH FOUR BVA MEMBERS AND THREE BRITISH ARMY WAR-BLINDED VETERANS IN OCTOBER 2016.

OPS, COORDINATED WITH THE HEROES NEW HOPE FOUNDATION, FOR AN ALL-INCLUSIVE FIVE-DAY DEER HUNTING TRIP FOR FOUR BLINDED VETERANS IN NOVEMBER, 2017. THIS EVENT ADVOCATED TO THE PUBLIC THAT 'LIMITATIONS' ARE GOALS TO SURPASS. THE PARTICIPATING WOUNDED OR INJURED VETERANS OVERCAME PERCEIVED LIMITATIONS, AND THERAPEUTICALLY HEALED THE OUTDOOR ACTIVITIES.

FOUR BVA MEMBERS SUPPORTED THE UNITED STATES ASSOCIATION OF BLIND ATHLETES AND OVERCAME PERSONAL ENDURANCE BARRIERS BY PARTICIPATING AS A TEAM IN THE CALIFORNIA INTERNATIONAL MARATHON IN DECEMBER 2016.

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FIVE BLINDED VETERANS AND TWO GUIDES OVERCAME EMOTIONAL AND PHYSICAL LIMITATIONS DURING THE BATAAN MEMORIAL DEATH MARCH IN WHITE SANDS, NM, MARCH, 2018. THESE VETERANS GREW STRONG BONDS AND OVERCAME SCARRED SOULS BY THROUGH THEIR 9-HOUR HIKE IN THE HIGH DESERT.

BLINDED VETERANS COORDINATED WITH VARIOUS PROFESSIONAL VISION RESEARCH ORGANIZATIONS TO CONDUCT A TWO-DAY POLICY EDUCATION TRIP TO WASHINGTON, DC TO SEEK AN APPROPRIATION OF \$15 MILLION FOR DOD VISION RESEARCH PROGRAM (VRP).

THE OPS PROGRAMS COORDINATED WITH BLIND ENDEAVORS AND DEPLOYED FIVE BLINDED VETERANS TWO BLIND U.K. VETERANS WITH THE SUPPORT OF COUNTLESS VOLUNTEERS AND MEMBERS OF THE U.S. ARMY MOUNTAIN RANGER CAMP TO CONDUCT THE BLIND APPALACHIAN TRAIL EVENT IN JUNE, 2018. THIS EVENT SURMOUNTED 74 MILES OF HIKING IN HONOR OF THE 74TH ANNIVERSARY OF NORMANDY D-DAY INVASION CULMINATING WITH THE MOUNTAIN RAPPEL DOWN POINT DU HOC AT THE MOUNTAIN RANGER CAMP ON JUNE 6TH. THIS EVENT SHOWED HOW DETERMINATION, PERSEVERANCE AND TEAMWORK CAN OVERCOME THE OBSTACLES OF BLINDNESS.

SINCE 2011, THE BVA'S OPS PROGRAM HAS PARTNERED WITH THE BLINDED VETERAN'S UNITED KINGDOM IN A JOINT PEER SUPPORT PROGRAM CALLED PROJECT GEMINI. EACH YEAR MEMBERS OF BOTH ORGANIZATIONS TRAVEL ACROSS THE ATLANTIC OCEAN TO LEARN ABOUT THEIR COUNTERPART'S REHABILITATION TECHNIQUES, ORGANIZATION HISTORY, BONDING ACTIVITIES, MENTORSHIP AND SPIRITUAL GROWTH. DURING FY 2018, TWO OIF/OEF ERA AND TWO GULF WAR ONE ERA BVA MEMBERS JOINED FIVE BRITISH BLINDED VETERANS AND TWO SOUTH AFRICAN WAR BLINDED VETERANS FOR SEVEN DAYS OF THESE ACTIVITIES TO EXPAND THEIR PEER SUPPORT NETWORK AND INCREASE INTERNATIONAL AWARENESS OF BLINDNESS ISSUES. IN CONJUNCTION WITH THIS ANNUAL EVENT THREE

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INTERNATIONALLY KNOWN OPHTHALMOLOGISTS SERVED AS GUEST SPEAKERS AT A PUBLIC "LIFE BEYOND SIGHT LOSS" SEMINAR IN LONDON. THEY PRESENTED ON HISTORY OF VETERANS' REHABILITATION, EYE TRAUMA, TRAUMATIC BRAIN INJURIES VISION CONDITIONS, AND VISION TRAUMA RESEARCH AS A SPECIAL PROJECT GEMINI INITIATIVE. THE PROGRAM INCLUDES THE SURGEON GENERAL BRITISH DEFENSE MEDICAL SERVICES, AND THE DIRECTOR OF RESEARCH AND INNOVATION AT BLIND VETERANS UK AND TWO UK VISION RESEARCH EXPERTS ON THE AFTERNOON PUBLIC SEMINAR. THESE ADDITIONAL RESEARCH EXCHANGES SERVE TO CONTINUE EXPANDING THE COOPERATION AND SHARED VISION RESEARCH TO HELP SAVE AND RETURN EYESIGHT ON THE BATTLEFIELD, IN THE HOSPITALS AND LATER IN LIFE.

THE BVA OPS PROGRAM CONTINUES EDUCATING THE PUBLIC AT ALL LEVELS ON THE ISSUES SURROUNDING BLINDED VETERANS AND THEIR FAMILIES, INCLUDING THOSE WITH TRAUMATIC BRAIN INJURY (TBI) AND SUBSEQUENT VISUAL DYSFUNCTION. ADVOCACY THROUGH NEWS MEDIA, FEDERAL AGENCIES, CONGRESSIONAL MEMBERS, IN COOPERATION WITH NATIONAL VISION RESEARCH ORGANIZATIONS, HAVE RESULTED THE WORLD WAR I CENTENNIAL COMMISSION OFFICIAL WEB SITE NEWSLETTER POSTING TWO OF THE PROJECT GEMINI EXCHANGE STORIES.

BVA ESTABLISHED A BLIND HOCKEY PROGRAM IN FY 2017 AND COMBINED IT WITH A TRY SKATING PROGRAM IN 2018. THROUGH VA, VOLUNTEER AND U.S.A HOCKEY'S SUPPORT, THIS PROGRAM SUPPORTED BLINDED VETERANS WITH INSTRUCTION, EQUIPMENT AND FRIENDLY COMPETITION. BY SHOWING HOW BLIND VETERANS CAN CONTINUE TO PARTICIPATE IN WINTER SPORTS ACTIVITIES, THIS PROGRAM HELPED BLIND AND VISUALLY IMPAIRED VETERANS RETURN TO A MORE ACTIVE AND HEALTHIER LIFESTYLE. ONE BLINDED VETERAN WAS SO SUCCESSFUL HE WAS ASSIGNED TO THE STARTING ROSTER FOR THE US NATIONAL BLIND HOCKEY TEAM.

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FORM 990, PART 3, LINE 4B

PUBLIC EDUCATION AND COMMUNICATION

THE BVA BULLETIN SITS AT THE HEART OF ALL BVA NATIONAL COMMUNICATIONS AND PUBLIC RELATIONS EFFORTS. THIS IS A BI-MONTHLY PERIODICAL SENT TO ALL BVA MEMBERS, THEIR FAMILIES, LIBRARIES, HEALTH CARE INSTITUTIONS, VETERAN SERVICE ORGANIZATIONS AND VA BLIND REHABILITATION SERVICE PROVIDERS FOR WHOM THE ASSOCIATION HAS UPDATED CONTACT INFORMATION. THE BULLETIN EDUCATES ON PAST AND PRESENT ISSUES AND EVENTS RELATING SPECIFICALLY TO BLINDED VETERANS. IT COVERS GENERAL TOPICS ABOUT VETERANS AS WELL AS GENERAL TOPICS ABOUT BLINDNESS (I.E., TECHNOLOGY, SOCIAL ISSUES, ETC.). AVERAGE CIRCULATION OF THE BULLETIN IN FY 2018 WAS APPROXIMATELY 6,400 FOR LARGE PRINT, ;209 IN COMPACT DISC FOR MEMBERS; AND APPROXIMATELY 1,600 VIA EMAIL OR PDF.

BVA USES ONE MAJOR TRI-FOLD BROCHURE TO SHARE ITS MESSAGE TO THE ORGANIZATION'S STAKEHOLDERS. IN FY 2018 BVA PRODUCED THE NEW MULTI-PURPOSE COLOR BROCHURE IN LARGE PRINT.

THE BVA WEBSITE RECEIVED 48,000 UNIQUE VISITORS AND 116,200 PAGEVIEWS DURING 2018 COMPARED TO 39,000 VISITS AND 110,000 VIEWS IN 2017. MOST VISITS ORIGINATED THROUGH THE GOOGLE SEARCH ENGINE AND 90% OF ALL USERS WERE NEW COMPARED TO 88% IN 2017. THE BVA SITE IS A CONSTANT WORK IN PROGRESS TO INCREASE ACCESSIBILITY FOR EVERYONE IN ORDER TO HELP THE ORGANIZATION FULFILL ITS MISSION IN THE 21ST CENTURY. A NEW AND IMPROVED WEBSITE IS NOW IN DEVELOPMENT FOR LAUNCH IN EARLY 2019

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BVA MAINTAINS SOCIAL MEDIA ACCOUNTS ON MAJOR SITES SUCH AS FACEBOOK, TWITTER, LINKEDIN, AND YOUTUBE. OVER THE PAST YEARS, BVA HAS ATTRACTED A LARGE FOLLOWING AND CURRENTLY COMMANDS A SOCIAL MEDIA AUDIENCE OF MORE THAN 10,000 FOLLOWERS, A 2 PERCENT INCREASE FROM FY 2017. BVA USES SOCIAL MEDIA TO EDUCATE AND ADVOCATE TO ITS FOLLOWERS ABOUT THE ASSOCIATION'S ACTIVITIES, RECENT LEGISLATIVE NEWS, AND ISSUES FACING BLINDED VETERANS. SOCIAL MEDIA ALSO FOSTERS COLLABORATION WITH PARTNER ORGANIZATIONS AND EDUCATES BVA FOLLOWERS ABOUT THE HELPFUL RESOURCES AVAILABLE.

BVA'S MONTHLY E-NEWSLETTER CAMPAIGN INFORMS 3,475 SUPPORTERS, DONORS, AND MEMBERS OF RECENT BVA DOINGS AND PROVIDES A DIGEST OF MONTHLY NEWS SHARED ON SOCIAL MEDIA. THIS IS AN INCREASE FROM FY2017 IN AVERAGE READERSHIP OF 20% MONTHLY.

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

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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.

THE BVA HOSTS AN ANNUAL CONVENTION EACH AUGUST IN CONJUNCTION WITH THE DEPARTMENT OF VETERANS AFFAIRS BLIND REHABILITATION SERVICES ANNUAL CONFERENCE. THIS ALLOWS DIRECT INTERACTION BETWEEN LEADERS AND MEMBERS OF BOTH ORGANIZATIONS, EXPOSURE TO THE LATEST REHABILITATION TECHNOLOGY, POLICIES, RESEARCH AND FOSTERS COLLABORATION ON BEHALF OF ALL BLINDED AND VISUALLY IMPAIRED VETERANS.

DURING EACH ANNUAL CONVENTION, BVA PRESENTS AWARDS TO HONOR OUTSTANDING ACHIEVEMENTS. A BLINDED VETERAN WITH PROVEN OUTSTANDING EMPLOYMENT PERFORMANCE AND ADJUSTMENT TO DAILY LIVING RECEIVES THE MAJOR GENERAL MELVIN J. MAAS ACHIEVEMENT AWARD. A VOLUNTEER RECEIVES THE DAVID L. SCHNAIR AWARD FOR OUTSTANDING CONTRIBUTION TO THE BVA VOLUNTEER PROGRAM. A BVA MEMBER WHO PROVIDES THE MOST OUTSTANDING CONTRIBUTION TO THE GROWTH AND DEVELOPMENT OF HIS/HER REGIONAL GROUP RECEIVES THE IRVING DIENER AWARD. CERTIFICATES OF APPRECIATION ARE AWARDED TO INDIVIDUALS, GROUPS, AND EMPLOYERS WHO PROVIDED OUTSTANDING SERVICES TO BLINDED VETERANS AND/OR TO BVA AT THE NATIONAL LEVEL.

THE ANNUAL CONVENTION PROVIDES EDUCATION SESSIONS OPEN TO ALL ATTENDEES THAT INCLUDED TO INCREASE THE CAPABILITIES, CONFIDENCE OR INDEPENDENCE: VOLUNTEER SERVICE OFFICER TRAINING, IPHONE FUNDAMENTALS, VOICE CONTROL YOUR HOME, AND TOASTMASTERS.

THE ANNUAL CONVENTION HOSTED 53 EXHIBITORS WITH PRODUCT DEMONSTRATIONS,

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TECHNOLOGY UPDATES AND THE LATEST PROGRAMS AND SERVICES FOR THE BLIND
AND VISUALLY IMPAIRED COMMUNITY. BVA MEMBERS, VA BLIND REHABILITATION
SERVICES AND THE PUBLIC ALL VISIT THE EXHIBIT HALL.

FORM 990, PART 3, LINE 4C

ADVOCACY

THE 1958 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
HEADQUARTERS STAFF PRESENT ANNUAL TESTIMONY BEFORE THE HOUSE AND SENATE
COMMITTEES ON VETERANS AFFAIRS TO SHARE INFORMATION AND CONCERNS ON
SPECIALIZED PROGRAMS AND SERVICES OFFERED BY THE 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 NATION. BVA'S EDUCATIONAL EFFORTS SEEK TO ENHANCE THE
SPECIALIZED REHABILITATION PROGRAMS PROVIDED BY VA THAT ASSIST BLINDED
VETERANS IN THE ACCEPTANCE OF AND ADJUSTMENT TO VISION LOSS WHILE
HELPING THEM ACQUIRE THE ADAPTIVE SKILLS NECESSARY TO SUCCESSFULLY
REINTEGRATE INTO THEIR FAMILIES AND COMMUNITIES.

BVA CONTINUALLY EDUCATES FEDERAL AGENCY STAFFERS AND LEGISLATORS AND
HAD A SIGNIFICANT IMPACT DURING THE PAST YEAR. FOLLOWING RESOLUTIONS
ADOPTED BY THE ASSEMBLED MEMBERS AT BVA'S NATIONAL CONVENTION IN
AUGUST, BVA SENT LETTERS TO THE HOUSE AND SENATE COMMITTEES ON
VETERANS' AFFAIRS, THE WHITE HOUSE, TO THE SECRETARY OF VETERANS'

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AFFAIRS AND KEY LEADERS THROUGHOUT THE DEPARTMENT SETTING FORTH THE PRIORITY CONCERNS OF BLINDED VETERANS DISCUSSIONS OF THESE CONCERNS CONTINUED THROUGHOUT THE YEAR WITH THE VA DEPUTY SECRETARY, UNDER SECRETARIES AND CONGRESSIONAL COMMITTEE STAFFERS TO KEEP THESE CONCERNS HIGHLIGHTED.. ASSOCIATION LEADERS WORKED TOP VETERAN CONCERNS WITH OTHER VETERAN'S SERVICE ORGANIZATIONS, DISABILITY ADVOCACY ASSOCIATIONS, AND REPRESENTATIVES FROM VA AND DOD. BVA'S NATIONAL VICE PRESIDENT PRESENTED ANNUAL TESTIMONY IN MARCH BEFORE A JOINT SESSION OF THE HOUSE AND SENATE VETERANS' AFFAIRS COMMITTEES. BVA FOLLOWED WITH WRITTEN TESTIMONY ON LEGISLATION RELATED TO USE OF VA FUNDS TO PROVIDE SERVICE DOGS TO VETERANS WHO HAVE PTSD. IN SEPTEMBER, BVA'S DIRECTOR OF GOVERNMENT RELATIONS TESTIFIED AT A HOUSE VA SUBCOMMITTEE HEARING ON HEALTH TO EXAMINE LEGISLATION AIMED AT IMPROVING THE ACCESSIBILITY OF VA WEBSITES. BVA STAFF ATTENDED MEETINGS WITH CONGRESSIONAL OFFICES 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.

BVA NATIONAL HEADQUARTERS PROVIDED SEVERAL LEGISLATIVE UPDATES THROUGHOUT THE YEAR TO BVA BOARD MEMBERS, STAFF, REGIONAL GROUPS OFFICERS AND OTHER BVA MEMBERS AND FRIENDS.

BVA MONITORED DOD'S IMPLEMENTATION OF THE VISION CENTER OF EXCELLENCE (VCE) AND DEFENSE VETERANS EYE INJURY VISION REGISTRY (DVEIVR). VCE STAFF ATTENDED THE BVA NATIONAL CONVENTION AND PROVIDED UPDATES TO THE BVA BOARD AND GENERAL ASSEMBLY. BVA RAISED AWARENESS ABOUT THE NEEDS OF AN INCREASING POPULATION OF OIF AND OEF VETERANS WITH TRAUMATIC BRAIN INJURY VISUAL SYSTEM DYSFUNCTION

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TO ENSURE THAT SCREENING, DIAGNOSIS, TREATMENT, AND VISION RESEARCH ARE FUNDED.

BVA WORKED WITH THE NATIONAL ALLIANCE FOR EYE AND VISION RESEARCH (NAEVR), KEY CONGRESSIONAL COMMITTEE MEMBERS AND KEY BUDGET STAFF TO INCREASE FUNDING FOR THE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAM FOR VISION. BVA CONTINUED ADVOCACY FOR DEFENSE TRAUMATIC BRAIN INJURY (TBI) VISION RESEARCH PROGRAMS, SAW AN INCREASE FROM THE FUNDING LEVEL OF \$15 MILLION TO \$20 MILLION IN FY 2019 DEFENSE APPROPRIATIONS FOR VTRP.

BVA MONITORS THE WAITING TIMES, LENGTH OF STAY, AND STAFFING FOR THE 13 EXISTING VA BLIND REHABILITATION CENTERS AND 9 VISUAL IMPAIRMENT SERVICES OUTPATIENT REHABILITATION (VISOR) CENTERS TO ENSURE VETERANS HAVE ADEQUATE OPPORTUNITIES TO OBTAIN THE REHABILITATION TRAINING THEY NEED.

BVA SERVES IN THE VA PROSTHETICS & SENSORY AIDS SERVICE (PSAS) TO DEVELOP RECOMMENDATIONS FOR IMPROVING THE DISTRIBUTION AND DELIVERY OF PROSTHETIC APPLIANCES TO BLINDED VETERANS.

BVA COLLABORATES WITH THE VA TO WORK TOWARD FULL COMPLIANCE WITH SECTION 508 OF THE REHABILITATION ACT. THUS, 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 HELD SEVERAL SUCCESSFUL MEETINGS WITH SENIOR LEADERS IN VA'S OFFICE OF INFORMATION TECHNOLOGY TO IMPROVE PARTICULAR AREAS IN NEED OF

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ATTENTION. WE MAINTAINED FREQUENT CONTACT WITH THE VA SECTION 508 COMPLIANCE OFFICE TO OBTAIN PROGRESS REPORTS, NOTIFY THEM OF ISSUES, AND PROVIDE INPUT ON POLICY DRAFTS.

BVA JOINED WITH OTHER VETERAN'S SERVICE ORGANIZATIONS TO EDUCATE THE PUBLIC ABOUT NEEDS OF VETERANS AND THEIR FAMILIES AND EDUCATE VETERANS ABOUT AVAILABLE BENEFITS AND SERVICES AVAILABLE.

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

BVA COLLABORATES WITH LOCAL, NATIONAL AND INTERNATIONAL ORGANIZATIONS TO ADVOCATE, EDUCATE AND SUPPORT THE BLIND AND VISUALLY IMPAIRED EVERYWHERE.

BVA INCREASES PUBLIC AWARENESS THROUGH NEWS MEDIA, SOCIAL MEDIA, PODCASTS, INTERVIEWS AND PUBLISHED ARTICLES REGARDING THE NEEDS OF BLINDED VETERANS AND THEIR FAMILIES, INCLUDING THOSE WHO HAVE EXPERIENCED TRAUMATIC BRAIN INJURY AND SUBSEQUENT VISUAL DYSFUNCTION.

FORM 990, PART 3, LINE 4D

MEMBERSHIP

BVA SERVES AS A MEMBERSHIP-DRIVEN ORGANIZATION. MEMBERSHIP IN BVA CONSTITUTES MEMBERSHIP IN THE NATIONAL ORGANIZATION AS WELL AS IN A LOCAL REGIONAL GROUP. ANY BLINDED VETERANS CAN BENEFIT FROM THE SERVICES BVA PROVIDES REGARDLESS OF MEMBERSHIP STATUS. BVA OFFERS DIGITAL OR PRINT VERSION OF THE QUARTERLY BVA BULLETIN TO ANY BLINDED

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VETERAN. THE BVA BULLETIN IS A VALUABLE RESOURCE FOR BLINDED VETERANS TO KEEP ABREAST OF RELEVANT INFORMATION. BVA PROVIDES LOCAL ADVOCACY AND SUPPORT THROUGH THE 52 REGIONAL GROUPS. THESE LOCAL GROUPS FOSTER BVA MEMBERS THE OPPORTUNITIES TO MEET NEW PEOPLE FACING SIMILAR CHALLENGES, TO ESTABLISH FRIENDSHIPS, AND TO GAIN A VOICE AT THE ANNUAL CONVENTIONS.

LIFE MEMBERSHIP DUES ARE DEPOSITED INTO A LIFE MEMBERSHIP FUND, WHICH IS MANAGED BY A 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.

BVA INCLUDES AN AFFILIATE MEMBERSHIP CATEGORY WHERE VETERANS WITH SIGHT, FIRST RESPONDERS, HEALTH CARE RESEARCHERS, VIST, BROS, VA REHABILITATION STAFF, OPTOMETRISTS AND OPHTHALMOLOGISTS AMONG OTHERS CAN JOIN AS MEMBERS ON THE BVA WEB SITE.

SCHOLARSHIP PROGRAMS

FOR 34 YEARS THE BVA HAS AWARDED SCHOLARSHIPS TO DEPENDENT CHILDREN, SPOUSES OR GRANDCHILDREN OF BLINDED VETERANS OR ACTIVELY SERVING BLINDED U.S. MILITARY MEMBERS WITH EITHER SERVICE CONNECTED OR NON-SERVICE CONNECTED VISION LOSS. IN 2018, THE KATHERN F. GRUBER SCHOLARSHIP AWARDED SIX \$2,000 SCHOLARSHIPS. IN 2018 THE THOMAS H.

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MILLER SCHOLARSHIP AWARDED ONE \$1,000 SCHOLARSHIP USING THE SAME
CRITERIA AS ABOVE FOR MUSIC AND FINE ARTS STUDENTS.

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

MEMBERSHIP

SEE SCHEDULE O

SCHOLARSHIP PROGRAMS

SEE SCHEDULE O

EXPENSES \$ 13,635. INCLUDING GRANTS OF \$ 13,635. REVENUE \$ 0.

FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:

ND

FORM 990, PART VI, SECTION A, LINE 1:

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 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.

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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 11B:

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.

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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 EXECUTIVE DIRECTOR AND ADMINISTRATIVE DIRECTOR ENSURE 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 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.

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 XII, LINE 2C

EXPLANATION: DESCRIBE CHANGES IN COMMITTEE OVERSIGHT OF THE FINANCIAL

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

STATEMENT AUDIT - NO CHANGES FROM PRIOR YEAR.

COPY

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. BLINDED VETERANS ASSOCIATION	Enter filer's identifying number	
		Employer identification number (EIN) or 53-0214281	Social security number (SSN)
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 125 N. WEST STREET, 3RD FLOOR		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALEXANDRIA, VA 22314		

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOSEPH BOGART, EXECUTIVE DIRECTOR

- The books are in the care of ► **125 N. WEST STREET, 3RD FLOOR - ALEXANDRIA, VA 22314**
Telephone No. ► **202-371-8880** Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2017)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**