January 10, 2020

Blinded Veterans Association
1101 King Street, Suite 300
Alexandria, VA 22314

Blinded Veterans Association:

We have prepared the organization’s 2018 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, 2020.

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

Sincerely,

Donald Miller
BLINDED VETERANS ASSOCIATION

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 one line in Part I.

1a Form 990 check here □ [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) …………………. 1b 2,445,969.
2a Form 990-EZ check here □ [X] b Total revenue, if any (Form 990-EZ, line 9) …………………. 2b
3a Form 1120-POL check here □ [X] b Total tax (Form 1120-POL, line 22) …………………. 3b
4a Form 990-PF check here □ [X] b Tax based on investment income (Form 990-PF, Part VI, line 5) …………………. 4b
5a Form 8886 check here □ [X] b Balance Due (Form 8886, 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 2018 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 acknowledgement 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

[ ] I authorize HERTZBACH & COMPANY, P.A. to enter my PIN 14812

Enter five numbers, but do not enter all zeros

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature □ [X] 10 January, 2020

Date □ 10 January, 2020

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 2018 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 □ [X] 2018.05020 BLINDED VETERANS ASSOCIAT 14812.01

Date □ 2018.05020 BLINDED VETERANS ASSOCIAT 14812.01

Do not submit this form to the IRS unless requested to do so.

Form 8879-EO (2018)
Return of Organization Exempt From Income Tax

Under section 501(c)(3), 501(c)(4), or 501(c)(22), and section 527 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.

B Check if self-employed
OMB No. 1545-0047
Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

C Name of organization
BLINDED VETERANS ASSOCIATION

D Employer identification number
53-0214281

E Telephone number
202-371-8880

F Name and address of principal officer: JOSEPH BOGART
SAME AS C ABOVE

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c)(4) ☐ 501(c)(22) ☐ 527 (insert no.) ☑ 4947(a)(1) or ☐ 527

J Website: WWW.BVA.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1945 ☑ State of legal domicile: DC

Part I Summary

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 ☑ 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)

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 38

8 Contributions and grants (Part VIII, line 1h)

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

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

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

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

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

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

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)

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

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Signature of officer
JOSEPH BOGART, EXECUTIVE DIRECTOR

Type or print name and title

Print/Type preparer’s name
DONALD MILLER

Preparer’s signature

Date

Check ☑ self-employed

PTIN 00641906

Preparer Firm’s name: ☑ HERTZBACH & COMPANY, P.A.

Firm’s EIN: 52-1158459

Use Only Firm’s address: ☑ 1530 WILSON BLVD, #700

ARLINGTON, VA 22209

Phone no. (703) 351-6600

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

Form 990 (2018)
BLINDED VETERANS ASSOCIATION 53-0214281

Part III Statement of Program Service Accomplishments

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

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 $ 395,519. including grants of $ ) (Revenue $ )

VETERAN SERVICE AND VOLUNTEER VETERAN SERVICE PROGRAMS

SEE SCHEDULE O

4b (Code: ) (Expenses $ 875,994. 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 $ 13,710. including grants of $ 13,710.) (Revenue $ 0)

4e Total program service expenses $ 1,285,223.

Form 990 (2018)
Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   - Yes, complete Schedule A
   - No

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   - Yes
   - No

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
   - Yes
   - No

4. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
   - Yes
   - No

5. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
   - Yes
   - No

6. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
   - Yes
   - No

7. Did the organization report on Part IX, column (A), line 1, a domestic government in possession of property or an interest in property; or a foreign organization? If "Yes," complete Schedule D, Part V
   - Yes
   - No

8. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule D, Part VI
   - Yes
   - No

9. Did the organization report on Part IX, column (A), line 4, more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule D, Part VII
   - Yes
   - No

10. Did the organization report an amount in Part X, line 16? If "Yes," complete Schedule D, Parts XI and XII
    - Yes
    - No

11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
    - a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
    - b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
    - c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
    - d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
    - e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
    - f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI and XII
    - g. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

12. Did the organization report an amount in Part X, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts I and IV
    - Yes
    - No

13. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV
    - Yes
    - No

14. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
    - Yes
    - No

15. Did the organization report on Part IX, column (A), line 5, more than $5,000 of gross income from activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule G, Parts I and IV
    - Yes
    - No

16. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
    - Yes
    - No

17. Did the organization report more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule G, Parts II and IV
    - Yes
    - No

18. Did the organization report total more than $15,000 of all other activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
    - Yes
    - No

19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
    - Yes
    - No

20. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
    - Yes
    - No

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 17? If "Yes," complete Schedule I, Parts I and II
    - Yes
    - No
22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?  
   If "Yes," complete Schedule I, Parts I and III  
   Yes  No  
   22  X

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?  
   If "Yes," complete Schedule J  
   Yes  No  
   23  X

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?  
   If "Yes," answer lines 24b through 24d and complete Schedule K.  
   If "No," go to line 25a  
   Yes  No  
   24a  X

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
   Yes  No  
   24b

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
   Yes  No  
   24c

24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  
   Yes  No  
   24d

25a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?  
   If "Yes," answer lines 24a through 24d and complete Schedule K.  
   Yes  No  
   25a  X

25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
   Yes  No  
   25b

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?  
   Yes  No  
   26  X

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?  
   If "Yes," complete Schedule L, Part I  
   Yes  No  
   27  X

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  
   a A current or former officer, director, trustee, or key employee?  
      If "Yes," complete Schedule L, Part IV  
      Yes  No  
      28a  X

   b A family member of a current or former officer, director, trustee, or key employee?  
      If "Yes," complete Schedule L, Part IV  
      Yes  No  
      28b  X

   c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?  
      If "Yes," complete Schedule L, Part IV  
      Yes  No  
      28c  X

29 Did the organization receive more than $25,000 in non-cash contributions?  
   If "Yes," complete Schedule M  
   Yes  No  
   29  X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  
   If "Yes," complete Schedule M  
   Yes  No  
   30  X

31 Did the organization liquidate, terminate, or dissolve and cease operations?  
   If "Yes," complete Schedule N, Part I  
   Yes  No  
   31  X

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  
   If "Yes," complete Schedule N, Part II  
   Yes  No  
   32  X

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  
   If "Yes," complete Schedule R, Part I  
   Yes  No  
   33  X

34 Was the organization related to any tax-exempt or taxable entity?  
   If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  
   Yes  No  
   34  X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  
   If "Yes," complete Schedule R, Part V, line 2  
   Yes  No  
   35a  X

35b Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   Yes  No  
   35b

36 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   If "Yes," complete Schedule R, Part V, line 2  
   Yes  No  
   36  X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?  
   If "Yes," complete Schedule R, Part VI  
   Yes  No  
   37  X

38 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?  
   If "Yes," complete Schedule L, Part I  
   Yes  No  
   38  X

Note. All Form 990 filers are required to complete Schedule O.
**BLINDED VETERANS ASSOCIATION**  
53-0214281  Page 5

### Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
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<tr>
<td>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td></td>
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<tr>
<td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
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</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No&quot; to line 3b, provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
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<tr>
<td>b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
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</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
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<tr>
<td>c If &quot;Yes&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
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</tr>
<tr>
<td>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note. See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Enter the amount of reserves on hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; see instructions and file Form 4720, Schedule N.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Form 4720, Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
**Section A. Governing Body and Management**

1. Enter the number of voting members of the governing body at the end of the tax year.
   - [ ] Yes
   - [ ] No

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?
   - [ ] Yes
   - [ ] No

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
   - [ ] Yes
   - [ ] No

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
   - [ ] Yes
   - [ ] No

5. Did the organization become aware during the year of a significant diversion of the organization's assets?
   - [ ] Yes
   - [ ] No

6. Did the organization have members or stockholders?
   - [ ] Yes
   - [ ] No

7. 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?
   - [ ] Yes
   - [ ] No

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   - [ ] The governing body
   - [ ] Each committee with authority to act on behalf of the governing body
   - [ ] Other officers or key employees of the organization

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
   - [ ] Yes
   - [ ] No

**Section B. Policies**

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

10. Did the organization have local chapters, branches, or affiliates?
   - [ ] Yes
   - [ ] No

11. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
   - [ ] Yes
   - [ ] No

12. Did the organization have a written conflict of interest policy? If "No," go to line 13
   - [ ] Yes
   - [ ] No

13. Did the organization have a written whistleblower policy?
   - [ ] Yes
   - [ ] No

14. Did the organization have a written document retention and destruction policy?
   - [ ] Yes
   - [ ] No

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?
   - [ ] Yes
   - [ ] No

16. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
   - [ ] Yes
   - [ ] No

**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. Did the organization pay more than $5,000 in advertising services (for public inspection)?
   - [ ] Yes
   - [ ] No

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
    - 1101 KING STREET, SUITE 300, ALEXANDRIA, VA 22314
### Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JOE J. PARKER</td>
<td>22.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>FORMER PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) JOE MCNEIL SR.</td>
<td>11.00</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) DANIEL WALLACE</td>
<td>30.00</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) DENNIS O'CONNELL</td>
<td>12.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR - DISTRICT 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) VERNON RICHMOND</td>
<td>4.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR - DISTRICT 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) JHENNI MORROW</td>
<td>48.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR - DISTRICT 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) PAUL KAMINSKY</td>
<td>10.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR - DISTRICT 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) DR. THOMAS ZAMPIERI</td>
<td>43.00</td>
<td>X X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) KEVIN JACKSON</td>
<td>4.50</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR - DISTRICT 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) TIM HORNICK</td>
<td>20.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR - DISTRICT 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) BRIGITTE JONES</td>
<td>45.00</td>
<td>X</td>
<td>70,145.</td>
<td>0.00</td>
<td>1,498</td>
</tr>
<tr>
<td>ADMINISTRATIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) JOSEPH BOGART</td>
<td>60.00</td>
<td>X</td>
<td>80,481.</td>
<td>0.00</td>
<td>941.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) MELANIE BRUNSON</td>
<td>40.00</td>
<td>X</td>
<td>88,070.</td>
<td>0.00</td>
<td>18,684</td>
</tr>
<tr>
<td>GOVERNMENT RELATIONS DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) ALBERTO AVINA</td>
<td>37.50</td>
<td>X</td>
<td>30,233.</td>
<td>0.00</td>
<td>343.</td>
</tr>
<tr>
<td>FORMER EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) KATHRYN RUAYS</td>
<td>37.50</td>
<td>X</td>
<td>87,899.</td>
<td>0.00</td>
<td>497.</td>
</tr>
<tr>
<td>FORMER CFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

**Sub-total**: 356,828.0. 0. 21,963.

**Total from continuation sheets to Part VII, Section A**: 0. 0. 0.

**Total (add lines 1b and 1c)**: 356,828.0. 0. 21,963.

**2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization**: 0

**3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual**: Yes

**4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual**: No

**5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person**: No

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEWIS ADVERTISING</td>
<td>PRINTING, MAILING,</td>
<td>889,216.</td>
</tr>
<tr>
<td>325 EAST OLIVER STREET, BALTIMORE, MD 21202</td>
<td>DATA PROCESSING</td>
<td></td>
</tr>
</tbody>
</table>

**2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization**: 1
## Part VIII  Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th></th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td>11,734.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b</td>
<td>18,500.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c</td>
<td>1,609,661.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $</td>
<td>g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>h</td>
<td>1,639,895.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Service Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>2a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td>2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td>g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>3</td>
<td>233,268.</td>
<td></td>
<td>233,268.</td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>6a</td>
<td>59,235.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td>6b</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td>6c</td>
<td>59,235.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td>6d</td>
<td>59,235.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td>7a</td>
<td>4,705,915.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>7b</td>
<td>4,313,490.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>7c</td>
<td>392,425.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td>7d</td>
<td>392,425.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $ 18,500. of contributions reported on line 1c). See Part IV, line 18</td>
<td>8a</td>
<td>47,233.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>8b</td>
<td>74,332.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td>8c</td>
<td>-27,099.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td>9a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td>9b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td>9c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
<td>2,676.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td>10b</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td>10c</td>
<td>2,676.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a SPONSORSHIP</td>
<td>11a</td>
<td>55,100.</td>
<td></td>
<td>55,100.</td>
<td></td>
</tr>
<tr>
<td>11b EXHIBITS</td>
<td>11b</td>
<td>33,150.</td>
<td></td>
<td>33,150.</td>
<td></td>
</tr>
<tr>
<td>11c REGISTRATION</td>
<td>11c</td>
<td>30,855.</td>
<td></td>
<td>30,855.</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td>11d</td>
<td>26,464.</td>
<td></td>
<td>26,464.</td>
<td></td>
</tr>
<tr>
<td>11e Total. Add lines 11a-11d</td>
<td>11e</td>
<td>145,569.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions</td>
<td>12</td>
<td>2,445,969.</td>
<td></td>
<td>0.</td>
<td>806,074.</td>
</tr>
</tbody>
</table>

832009 12-31-18

Form 990 (2018)

BLINDED VETERANS ASSOCIATION

53-0214281

Page 9

Form 990 (2018)
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>13,710.</td>
<td>13,710.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>13,710.</td>
<td>13,710.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>286,877.</td>
<td>149,161.</td>
<td>136,682.</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>435,913.</td>
<td>228,074.</td>
<td>206,146.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>1,735.</td>
<td>1,056.</td>
<td>664.</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>117,733.</td>
<td>56,206.</td>
<td>61,527.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>470,195.</td>
<td>287,453.</td>
<td>2,068.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>54,200.</td>
<td>47,996.</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>54,200.</td>
<td>47,996.</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>156,540.</td>
<td>3,079.</td>
<td>153,461.</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>54,200.</td>
<td>47,996.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>70,563.</td>
<td>70,455.</td>
<td>108.</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>29,755.</td>
<td>15,973.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>69,243.</td>
<td>17,175.</td>
<td>39,040.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>53,007.</td>
<td>42,807.</td>
<td>10,200.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>196,833.</td>
<td>106,290.</td>
<td>88,575.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>87,377.</td>
<td>67,933.</td>
<td>19,444.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>1,801.</td>
<td>1,801.</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>43,899.</td>
<td>39,070.</td>
<td>2,634.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>31,204.</td>
<td>31,204.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td>470,195.</td>
<td>287,453.</td>
<td>2,068.</td>
</tr>
<tr>
<td></td>
<td>DIRECT MAILING</td>
<td>60,436.</td>
<td>60,436.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>BULLETIN</td>
<td>49,726.</td>
<td>25,852.</td>
<td>22,377.</td>
</tr>
<tr>
<td>b</td>
<td>EQUIPMENT RENTAL</td>
<td>38,069.</td>
<td>2,713.</td>
<td>5,053.</td>
</tr>
<tr>
<td>c</td>
<td>MISCELLANEOUS</td>
<td>56,868.</td>
<td>13,864.</td>
<td>30,672.</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td>470,195.</td>
<td>287,453.</td>
<td>2,068.</td>
</tr>
</tbody>
</table>
### BLINDED VETERANS ASSOCIATION

#### Part X: Balance Sheet

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

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>327,560.</td>
<td>334,316.</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>595,006.</td>
<td>267,218.</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>20,592.</td>
<td>50,788.</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>327,560.</td>
<td>334,316.</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>74,856.</td>
<td>61,338.</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>2,176,503.</td>
<td>46,074.</td>
</tr>
<tr>
<td>b Less: accumulated depreciation</td>
<td>110,043.</td>
<td>2,066,460.</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>11,427,200.</td>
<td>9,650,204.</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>10,833.</td>
<td>10,833.</td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>12,502,121.</td>
<td>12,441,157.</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>219,532.</td>
<td>164,030.</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>72,715.</td>
<td>85,390.</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>0.</td>
<td>11,266.</td>
</tr>
</tbody>
</table>

### Net Assets or Fund Balances

Organizations that follow SFAS 117 (ASC 958), check here \(\checkmark\) and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Unrestricted net assets</td>
<td>12,031,753.</td>
<td>11,979,823.</td>
</tr>
<tr>
<td>28 Temporarily restricted net assets</td>
<td>178,121.</td>
<td>200,648.</td>
</tr>
<tr>
<td>29 Permanently restricted net assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Organizations that do not follow SFAS 117 (ASC 958), check here \(\square\) and complete lines 30 through 34.

<table>
<thead>
<tr>
<th>Net Assets or Fund Balances</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Total net assets or fund balances</td>
<td>12,209,874.</td>
<td>12,180,471.</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>12,502,121.</td>
<td>12,441,157.</td>
</tr>
</tbody>
</table>
**Part XI  Reconciliation of Net Assets**

<p>| | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1</td>
<td>2,445,969.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2</td>
<td>2,436,169.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>3</td>
<td>9,800.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>4</td>
<td>12,209,874.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>5</td>
<td>-39,203.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>9</td>
<td>0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10</td>
<td>12,180,471.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Part XII  Financial Statements and Reporting**

<p>| | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Consolidated basis</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Separate basis</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Consolidated basis</td>
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<tr>
<td></td>
<td></td>
<td>Both consolidated and separate basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: BLINDED VETERANS ASSOCIATION

Employer identification number: 53-0214281

Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

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

1. A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2. A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)

3. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4. A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:

5. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6. A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7. An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8. A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9. An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10. An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)


12. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. Enter the number of supported organizations

__________

g. Provide the following information about the supported organization(s).

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

Total

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

06220110 795281 14812.001 2018.05020 BLINDED VETERANS ASSOCIATION 14812.01
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>3521522</td>
<td>2300620</td>
<td>2756539</td>
<td>2328443</td>
<td>1675394</td>
<td>12582518</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>3521522</td>
<td>2300620</td>
<td>2756539</td>
<td>2328443</td>
<td>1675394</td>
<td>12582518</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>137,302</td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12445216</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>3521522</td>
<td>2300620</td>
<td>2756539</td>
<td>2328443</td>
<td>1675394</td>
<td>12582518</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>318,584</td>
<td>335,714</td>
<td>319,904</td>
<td>351,901</td>
<td>233,268</td>
<td>1559371</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>217,532</td>
<td>164,691</td>
<td>117,104</td>
<td>178,407</td>
<td>207,956</td>
<td>885,690</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td>15027579</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,642</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))</td>
<td>82.82 %</td>
</tr>
<tr>
<td>15 Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td>75.24 %</td>
</tr>
<tr>
<td>16a 33 1/3% support test - 2018</td>
<td>X</td>
</tr>
<tr>
<td>17a 10% facts-and-circumstances test - 2018</td>
<td>X</td>
</tr>
<tr>
<td>18 Private foundation</td>
<td>X</td>
</tr>
</tbody>
</table>
**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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>merchandise sold or services performed,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or facilities furnished in any activity</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>that is related to the organization's</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>are not an unrelated trade or business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organ-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ization's benefit and either paid to</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>or expended on its behalf</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 2 and 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>received from other than disqualified</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>persons that exceed the greater of $5,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or 1% of the amount on line 13 for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 6)</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>rents, royalties, and income from similar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(less section 511 taxes) from businesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities not included in line 10b,</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>whether or not the business is</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>regularly carried on</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the organization's first, second,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>third, fourth, or fifth tax year as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 501(c)(3) organization,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>column (f), divided by line 13, column (f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Public support percentage from 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Investment income percentage from 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 19a 33 1/3% support tests - 2018.
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.

### 19b 33 1/3% support tests - 2017.
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.

---

**Schedule A (Form 990 or 990-EZ) 2018**

BLINDED VETERANS ASSOCIATION 53-0214281

Page 3
### Section A. All Supporting Organizations

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

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

Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to
   regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the
tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or
   controlled the organization’s activities. If the organization had more than one supported organization,
describe how the powers to appoint and/or remove directors or trustees were allocated among the supported
organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported
organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in
   Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
   supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the
organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the
organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported
organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how
the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization’s supported organizations have a
   significant voice in the organization’s investment policies and in directing the use of the organization’s
   income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s
   supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

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

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or
      trustees of each of the supported organizations? Provide details in Part VI.
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each
      of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard.
## Schedule A (Form 990 or 990-EZ) 2018

### BLINDED VETERANS ASSOCIATION

53-0214281

**Part V**

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

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

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

---

Schedule A (Form 990 or 990-EZ) 2018
### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

#### Part VI

**Schedule A (Form 990 or 990-EZ) 2018**

---

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2018</th>
<th>Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 3a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2019. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Schedule A (Form 990 or 990-EZ) 2018
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.)
<table>
<thead>
<tr>
<th>Contributor's Name</th>
<th>Total Contributions</th>
<th>Excess Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>WARD FAMILY TRUST</td>
<td>437,854.</td>
<td>137,302.</td>
</tr>
</tbody>
</table>

## Schedule B

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

### Department of the Treasury

Internal Revenue Service

823451  11-08-18

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

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

### 2018

#### Name of the organization

BLINDED VETERANS ASSOCIATION

### Employer identification number

53-0214281

#### Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) taxable private foundation</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
</tbody>
</table>

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

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

### General Rule

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

### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, etc., purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

### Caution

An organization that isn't covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
### Part I Contributions

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RICHARD DAVIS</td>
<td>$50,000</td>
<td>Payroll X</td>
</tr>
<tr>
<td></td>
<td>82 SAINT ANDREWS LN.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ALAMO, CA 94507</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part II Noncash Property

 налогоплательщика (см. инструкцию). Используйте дубликаты части II, если дополнительное пространство необходимо.

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

**BLINDED VETERANS ASSOCIATION**

53-0214281

823453 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
### Part III

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

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Transferee's name, address, and ZIP + 4

<table>
<thead>
<tr>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

### BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281
**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.

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLINDED VETERANS ASSOCIATION</td>
<td>53-0214281</td>
</tr>
</tbody>
</table>

**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? ..........................................................................................................
   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.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization’s funds. If none, enter -0-.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td>40,000.</td>
</tr>
<tr>
<td>b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>40,000.</td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
<td>2,396,169.</td>
</tr>
<tr>
<td>d</td>
<td>Other exempt purpose expenditures</td>
<td>2,436,169.</td>
</tr>
<tr>
<td>e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td>2,718,088.</td>
</tr>
</tbody>
</table>

If the amount on line 1e, column (a) or (b) is:

<table>
<thead>
<tr>
<th>The lobbying nontaxable amount is:</th>
<th></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>

Grassroots nontaxable amount (enter 25% of line 1f) | 67,952. |
Subtract line 1g from line 1a. If zero or less, enter 0. | 0. |
Subtract line 1f from line 1c. If zero or less, enter 0. | 0. |

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? | Yes | 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.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td>338,179</td>
<td>340,205</td>
<td>318,669</td>
<td>271,808</td>
<td>1,268,861</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td>1,903,292.</td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td>22,500</td>
<td>40,000</td>
<td>40,000</td>
<td>40,000</td>
<td>142,500</td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td>84,545</td>
<td>85,051</td>
<td>79,667</td>
<td>67,952</td>
<td>317,215</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td>475,823.</td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2018
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.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III-A

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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."

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part IV

Supplemental Information

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

**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.*

**Name of the organization**

BLINDED VETERANS ASSOCIATION

**Employer identification number**

53-0214281

**2018**

**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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

**Part II Conservation Easements.**

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Protection of natural habitat
   - 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.
   - a) Total number of conservation easements
   - b) Total acreage restricted by conservation easements
   - c) Number of conservation easements on a certified historic structure included in (a)
   - d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

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

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(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 furtherrance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under 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 furtherrance 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) 2018
### 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):
   - Public exhibition
   - Scholarly research
   - 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
If the organization is an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
   - Yes
   - No

If “Yes,” explain the arrangement in Part XIII and complete the following table:

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

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

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

### Part V Endowment Funds

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

1a. Beginning of year balance
   - Current year
   - Prior year
   - Two years back
   - Three years back
   - Four years back

b. Contributions

c. Net investment earnings, gains, and losses

d. Grants or scholarships

e. Other expenditures for facilities and programs

f. Administrative expenses

g. End of year balance

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   - Board designated or quasi-endowment
   - Permanent endowment
   - 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

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

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

### Part VI Land, Buildings, and Equipment

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td>2,040,911.</td>
<td>21,805.</td>
<td>2,019,106.</td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>135,592.</td>
<td>88,238.</td>
<td>47,354.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
   - 2,066,460.
### Part VII Investments - Other Securities

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

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

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets

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

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities

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

1. **(a) Description of liability** | **(b) Book value**
   - (1) Federal income taxes
   - (2) SECURITY DEPOSIT | 11,266
   - (3) 
   - (4) 
   - (5) 
   - (6) 
   - (7) 
   - (8) 
   - (9) 

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 11,266
### 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.

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

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

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

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

### Part XIII | Supplemental Information.

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

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

**FUNDRAISING EXPENSES** 74,332.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**LIFE MEMBER DUES** 11,734.

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

**FUNDRAISING EXPENSES** 74,332.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**LIFE MEMBER DUES** 11,734.
### SCHEDULE G

**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.
   - [X] Mail solicitations
   - [X] Internet and email solicitations
   - [X] Phone solicitations
   - [X] In-person solicitations
   - [X] Solicitation of non-government grants
   - [X] Solicitation of government grants
   - Special fundraising events

2. 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?  
   - [X] Yes  
   - No

   **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.**

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEWIS ADVERTISING - 325 EAST</td>
<td>DIRECT MAIL SOLICITATION</td>
<td>Yes</td>
<td>675,578.</td>
<td>32,400.</td>
<td>643,178.</td>
</tr>
<tr>
<td>OLIVER STREET, BALTIMORE, MD</td>
<td>MAJOR DONOR SOLICITATION</td>
<td>X</td>
<td>230,802.</td>
<td>21,600.</td>
<td>209,002.</td>
</tr>
</tbody>
</table>

**Total**  
906,380.  
54,200.  
852,180.

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

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

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**Supplemental Information Regarding Fundraising or Gaming Activities**

**Part I**

**Name of the organization:** BLINDED VETERANS ASSOCIATION

**Employer identification number:** 53-0214281

**2018**

**Open to Public Inspection**

**See Part IV for Continuations**

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**OMB No. 1545-0047**

**Department of the Treasury**

**Internal Revenue Service**

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

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

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**LHA**

832081 10-03-18

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**06220110 795281 14812.001**  
**2018.05020 BLINDED VETERANS ASSOCIAT 14812.01**
### 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.

<table>
<thead>
<tr>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOLF TOURNAMENT</strong></td>
<td><strong>BENEFIT CONCERT</strong></td>
<td>NONE</td>
<td><strong>(add col. (a) through col. (c))</strong></td>
</tr>
<tr>
<td>Event #1</td>
<td>Event #2</td>
<td>Other events</td>
<td>Total events</td>
</tr>
<tr>
<td>Revenue</td>
<td>Gross receipts</td>
<td>44,162.</td>
<td>21,571.</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>18,500.</td>
<td></td>
<td>18,500.</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>25,662.</td>
<td>21,571.</td>
<td>47,233.</td>
</tr>
</tbody>
</table>

#### Direct Expenses
- Cash prizes
- Noncash prizes
- Rent/facility costs
- Food and beverages
- Entertainment
- Other direct expenses

**Gross receipts** - **Less: Contributions**

- **Total events** (add col. (a) through col. (c))

#### 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.

<table>
<thead>
<tr>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>Gross revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Expenses</td>
<td>Cash prizes</td>
<td>Noncash prizes</td>
<td>Rent/facility costs</td>
</tr>
</tbody>
</table>

**Gross revenue**

- **Direct expense summary. Add lines 2 through 5 in column (d)**

**Net gaming income summary. Subtract line 7 from line 1, column (d)**

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

- **a** Is the organization licensed to conduct gaming activities in each of these states? 
- **b** If "No," explain:

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

- **a** If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2018  
BLINDED VETERANS ASSOCIATION  
53-0214281  
Page 2  
2018.05020 BLINDED VETERANS ASSOCIAT 14812.01
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  
     Yes  No
   b An outside facility  
     Yes  No

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
### 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 [X] No [ ]

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

### Grants and Other Assistance to Domestic Organizations and Domestic Governments

1. **Name and address of organization or government**
   - **Name:** BLINDED VETERANS ASSOCIATION
   - **Address:**

2. **EIN**
   - 53-0214281

3. **IRC section (if applicable)**
   - **Section:**

4. **Amount of cash grant**
   - **Amount:**

5. **Amount of non-cash assistance**
   - **Description:**

6. **Method of valuation (book, FMV, appraisal, other)**
   - **Method:**

7. **Description of noncash assistance**
   - **Purpose:**

### Additional Information

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) (2018)**
### Grants and Other Assistance to Domestic Individuals

**Part III**

Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOLARSHIPS</td>
<td></td>
<td>9</td>
<td>13,075</td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>SERVICE AWARDS</td>
<td></td>
<td>4</td>
<td>635.</td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>

**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.
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 BY WORLD WAR II COMBAT-BLINDED VETERANS IN 1945. THE ORGANIZATION WAS INCORPORATED IN 1947, CONGRESSIONALLY CHARTERED IN 1958, AND DEDICATED TO SERVING AS PEER MENTORS AND ADVOCATES FOR VETERANS AND FAMILIES COPING WITH VISION LOSS. BVA ADVOCACY TEAMS ENGAGE PUBLIC AND PRIVATE SECTOR STAKEHOLDERS TO INCLUDE THE DEPARTMENT OF VETERANS AFFAIRS (VA), DEPARTMENT OF DEFENSE (DOD), DEPARTMENT OF LABOR (DOL), DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS), SOCIAL SECURITY ADMINISTRATION (SSA) AND U.S. CONGRESS. BVA COMMUNITY-BASED AMBASSADORS IDENTIFY BLINDED VETERANS REQUIRING ASSISTANCE AND SERVE AS ADVOCATES FACILITATING HIGH-QUALITY OUTCOMES WITHIN THE COMPREHENSIVE BLIND REHABILITATION SERVICE-DELIVERY SYSTEM OF CARE. BVA PROMOTES VOCATIONAL AND RECREATIONAL PROGRAMS THAT ENHANCE REHABILITATIVE OUTCOMES AND FOSTERS ENCOURAGEMENT AND EMOTIONAL SUPPORT.

CURRENT ESTIMATES BY THE DEPARTMENT OF VETERANS AFFAIRS PROJECT 130,000 LEGALLY BLIND AMERICAN VETERANS, A MAJORITY OF WHICH REMAIN UNAWARE OF THEIR ELIGIBILITY FOR REHABILITATIVE SERVICES AND BENEFITS. ANNUALLY, ADDITIONAL THOUSANDS OF VETERANS BECOME BLIND OR VISUALLY IMPAIRED AS A RESULT OF MILITARY SERVICE, DISEASE, ACCIDENT, OR AGE-RELATED
CONDITIONS. BVA PROGRAMS ARE DESIGNED AND ALIGNED TO ASSIST THESE VETERANS AND THEIR FAMILIES IN MEETING THE CHALLENGES OF SUBSTANTIAL VISION LOSS AT NO CHARGE OR MEMBERSHIP PREREQUISITE. OPERATIONAL FUNDING IS PRIMARILY DERIVED FROM THE BENEVOLENT GENEROSITY OF ORGANIZATIONAL SUPPORTERS.

THE ORGANIZATION IS GOVERNED BY AN ALL-VOLUNTEER MEMBER ELECTED 11 PERSON VOTING BODY COMPRISING THE NATIONAL BOARD OF DIRECTORS. 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 MEETINGS, ONE COINCIDING WITH THE ANNUAL NATIONAL CONVENTION AND THE OTHER AT BVA NATIONAL HEADQUARTERS. BOARD MEMBERS CONDUCT THE VAST MAJORITY OF REGULAR ORGANIZATIONAL BUSINESS VIA EMAIL AND MONTHLY TELECONFERENCING. THIS FISCAL YEAR ALONE, BOARD MEMBER DONATIONS EXCEEDED 10,447 HOURS OF IN-KIND WORK AND OVER $516 IN REIMBURSABLE EXPENSE WAIVED.

THE NATIONAL BOARD OF DIRECTORS APPOINTS STANDING ADVISORY COMMITTEES COMPRISED OF AN ALL-VOLUNTEER GROUP OF BVA MEMBERS, CAREGIVERS AND NON-MEMBER STAKEHOLDERS. COMMITTEE TERMS ARE STAGGERED AFFORDING PROGRAMMATIC CONTINUITY, WHILE FOSTERING A CONTINUAL ANALYSIS AND OVERSIGHT OF ORGANIZATIONAL OPERATIONS. THIS FISCAL YEAR ALONE, COMMITTEE MEMBER DONATIONS EXCEEDED 80 HOURS OF IN-KIND VOLUNTEER SERVICE.

BVA OVERSEES 52 ORGANIZATIONAL REGIONAL GROUPS ACROSS THE UNITED STATES AND PUERTO RICO. EACH REGIONAL GROUP SERVES AS THE LOCAL BVA AFFILIATE
PROVIDING GEOGRAPHICALLY AND CULTURALLY SPECIFIC PEER SUPPORT, SOCIAL EVENTS, AND RECREATIONAL ACTIVITIES FOR BLINDED VETERANS AND THEIR FAMILIES. REGIONAL GROUPS ALSO IDENTIFY RELEVANT POLICY CHANGES, ULTIMATELY ADDRESSED AND IMPLEMENTED BY THE NATIONAL TEAM.

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 III, LINE 4A
VETERAN SERVICE AND VOLUNTEER VETERAN SERVICE PROGRAMS

THE BVA VETERAN SERVICE PROGRAM CONSISTS OF 13 VETERAN SERVICE OFFICERS AND VOLUNTEER SERVICE OFFICERS INCLUDING FIVE LEGALLY BLIND VETERANS PROVIDING SERVICES THROUGHOUT THE UNITED STATES AND PUERTO RICO. FOUR VETERAN SERVICE OFFICERS ARE LOCATED AT THE NATIONAL VETERAN SERVICE RESOURCE CENTER IN ALEXANDRIA, VA. BVA HAS DEVELOPED A NATIONAL NETWORK COMPRISED OF 181 CROSS-ACCREDITED SERVICE OFFICERS LOCATED THROUGHOUT VARIOUS STATE AND COUNTY DEPARTMENTS OF VETERANS SERVICES OFFERING FREE SERVICES TO BLINDED VETERANS AND THEIR FAMILIES.

VETERAN SERVICE OFFICERS ASSIST BLINDED VETERANS AND THEIR FAMILIES
THROUGHOUT THE ENTIRE LIFE-CYCLE OF BLINDNESS. THEY PROVIDE CRITICAL SERVICES SUCH AS EXPERT ASSISTANCE AND REPRESENTATION WITHIN THE VETERANS BENEFITS ADMINISTRATION (VBA) CLAIMS PROCESSES, ASSISTANCE AND OVERSIGHT DURING THE VETERANS HEALTH ADMINISTRATION (VHA) BLIND REHABILITATION SERVICES PROCESSES, AND PROVIDE RESOURCES AND ASSISTANCE IN OBTAINING COMMUNITY-BASED SERVICES. THEY HELP BLINDED VETERANS BRING FOCUS AND DIRECTION TO THEIR LIVES, PROVIDING INSPIRATION AND ENCOURAGEMENT.

THIS FISCAL YEAR ALONE, THE BVA VETERAN SERVICE PROGRAM WAS RESPONSIBLE FOR 181 CLAIM APPROVALS TOTALING $4,559,144 IN VBA ADMINISTERED COMPENSATION, PENSION, AND SPECIALIZED GRANT BENEFITS TO CLIENTS.

IN ADDITION, THE BVA VETERAN SERVICE PROGRAM CONDUCTS ANNUAL COMPREHENSIVE VETERANS CARE REVIEW ASSESSMENTS OF THE VA'S BLIND REHABILITATION SERVICES. BVA'S BLIND REHABILITATION QUALITY ASSURANCE COORDINATOR MEETS WITH VA MEDICAL CENTER STAFF AND VETERANS CREATING A COMPREHENSIVE PICTURE OF THE CURRENT STATUS OF EACH BLIND REHABILITATION CENTER (BRC) OR VISION IMPAIRMENT SERVICES IN OUTPATIENT SERVICES (VISOR) PROGRAM. THIS UNIQUE PARTNERSHIP ALLOWS BVA TO SHARE BEST PRACTICES ACROSS VA STATIONS AND INCREASES COLLABORATION WITH VA'S BLIND REHABILITATION SERVICES. THE BVA BLIND REHABILITATION QUALITY ASSURANCE COORDINATOR IS UNIQUELY POSITIONED AS AN ORGANIZATIONAL OUTREACH AMBASSADOR OFFERING EDUCATIONAL SESSIONS AND ONE-ON-ONE BENEFITS ANALYSIS FOR NEWLY BLINDED VETERANS AND THEIR FAMILIES.

BVA'S VETERAN SERVICE OFFICERS ALSO SUPPORT VOLUNTEER OFFICES IN VHA MEDICAL CENTERS, COMMUNITY BASED OUTPATIENT CLINICS, AND VBA REGIONAL
OFFICES NATIONWIDE. VOLUNTEER VETERAN SERVICE OFFICERS ARE BLINDED VETERANS SERVING AS PEER COUNSELORS PROVIDING OPPORTUNITIES FOR BLINDED VETERANS TO HELP AND SERVE ONE ANOTHER. THEY PROVIDE INFORMATION ON PROGRAMS AND SERVICES, ENCOURAGE BLINDED VETERANS TO ENTER REHABILITATION PROGRAMS, PROVIDE CAMARADERIE AND SERVE AS MENTORS DEMONSTRATING 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. THIS FISCAL YEAR ALONE, BVA HAD 13 REPRESENTATIVES AND DEPUTY REPRESENTATIVES AND 87 VOLUNTEERS DONATING OVER 15,919 HOURS IN 56 VA FACILITIES.

OPERATION PEER SUPPORT PROGRAM

BVA ESTABLISHED THE OPERATION PEER SUPPORT (OPS) PROGRAM IN 2006 AS AN EFFORT TO BRIDGE THE GAP BETWEEN IRAQ AND AFGHANISTAN ERA BLINDED VETERANS AND PREVIOUS GENERATIONS. THE PROGRAM CONTINUED TO EVOLVE AND ENCOMPASS INCREASING ERA SPECIFIC GROUPS OF BLINDED VETERANS, UNTIL ULTIMATELY SERVING ALL BLINDED VETERANS REGARDLESS OF ERA. DURING THIS FISCAL YEAR ALONE, THE PROGRAM CONDUCTED 12 EVENTS FOCUSED ON EMPOWERING HUNDREDS OF BLINDED VETERANS, THEIR FAMILY MEMBERS, SUPPORTERS, AND VOLUNTEERS.

IN AN EFFORT TO INCREASE MEMBERSHIP INVOLVEMENT AT THE NATIONAL LEVEL, THE OPS PROGRAM BEGAN OFFERING TRAVEL AND ACCOMMODATION SCHOLARSHIPS FOR NEWLY IDENTIFIED BLINDED VETERANS AND THEIR FAMILY MEMBERS TO
ATTEND BVA'S NATIONAL CONVENTION. TO DATE, THIS PILOT PROGRAM HAS SUCCESSFULLY INSPIRED DOZENS TO RETURN TO THE ANNUAL CONVENTION AND PARTICIPATE AT THEIR OWN EXPENSE, NOW SERVING IN LEADERSHIP ROLES FOR BVA AND OTHER VETERAN ORGANIZATIONS.

IN COOPERATION WITH OUR ORGANIZATIONAL PARTNERS, THE OPS PROGRAM HAS SUCCESSFULLY SPONSORED BLINDED VETERAN PARTICIPATION IN THE CALIFORNIA INTERNATIONAL MARATHON, BLIND APPALACHIAN TRAIL EXPEDITION, PROJECT GEMINI PROGRAM, MAJOR ROB SOLTES MEMORIAL GOLF TOURNAMENT, AS WELL AS DOZENS OF HUNTING, SKIING, FISHING, KAYAKING, SAILING AND VARIOUS OTHER ADAPTIVE SPORT PROGRAMS.

FORM 990, PART III, 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 ORGANIZATION 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.). ADDITIONALLY, BVA USES ONE MAJOR TRI-FOLD BROCHURE TO SHARE ITS MESSAGE TO THE ORGANIZATION'S STAKEHOLDERS. AVERAGE CIRCULATION OF THESE COMMUNICATIONS RESOURCES, IN ALL REQUISITE FORMATS, FOR THIS FISCAL YEAR ALONE, EXCEEDED TENS OF THOUSANDS PRODUCED AND DISTRIBUTED.
THE BVA WEBSITE RECEIVED 93,228 UNIQUE VISITORS AND 222,424 PAGE VIEWS DURING THIS FISCAL YEAR, AS COMPARED TO 48,000 VISITS AND 116,200 VIEWS DURING THE PRECEDING TIMEFRAME. MOST VISITS ORIGINATED THROUGH THE GOOGLE SEARCH ENGINE AND 93% OF ALL USERS WERE NEW COMPARED TO 90% DURING THE PRECEDING TIMEFRAME. THE BVA WEBSITE IS CONSTANTLY EVOLVING IN AN ONGOING EFFORT TO INCREASE ACCESSIBILITY AND ASSIST IN FULFILLING THE ORGANIZATION'S MISSION.

BVA MAINTAINS SOCIAL MEDIA ACCOUNTS ON MAJOR SITES SUCH AS FACEBOOK, TWITTER, LINKEDIN, INSTAGRAM, AND YOUTUBE. OVER THE PRIOR YEARS, BVA HAS ATTRACTED A LARGE FOLLOWING AND CURRENTLY COMMANDS A SOCIAL MEDIA AUDIENCE OF OVER 12,000 FOLLOWERS, A CUMULATIVE 1.3 PERCENT INCREASE OVER THE PRECEDING YEAR WITH INSTAGRAM GROWING THE MOST WITH A 20 PERCENT INCREASE. BVA USES SOCIAL MEDIA IN AN EFFORT TO EDUCATE AND ADVOCATE TO ITS FOLLOWERS ABOUT THE ORGANIZATION'S ACTIVITIES, LEGISLATIVE NEWS, AND ISSUES FACING BLINDED VETERANS AND THEIR FAMILIES. SOCIAL MEDIA FOSTERS COLLABORATION WITH PARTNER ORGANIZATIONS AND EDUCATES BVA FOLLOWERS ABOUT THE HELPFUL RESOURCES AVAILABLE.

BVA'S MONTHLY E-NEWSLETTER CAMPAIGN INFORMS THOUSANDS OF SUPPORTERS, DONORS, AND MEMBERS ABOUT RECENT BVA ACTIVITIES WHILE PROVIDING A DIGEST OF MONTHLY NEWS SHARED ON SOCIAL MEDIA.

BVA ALLOCATES A PORTION OF ITS DIRECT MARKETING EXPENSES TO PUBLIC EDUCATION, AND MANAGEMENT AND GENERAL FUNDS ACCORDING TO AICPA STATEMENT OF POSITION 98-2 (SOP 98-2), ACCOUNTING FOR COSTS OF ACTIVITIES OF NOT-FOR-PROFIT ORGANIZATIONS AND STATE AND LOCAL
GOVERNMENTAL ENTITIES THAT INCLUDE FUNDRAISING, NOW CODIFIED IN FASB ACCOUNTING STANDARDS CODIFICATION 958-720, NOT-FOR-PROFIT

ENTITIES-OTHER EXPENSES (ASC 958-720). BVA UNDERTAKES A PRELIMINARY ANALYSIS OF ITS ACTIVITIES TO DETERMINE IF THE PURPOSE, AUDIENCE, AND CONTENT CRITERIA ARE MET, AND, IF SO, APPLIES A SYSTEMATIC, RATIONAL JOINT COST ALLOCATION METHODOLOGY.

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

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, INCREASING INDIVIDUAL COMPETENCIES, CAPABILITIES AND OVERALL
INDEPENDENCE. VOLUNTEER SERVICE OFFICER TRAININGS ARE CONDUCTED AS WELL
AS, ADAPTIVE TECHNOLOGIES SEMINARS. THIS YEAR'S CONVENTION HOSTED 53
EXHIBITORS WITH PRODUCT DEMONSTRATIONS, 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 AND PARTICIPATE IN THE EXHIBIT HALL.

FORM 990, PART III, LINE 4C

ADVOCACY

BVA'S CONGRESSIONAL CHARTER DESIGNATES IT AS THE ORGANIZATIONAL
ADVOCATE FOR ALL BLINDED VETERANS BEFORE THE EXECUTIVE AND LEGISLATIVE
BRANCHES OF GOVERNMENT. BVA'S NATIONAL PRESIDENT, BOARD MEMBERS, AND
NATIONAL STAFF PRESENT ANNUAL TESTIMONY BEFORE THE HOUSE AND SENATE
COMMITTEES ON VETERANS AFFAIRS IN AN EFFORT 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 COLLABORATES AND PARTNERS WITH RECOGNIZED INDUSTRY LEADERS IN ADVOCATING FOR CONTINUED AND EXPANDED RESEARCH INITIATIVES, EDUCATIONAL AND AWARENESS CAMPAIGNS, BENEFITS, ENHANCED SERVICE DELIVERY, AND ADEQUATE ACCOMMODATIONS RELEVANT TO ITS STAKEHOLDER COMMUNITY.

FORM 990, PART III, LINE 4D

MEMBERSHIP

BVA SERVES AS A MEMBERSHIP-DRIVEN ORGANIZATION. MEMBERSHIP CONSTITUTES AFFILIATION 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 PROVIDES LOCAL ADVOCACY AND SUPPORT THROUGH THE 52 REGIONAL GROUPS. THESE LOCAL GROUPS FOSTER OPPORTUNITIES TO MEET NEW PEOPLE FACING SIMILAR CHALLENGES, TO ESTABLISH FRIENDSHIPS, AND TO GAIN A VOICE AT THE ANNUAL CONVENTION.

BVA 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 FROM THE LIFE MEMBERSHIP DUES, SIMPLY MANAGING AND ADMINISTERING 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, GOVERNMENT OFFICIALS, FEDERAL AGENCY STAFF, HEALTH CARE PROVIDERS, OPTOMETRISTS AND OPHTHALMOLOGISTS AMONG OTHERS CAN JOIN AS MEMBERS VIA THE BVA WEBSITE.

SCHOLARSHIP PROGRAMS

FOR 34 YEARS 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. THIS FISCAL YEAR ALONE, THE KATHERN F. GRUBER SCHOLARSHIP AWARDED SIX $2,000 SCHOLARSHIPS, AND THE THOMAS H. MILLER SCHOLARSHIP AWARDED ONE $1,000 SCHOLARSHIP.

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

MEMBERSHIP

SEE SCHEDULE O

EXPENSES $13,710. INCLUDING GRANTS OF $13,710. 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 BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ARE RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR EMPLOYEES OF THE ASSOCIATION. THEY MEET ANNUALLY AND AS NEEDED TO REVIEW, DETERMINE, AND APPROVE ANY COMPENSATION CHANGES. DURING THE ANNUAL CONVENTION THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR COMPARE THE
SALARIES OF CURRENT EMPLOYEES TO SALARY SURVEYS PREPARED BY AN INDEPENDENT THIRD PARTY OR COMPARABLE DATA FROM PEER ORGANIZATION TO ASSESS HOW THEY COMPARE AGAINST THE COMPETITIVE MARKET.

THE BOARD OF DIRECTORS IS THE ONLY GROUP OF INDIVIDUALS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF BVA'S EXECUTIVE DIRECTOR. THIS DISCUSSION OCCURS EACH YEAR AT THE ANNUAL CONVENTION.

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.

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 BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ARE RESPONSIBLE FOR
ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR
EMPLOYEES OF THE ASSOCIATION. THEY MEET ANNUALLY AND AS NEEDED TO REVIEW,
DETERMINE, AND APPROVE ANY COMPENSATION CHANGES. DURING THE ANNUAL
CONVENTION THE BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR COMPARE THE
SALARIES OF CURRENT EMPLOYEES TO SALARY SURVEYS PREPARED BY AN INDEPENDENT
THIRD PARTY OR COMPARABLE DATA FROM PEER ORGANIZATION TO ASSESS HOW THEY
COMPARE AGAINST THE COMPETITIVE MARKET.

THE BOARD OF DIRECTORS IS THE ONLY GROUP OF INDIVIDUALS RESPONSIBLE FOR
DETERMINING THE COMPENSATION OF BVA'S EXECUTIVE DIRECTOR. THIS DISCUSSION
OCCURS EACH YEAR AT THE ANNUAL CONVENTION.

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
STATEMENT AUDIT – NO CHANGES FROM PRIOR YEAR.
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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.

Enter filer's identifying number

Type or print

| Name of exempt organization or other filer, see instructions. |
| BLINDED VETERANS ASSOCIATION |
| Employer identification number (EIN) or Social security number (SSN) |
| 53-0214281 |

Number, street, and room or suite no. If a P.O. box, see instructions.

1101 KING STREET, SUITE 300

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)

| 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

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 ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ 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 ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ , 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 ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ , and ending ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ .

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.