Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. OMB No. 1545-0047

Open to Public

Department of the Treasury

Т

Internal Revenue			Inspection		
A For the 2	2022 calendar year, or tax year beginning $ { m JUL}1$, 2022 and ending	<u>JUN 30, 2023</u>			
B Check if	f C Name of organization D Employer identification number				
applicable:					
Address change	BLINDED VETERANS ASSOCIATION				
Name change	Doing business as	53-021428	1		
Initial return	Number and street (or P.0. box if mail is not delivered to street address) Room/s	uite E Telephone number			
Final return/	1101 KING STREET 300	202-371-8	880		
termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,270,879.		
Amended return	ALEXANDRIA, VA 22314	H(a) Is this a group ret	urn		
Applica- tion	F Name and address of principal officer: DONALD OVERTON, JR.	for subordinates?	Yes X No		
pending	SAME AS C ABOVE	H(b) Are all subordinates inc	uded? Yes No		
I Tax-exem	npt status: 🔀 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If "No," attach a li	st. See instructions		
J Website:	BVA.ORG	H(c) Group exemption	number		
K Form of or	ganization: 🚺 Corporation Trust Association Other 🛛 L	Year of formation: 1945 M	State of legal domicile: DC		
	Summary				
1 Br	iefly describe the organization's mission or most significant activities: ${{ m TO}}$ ${ m PROMO}$	TE THE WELFARE	OF		
မို Bi	LINDED VETERANS SEE PART III AND SCHEDULE				
	neck this box if the organization discontinued its operations or disposed of m	nore than 25% of its net asse	ets.		
	umber of voting members of the governing body (Part VI, line 1a)	3	11		
3 4 NL	umber of independent voting members of the governing body (Part VI, line 1b)	4	11		
∞ ທ 5 To	otal number of individuals employed in calendar year 2022 (Part V, line 2a)		13		
	otal number of volunteers (estimate if necessary)	6	150		
		7a	0.		
_ ▲ b Ne	et unrelated business taxable income from Form 990-T, Part I, line 11		0.		
		Prior Year	Current Year		
8 Co	ontributions and grants (Part VIII, line 1h)	2,200,775.	1,106,720.		
9 Pro 10 Inv	ogram service revenue (Part VIII, line 2g)	27,582.	183,587.		
8 10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,157,065.	399,258.		
" 11 Ot	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,889.	-151,054.		
	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,405,311.	1,538,511.		
13 Gr	rants and similar amounts paid (Part IX, column (A), lines 1-3)	18,154.	15,001.		
	enefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
v 15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	824,203.	907,243.		
ଁ ଅ 16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) 244,760.	0.	0.		
5 5a 5 5a 16a Pro 16a Pro 16a Pro 17 0t					
u 17 Ot	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	864,604.	842,277.		
	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,706,961.	1,764,521.		
	evenue less expenses. Subtract line 18 from line 12	1,698,350.	-226,010.		
or		Beginning of Current Year	End of Year		
sing 20 To	otal assets (Part X, line 16)	12,914,139.	13,234,707.		
ଁଣ୍ଟି 21 ⊺୦	otal liabilities (Part X, line 26)	187,406.	479,798.		
Net Assets or Lund Balances or Net Net Net Net Net Net Net Net Net Net	et assets or fund balances. Subtract line 21 from line 20	12,726,733.	12,754,909.		
Part II	Signature Block				
Under penaltie	es of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my l	knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date				
-	DONALD OVERTON, JR., EXECUTIVE DIRECTOR					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	Date Check PTIN	l I			
Paid	KAY VOLLANS, CPA	03/07/2024 if self-employed P014	404047			
Preparer	Firm's name RUBINO AND COMPANY, CHARTERED	Firm's EIN 52-1186	5096			
Use Only	Firm's address 6903 ROCKLEDGE DRIVE, SUITE 300					
	BETHESDA, MD 20817-1818	Phone no. 301-564-	-3636			
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No					
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	- Fo	orm 990 (2022)			

	n 990 (2022) BLINDED VETERANS ASSOCIATION 53-0214	281	Page 2
Pa	IT III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
1	Briefly describe the organization's mission:	TNO	
	TO PROMOTE THE WELFARE OF BLINDED VETERANS SO THAT, NOTWITHSTAND	ING	
	THEIR DISABILITIES, THEY MAY TAKE THEIR RIGHTFUL PLACE IN THE		
	COMMUNITY. TO PRESERVE AND STRENGTHEN A SPIRIT OF FELLOWSHIP AMO		
	BLINDED VETERANS SO THAT THEY MAY GIVE MUTUAL AID AND ASSISTANCE	10	
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>	T7
	prior Form 990 or 990-EZ?	Yes	XNC
_	If "Yes," describe these new services on Schedule O.		T
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 ex	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	enses, an	Ia
4	revenue, if any, for each program service reported. (Code:) (Expenses \$574,952. including grants of \$10,001.) (Revenue \$]	183,	587
4a	(Code:) (Expenses \$5/4,952. including grants of \$10,001. (Revenue \$) PUBLIC EDUCATION AND COMMUNICATION	105,	507.
	PUBLIC EDUCATION AND COMMONICATION		
	THE BVA BULLETIN SITS AT THE HEART OF ALL BVA NATIONAL COMMUNICA	mTON	r
	AND PUBLIC RELATIONS EFFORTS. THIS IS A QUARTERLY PERIODICAL SEN		
	ALL BVA MEMBERS, THEIR FAMILIES, LIBRARIES, HEALTH CARE INSTITUT		
	VETERAN SERVICE ORGANIZATIONS AND VA BLIND REHABILITATION SERVIC		/
	PROVIDERS FOR WHOM THE ORGANIZATION HAS UPDATED CONTACT INFORMAT		
	THE BULLETIN EDUCATES ON PAST AND PRESENT ISSUES AND EVENTS RELA		
	SPECIFICALLY, TO BLINDED VETERANS. IT COVERS GENERAL TOPICS ABOU		
	VETERANS AS WELL AS GENERAL TOPICS ABOUT BLINDNESS (I.E., TECHNO		
	SOCIAL ISSUES, ETC.). ADDITIONALLY, BVA USES ONE MAJOR TRIFOLD B		-
	TO SHARE ITS MESSAGE TO THE ORGANIZATION'S STAKEHOLDERS. AVERAGE		
4b			
ч	VETERAN SERVICE AND VOLUNTEER VETERAN SERVICE PROGRAMS		
	THE BVA VETERAN SERVICE PROGRAM CONSISTS OF 73 VETERAN SERVICE O	FFIC	ERS
	AND VOLUNTEER SERVICE OFFICERS INCLUDING 68 LEGALLY BLIND VETERA		
	PROVIDING SERVICES THROUGHOUT THE UNITED STATES AND PUERTO RICO.		E
	VETERAN SERVICE OFFICERS ARE LOCATED AT THE NATIONAL HEADQUARTER		_
	ALEXANDRIA, VA. BVA HAS DEVELOPED A NATIONAL NETWORK COMPRISED O		8
	CROSS-ACCREDITED SERVICE OFFICERS LOCATED THROUGHOUT VARIOUS STA		
	COUNTY DEPARTMENTS OF VETERANS SERVICES OFFERING FREE SERVICES T		-
	BLINDED VETERANS AND THEIR FAMILIES.		
	VETERAN SERVICE OFFICERS ASSIST BLINDED VETERANS AND THEIR FAMIL	IES	
4c	(Code:) (Expenses \$ 31,347. including grants of \$ 2,000.) (Revenue \$)		
	ADVOCACY		
	BVA'S CONGRESSIONAL CHARTER DESIGNATES IT AS THE ORGANIZATIONAL		
	ADVOCATE FOR ALL BLINDED VETERANS BEFORE THE EXECUTIVE AND LEGIS	LATI	VE
	BRANCHES OF GOVERNMENT. BVA'S NATIONAL PRESIDENT, BOARD MEMBERS,	AND	
	NATIONAL STAFF PRESENT ANNUAL TESTIMONY BEFORE THE HOUSE AND SEN	ATE	
	COMMITTEES ON VETERANS AFFAIRS IN AN EFFORT TO SHARE INFORMATION	AND	
	CONCERNS ON SPECIALIZED PROGRAMS AND SERVICES OFFERED BY THE DEP.	ARTM	ENT
	OF VETERANS AFFAIRS TO VISUALLY IMPAIRED AND BLINDED VETERANS. T	HEY	
	ALSO MEET PERIODICALLY WITH MEMBERS OF CONGRESS, THEIR KEY STAFF	, THI	E
	DEPARTMENT OF DEFENSE, THE WHITE HOUSE, AND DEPARTMENT OF VETERA	-	
	AFFAIRS OFFICIALS TO INFORM AND EDUCATE THEM REGARDING THE UNIQU		D
4d	Other program services (Describe on Schedule O.)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 862,533.	*	
		Form 9	90 (2022
3200	SEE SCHEDULE O FOR CONTINUATION(S)		
	3		
103	306 769164 BVA.TX 2022.05060 BLINDED VETERANS ASSOC	TAT	BVA.'

Form 990 (2				ASSOCIATION
Part IV	Checklist of	Required Sche	edules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	o		- 23
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1.14		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	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	11c		х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form	990	(2022)
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			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	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20		21		- 23
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa		•		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming
(gambling) winnings to prize winners?		

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Х 1c

Form 990 (2022)

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Za Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. Za 13 B Diff the data on a sequence of the sector of the sec	Form	990 (2022) BLINDED VETERANS ASSOCIATION		53-0214	281	P	age 5
2a Ensite the number of employees reported on Form W3. Transmittal of Wege and Tax Statements. 2a 13 b If a least one is reported on line 2a, dth the organization file all required federal employment tax returns? 2a X b If the state of the State of the organization file and the organization file and the organization have entited busines groups income of \$1000 or mee during the state of the organization the state of the state of the state of the organization the state of the organization state and groups the state of the organization state and the state of the organization state and the state of the organization state of the organization the state and the state of the organization state and the state of the organization state and the state of the organization state of the organization state and the state of the organization state of the organization state and the organization state and the state of the organization state state of the organization state and the state of the organization state of the organiza							
It all east or a calendar year ending with or within the year covered by this return [2a] 1.3 Bo Det the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X Bo Det the organization have unrelated business gross income of \$1,000 or more during the year? 3a X Bo II ''test, 'itest filted a Form \$900 rot filty \$400 rd \$100 for \$100 rot \$1						Yes	No
b It least one is responded on line 2a, dd the organization file all required federal employment tax returns? 2b X 3a D of the organization have unrelated business grows income of \$10,000 or more during the year? 3a X 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account is a foring incomplexity leuke as a bark account; securits are informatical accounts (EBAR). 4a X 5a M Yes, 'rate the name of the foreign country 'us are in a the account; securits or other financial accounts (EBAR). 5a X 5a M Yes, 'rate the rame of the foreign country 'us are in a the account; account or prohibed tax sheller transaction? 5a X 5a D of any taxability and grows requisity that are normally greater than \$100,000, and did the organization that are normally greater than \$100,000, and did the organization tax are marking or activity as a contributions or gits were not tax deductible contributions under section \$70(c). 5a X 6 D if 'neg', if did the organization tax are normally greater than \$100,000, and did the organization tax are the area account; security for which it was required to the payor? 7a X 7 Organization have any cacele deductible contributions under section \$70(c). 3b 1''''. 7a X 10 The "sint that area organiza	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
b If a least one is reported on line 2a, dd the organization file all required federal employment tax returns? 20 X a Abd the organization have unrelated business groups income of \$1,000 on me during the year? 3a X a At any line during the calendar year. dd the organization have an Interest II, or a signature or other authority over, a financial account in a forsign country (such as a back account, securities account, accurities account, accurities account, accurities account, accurities account, accurities accuritie		filed for the calendar year ending with or within the year covered by this return	2a	13			
ab Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If **se, "nate fund a form 3000 to Thit Syst? # Year base, accounts on Schedule O 3b X da At any time during the calendar year, did the organization have an inflarest in, or a signature or other authority over, a famolia laccount; 4a X b If **se, "nater the name of the forsign country (such as a base that account, securities account, or other financial account; 4a X b If **se, "nater the name of the forsign country (such as a base that stands: transaction at any time during the tax year? 5a X b If **se, "note the schedule of the organization for BMB07 5a X 5b X c If **se, "onte the schedule of the admittable and thratel contributions? 5a X 5a X c If **se, "onte doubtible of the admittable and thratele contributions? 5a X 5a X c If **se, "onte doubtible of the admittable and thratele contributions? 5a X 5b X c If **se, "onte doubtible add the admittable and thratele contributions? 7a X X c If **se, "onte doubtible add the admittable and thratele contribution? 7a X X	b		ns?		2b	Х	
b If "Yes," has it field a form 990-T for this yea? (IP Yeo's form 30, provide an explanation on an explanation or other statuhority over, a danatolal account is foreign country (such as a bank account, securities account, or other francial account)? 30 b If "Yes," enter the name of the foreign country 56 50 Was the organization the anomal of the foreign country 56 51 Was the organization the organization that was or is a purity of a prohibited as shelter transaction? 56 52 Was the organization the organization that two or is a purity of a prohibited as shelter transaction? 56 54 Dod any taxability of a prohibited tax shelter transaction? 56 65 68 X 7 Organization that any proceive doductible contributions or gifts 68 80 11 "Yes," to list the organization that any control organization that any control organization access of \$7 made parity as a contribution and parity for goods and services provided to the pory 7a 70 Organization collex where your list down or of the value of the pool or sorvices provided? 7a 74 11 "Yes," indicate the number of Forms 822 filed during the year [7d] 7a 74 12 'Second 70, 'In the organization necessed a sorvices provided? 7a X 75 14 the organization n					3a		X
4a At any time during the calendary year, dut the organization have an interest in, or a signature or other authority over, a timaceia account is correctly contring stark as a bank account, securities account, or other functial accounts (FBAR). bit "Yes," enter the name of the foreign country see instructions for thing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). bit any time during the tax year? bit any time during the tax year? bit any time during the tax year? bit any contributions that we are comparization that it was or is a party to a prohibited tax shelfer transaction? bit any contributions that we are a charable contributions? bit any contributions that were not tax deductibles a charable contributions? bit "Yes," duit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). bit the organization receive a garbit to do nor of the value of the goods or services provided? contributions that were nortical were on tax deductibles or otherwise dispose of tangible personal property for which it was required to the form 8262? cot the organization receive a garbit point (by organization receive a garbit point (by organization receive a contribution of garb, boas, griaphanes, or other values (b) the garaization file a Form 1086-C? contraited method and divide divide (by pay premiums on a personal benefit contrac?? contraited method and divide divide divide (by a pay angurated in the divide divide divide divide divide divide divide divide din divide divide divide dinore divide divide divide di					3b		
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If "Yes," complete Form 6069.					17		
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Form 990	(2022)
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BLINDED VETERANS ASSOCIATION

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

Choole if C	chadula O containa a racea	nee or note to any line in this Dort	+ \ //
Check if S	Schedule O contains a respo	inse or note to any line in this Part	ινι

Sec	tion A. Governing Body and Management				1				
		1	4	1	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1	<u> </u>					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	t supervision						
						X X X			
4	Did the organization make any significant changes to its governing documents since the prior Form S		s filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's as			<u>5</u> 6	x				
6									
7a									
	more members of the governing body?			7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?			7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		0		x				
а	a The governing body?								
b	b Each committee with authority to act on behalf of the governing body?								
9									
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,		x				
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a									
b									
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cont	flicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? //	Yes," d	escribe						
	on Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х	x			
b	b Other officers or key employees of the organization								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			x			
	taxable entity during the year?								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	:0,C	T,GA,HI,I	L,KS	,KY	, ME			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	-T (section 501(c)(3	B)s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)						
19	Describe on Schedule Q whether (and if so, how) the organization made its governing documents, co		,	nd finan	cial				

I9 Describe on 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
	DONALD OVERTON, JR 202-371-8880
	1101 KING STREET, 300, ALEXANDRIA, VA 22314

1101	KING	STREET,	300,	ALEXANDRIA,	VA	22314	
232006 12-13-22							Form 990 (2022)
					7		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable Reportable		
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week		cer ar		recio	r/trus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related	
	below	Individual trustee or director	Institutional trustee	-	Key employee	st co	Ŀ			organizations	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0	
(1) DONALD OVERTON, JR.	37.50										
EXECUTIVE DIRECTOR				Х				114,804.	0.	1,148.	
(2) DR. THOMAS ZAMPIERI	43.00										
PRESIDENT		Х		Х				0.	0.	0.	
(3) JOE MCNEIL SR.	11.00										
VICE-PRESIDENT		Х		Х				0.	0.	0.	
(4) PAUL MIMMS	1.00										
VICE-PRESIDENT		Х		Х				0.	0.	0.	
(5) TRACY FERRO	37.50										
TREASURER		Х		Х				0.	0.	0.	
(6) ELIZABETH HOLMES	30.00										
SECRETARY		Х		Х				0.	0.	0.	
(7) LEON COLLIER (END AUG 2022)	12.00										
DIRECTOR - DISTRICT 1		Х						0.	0.	0.	
(8) WANDA GROVER	12.00										
DIRECTOR - DISTRICT 1		Х						0.	0.	0.	
(9) BRIAN L. HARRIS	20.00										
DIRECTOR - DISTRICT 2		Х						0.	0.	0.	
(10) CALVIN POOLE (END AUG 2022)	4.00										
DIRECTOR - DISTRICT 3		Х						0.	0.	0.	
(11) DOUGLAS INGRAM	12.00										
DIRECTOR - DISTRICT 3		Х						0.	0.	0.	
(12) KENNETH ASAM (END AUG 2022)	48.00										
DIRECTOR - DISTRICT 4		Х						0.	0.	0.	
(13) WADE DAVIS	12.00										
DIRECTOR - DISTRICT 4		Х						0.	0.	0.	
(14) DARRYL GOLDSMITH	10.00										
DIRECTOR - DISTRICT 5		Х						0.	0.	0.	
(15) KEVIN JACKSON	4.50										
DIRECTOR - DISTRICT 6		Х						0.	0.	0.	
(16) MEREDITH BUONO DAGROSSA	40.00										
DIRECTOR OF DEVELOPMENT						X		105,000.	0.	1,051.	
(17) JAMES VALE	40.00										
NATIONAL SERVICE DIRECTOR						X		104,038.	0.	261.	
232007 12-13-22					_					Form 990 (2022)	

16540306 769164 BVA.TX

8

	990 (2022) BLINDED V	7ETERANS	A	.SS	0C	IΑ	TI	ON	I	53-02	<u>214:</u>	281	Pa	age 8
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box,	not ch unles	neck r ss per	ition more rson is	l than c s both r/trust	an	(D) Reportable compensation	(E) Reportable compensatio	n	am	(F) timate iount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	com fro orga anc	other pensat om the anizati d relate nizatio	e on ed
				_										
	Subtotal Total from continuation sheets to Part VII								323,842. 0.		0.		2,40	0.
d	Total (add lines 1b and 1c)								323,842.		0.	2	2,40	50.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	:		Yes	3 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>				•	-		Ŭ	• •			3	163	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4		X
Ŭ	rendered to the organization? If "Yes," com	-				-			-			5		Х
Sect	ion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t										ensat	ion fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	C	(C omper		1
	Tabalan and taba and tabalan								-h					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		στ lin	nited	101	thos C		ted	above) who received mo	ore than			000	

Form **990** (2022)

232008 12-13-22

			2022) BLINDED VETER	ANS ASSO	CIATION		53-0214	281 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin			(-)	(5)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
, Mo G		с	Fundraising events 1c	80,075.				
ar A			Related organizations 10					
s, o linil		е	Government grants (contributions) 1e					
tion S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	1,026,645.				
ut p		-	Noncash contributions included in lines 1a-1f		1 105 500			
<u> </u>		h	Total. Add lines 1a-1f		1,106,720.			
	~	_	PROGRAM REVENUE	Business Code 900099	183,587.	183,587.		
Program Service Revenue	2	a b	ROGRAM REVENCE	500055	103,307.	105,507.		
Ser		c c						
žer (d						
Be		e						
Pro		f	All other program service revenue					
			Total. Add lines 2a-2f		183,587.			
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		378,172.			378,172.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
				(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 1,453,413.	2089744.				
		b	Less: cost or other basis					
е			and sales expenses 7b 1,664,318.					
evenue		С	Gain or (loss) 7c,905.	231,991.				
Ře			Net gain or (loss)		21,086.			21,086.
Other Re	8	а	Gross income from fundraising events (not including \$ 80,075. of					
			contributions reported on line 1c). See					
		_	Part IV, line 18					
			Less: direct expenses 8b		-151,054.			-151,054.
	0		Net income or (loss) from fundraising events Gross income from gaming activities. See		151,054.			151,054.
	9	d	Part IV, line 19					
		þ	Less: direct expenses 96					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10t	b				
		С	Net income or (loss) from sales of inventory					
s				Business Code				
eou	11							
llan (enu		b						
Miscellaneous Revenue		с С						
Ë			All other revenue					
	12		Total revenue. See instructions		1,538,511.	183,587.	0.	248,204.
232009						, ,	•	Form 990 (2022)

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BLINDED VETERANS ASSOCIATION Part IX Statement of Functional Expenses

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

ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B)	(C)	(D)
		Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,000.	2,000.		
Grants and other assistance to domestic individuals. See Part IV, line 22	13,001.	13,001.		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	115 040	62 712	16 227	F 700
	115,842.	63,/13.	40,337.	5,792.
persons (as defined under section 4958(f)(1)) and				
	707,545.	370,687.	237,475.	99,383.
section 401(k) and 403(b) employer contributions)	5,650.	3,118.	1,484.	<u>1,048.</u> 495.
Other employee benefits	8,802.	5,337.	2,970.	495.
Payroll taxes	69,404.	35,549.	24,987.	8,868.
Fees for services (nonemployees):				
	28,050.		28,050.	
	118 0/6		118 046	
	110,040.		110,040.	
	90 238.	4 844.	38 998	46,396.
	20,860.	20,860.		10,000
	306,075.		28,893.	64,212.
		,		
	115,490.	49,559.	54,154.	11,777.
Travel	59,465.	56,870.	757.	1,838.
Payments of travel or entertainment expenses for any federal, state, or local public officials				
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization				3,149.
Insurance	14,094.	7,435.	4,857.	1,802.
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
BAD DEBT EXPENSE	61,733.		61,733.	
BVA BULLETIN	3,598.	3,598.		
· · · · ·				
	1,/04,521.	862,533.	657,228.	244,760.
12-13-22				Form 990 (2022
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments to atfiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 5, column (A), and amortization Insurance	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 115,842. Compensation not included above to disqualified persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f) and for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments of affiliates 24, 628. 1 Depreciation, depletion, and amortization Insurance 24, 628. 1 All other expenses	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Image: Compensation of current officers, directors, trustees, and key employees Compensation of included above to disqualified persons (as defined under section 4958(t)(1)) and persons described in section 4958(t)(1)) and persons described in section 4958(t)(3)(8) TO7 7, 545 . 370, 687 . Other salaries and wages 707, 545 . 370, 687 . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 5, 650 . 3, 118 . Other sentines and wages 69, 404 . 35 , 549 . Persoin plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Es 8, 002 . 5, 337 . Other employee benefits 8, 8020 . 5, 337 . Lagal 28, 050 . Accounting 28, 050 . Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (II line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 20, 860 . 20, 860 . Occupancy 115, 490 . 49, 559 . Travel S9, 465 . 56, 870 . Payments to affiliates 24, 628 . Depreciation, depletion, and amortization Insurace 24, 628 . 12, 992 . Instrance 14	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current offices, directors, trustees, and key employees Compensation and selective disqualified persons data definitutions (nother employees) Cher employees benefits Department Legal Accounting Lebbying Professional functiasing services. See Part IV, line 17 Itals, 046. Cher, (If line 11g amount exceeds 10% of line 25, column (A), amount, list Ine 11g expenses for any federal, state, or local public officials Conterres, conventions, and meetings Interest Payments to difficiate Conter expenses. Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Conter expenses. Interest Payments of travel or entertainment expenses for any federal, state, or local public officials Conter expenses. Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Conter expenses. Interest Payments of affiliates Depreciation, depletion, and amortization Insurance Conter expenses. Interest Payments of travel or entertainment expenses for any federal, state, or local public officials Conter expenses. Interest Payments of affiliates Depreciation, depletion, and mentization Insurance Conter expenses. Interest Payments of affiliates Depreciation, depletion, and amortization Insurance Conter expenses. Interest Payments of affiliates C

BLINDED VETERANS ASSOCIATION

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year End of year 741,558. 486,198. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 409,811. 0. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 15,043. 36,818. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 34,683. basis. Complete Part VI of Schedule D _____ 10a 18,586. 1,905,610. 16,097. b Less: accumulated depreciation 10b 10c 12,408,411. 9,842,117. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 0. 287,183. 15 15 Other assets. See Part IV, line 11 12,914,139. 13,234,707. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 121,151. 100,709. Accounts payable and accrued expenses 17 17 18 18 Grants payable 66,255. 68,695. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 310,394. 0. 25 of Schedule D 187,406. 479,798. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 12,605,836. 12,538,644. 27 27 Net assets without donor restrictions Net assets with donor restrictions 120,897. 216,265. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

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(B)

Form 990 (2022)

12,754,909.

13,234,707.

12,726,733.

12,914,139.

31

32

33

Form 990 (2022) Part X | Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

31

32

33

Form	990 (2022) BLINDED VETERANS ASSOCIATION	53-0	214281	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,53		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,76		
3	Revenue less expenses. Subtract line 2 from line 1	3	-22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,72		
5	Net unrealized gains (losses) on investments	5	25	4,1	86.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	12,75	4,9	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2022)

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

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.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name	of the organization						Employer	identification number				
	BLIN	IDED VETERA	NS ASSOCIATIO	ON				3-0214281				
Par	t I Reason for Public	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	s.					
The o	rganization is not a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)							
1	A church, convention of ch					I)(A)(i).						
2	A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	ו 990).)								
3	A hospital or a cooperative)(b)(1)(A)(ii	i).						
4	A medical research organiz)(iii). Enter	the hospital's name,				
	city, and state:	·	, ,				,, ,	1 /				
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). (с ,	•	, 0							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
_	X An organization that norma	•				.,	ne general i	oublic described in				
	section 170(b)(1)(A)(vi). (C	•	······ [-··· -· ···[- [- ·· · ·				- 3					
8	A community trust describ		(1)(A)(vi), (Complete Par	EII.)								
9	An agricultural research or				ed in conii	inction with a	land-grant	college				
•	or university or a non-land-	-			-		-	-				
	university:	grant conogo or agin			name, eny	, and state of	the conege					
10	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d aross receipts from				
	activities related to its exer											
	income and unrelated busi											
	See section 509(a)(2). (Co				0000 0000		Janization					
11	An organization organized		ively to test for public sa	fety See	section 5()9(a)(4)						
12	An organization organized	-	•	•			rny out the	nurnoses of one or				
12	more publicly supported or		-	-			-					
	lines 12a through 12d that											
•	-	• •	supervised, or controlled		-		-	aivina				
а	the supported organizati		-	• • • •	-							
			• • • • •	majonty c				apporting				
Ь	organization. You must			ion with it	oupporte	d organizatio	n(a) by ba	lina				
b		-	d or controlled in connect			-		-				
	-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ye the supp	Joned				
_	organization(s). You mus	-		• • • • • • • • •								
С			ng organization operated				ly integrate	ed with,				
			s). You must complete I									
d			porting organization oper				Ŭ,					
	that is not functionally in	с	e ,	•		•	an attentiv	veness				
			mplete Part IV, Sections									
е			written determination fro			Type I, Type	II, Type III					
-	functionally integrated, o		onally integrated supporting	ng organiz	ation.							
	Enter the number of supported	•										
g	Provide the following informatio (i) Name of supported	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other				
	organization		(described on lines 1-10		ing document?	support (see ir		support (see instructions)				
	C C		above (see instructions))	Yes	No							

BLINDED VETERANS ASSOCIATION

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1639895.	1088965.	1217888.	2200775.	1106720.	7254243.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1 6 2 0 0 0 5	1000065	1017000	0000775	1100000	8054040
	Total. Add lines 1 through 3	1639895.	1088965.	1217888.	2200775.	1106720.	7254243.
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,						246 400
_	column (f)						346,498. 6907745.
<u>6</u>	Public support. Subtract line 5 from line 4. ction B. Total Support						6907745.
		() 0010	(1) 0010	() 0000	()) 0001	() 0000	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2018 1639895.	(b)2019 1088965.	(c) 2020 1217888.	(d) 2021 2200775.	(e) 2022 1106720.	(f) Total 7254243.
-	Amounts from line 4	1039095.	1000905.	121/000.	2200775.	1100/20.	1234243.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	202 502	192,963.	217,546.	336,466.	378,172.	1417650.
•	and income from similar sources	292,503.	192,903.	21/,540.	330,400.	3/0,1/2.	141/050.
9							
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			7,372.			7 370
	assets (Explain in Part VI.)			1,512.			7,372. 8679265.
	Total support. Add lines 7 through 10		-no)			12	562,783.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth tox y	voor op o opotion E		502,705.
13	-	-					
Se	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		14	79.59 %
	Public support percentage from 2021					15	82.75 %
	a 33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						V
ł	33 1/3% support test - 2021. If the c						
	and stop here. The organization gual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		5	
k	0 10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-					
	more, and it the organization meets th						
	organization meets the facts-and-circu			alifies as a publicly	supported organiz	ation	
18		umstances test. Th	e organization qua		• •		

232022 12-09-22

Part III	Support	Schedule for	or Organizatio	ons Described	d in Section 509(a)(2)
Schedule A	(Form 990)	2022	BLINDED	VETERANS	ASSOCIATION

BLINDED VETERANS ASSOCIATION

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			7	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (line 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2021	I Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			,	
17	Investment income percentage for 20	022 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	-					7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22		16			Schedule /	A (Form 990) 2022

Schedule A (Form 990) 2022

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

Section A. All Supporting Organizations

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

17

232024 12-09-22

Yes No

1

2

3a

3b

3c

Schedule A (Form 990) 2022

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

BLINDED VETERANS ASSOCIATION

BLINDED VETERANS ASSOCIATION Schedule A (Form 990) 2022

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers		

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "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 officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	

Section C. Type II Supporting Organizations				
			Yes	N
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

supervised or controlled the supporting organization

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
---	---	---------------------

- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с	The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "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 lines 3a and 3b 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? If "Yes" or "No" 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.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2022

232025 12-09-22

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Schedule A (Form 990) :	2022
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Part V

(Form 990) 2022	BLINDED VETERANS ASSOCIATION
Type III Nor	n-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ted Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

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

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotoilo in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	o organization is responsivo		- '	
0	(provide details in Part VI). See instructions.	le organization is responsive		8	
	Distributable amount for 2022 from Section C. line 6			9	
9				-	
10	Line 8 amount divided by line 9 amount	(1)	()	10	/
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
-	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
1	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-	EXCESS ITOM 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			ASSOCIATION	53-0214281 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I	5 1, 2, 3b, 3c, 4b, 40 D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c rt IV, Section E, lin	, 11a, 11b, and 11c; Part IV es 1c, 2a, 2b, 3a, and 3b; P	Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
232028 12-09-2	2				Schedule A (Form 990) 20

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

53-0214	281
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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

BLINDED VETERANS ASSOCIATION

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

Page 2 Employer identification number

53-0214281

BLINDED VETERANS ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 75,522. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 147,395. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 126,988. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 40,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 Х Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

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Name of organization

53-0214281

BLINDED VETERANS ASSOCIATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 22,491. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 51,600. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

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

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

BLINDED VETERANS ASSOCIATION

Name of organization

Part II

Employer identification number

53-0214281

223453 11-15-22

Schedule B (Form 990) (2022)

16540306 769164 BVA.TX

Schedule B (Fe	orm 990) (2022)			Page 4			
Name of organ	ization			Employer identification number			
BLINDED	VETERANS ASSOCIATION			53-0214281			
Part III Ex	cclusively religious, charitable, etc., contribut om any one contributor. Complete columns (a mpleting Part III, enter the total of exclusively religious,	ions to organizations described i) through (e) and the following line	entry. For organizations	(10) that total more than \$1,000 for the year			
U	se duplicate copies of Part III if additional	space is needed.	·····				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of					
	Transferee's name, address, a			of transferor to transferee			
_							
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-							
(a) No.							
from Part I	(b) Purpose of gift (c) Use c		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	Ind ZIP + 4	Relationship	of transferor to transferee			
-		[
(a) No. from		[
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	Ind ZIP + 4	Relationship	of transferor to transferee			
-							
223454 11-15-22				Schedule B (Form 990) (2022)			

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047		
(Form 990)					2022		
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.							
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection		
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then							
-		plete Parts I-A and B. Do not com		(
		1(c)(3)) organizations: Complete P	•	Do not complete Par	t I-B.		
 Section 527 organiz 	ations: Complete	Part I-A only.					
If the organization ans	wered "Yes," on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Acti	vities), t	hen	
		nave filed Form 5768 (election und	()/	•	•		
		nave NOT filed Form 5768 (election					
If the organization ans Tax) (See separate inst		Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	istructions) or Form	990-EZ	, Part V, line 35c (Proxy	
		ions: Complete Part III.					
Name of organization	, or (o) organizat				Employ	ver identification number	
Ũ	BLINDED	VETERANS ASSOCIA	TION			53-0214281	
Part I-A Compl		anization is exempt under		r is a section 52	?7 orga		
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.			
2 Political campaign	activity expendit	ures			\$_		
3 Volunteer hours for	political campai	gn activities					
		anization is exempt under		-			
		incurred by the organization under					
		incurred by organization managers n 4955 tax, did it file Form 4720 fo					
b If "Yes," describe in							
		anization is exempt under	r section 501(c), e	except section 5	501(c)(3	3).	
1 Enter the amount c	lirectly expended	by the filing organization for secti	on 527 exempt function	on activities	\$		
2 Enter the amount of	of the filing organ	ization's funds contributed to othe	r organizations for sec	tion 527			
exempt function ac	tivities				\$_		
3 Total exempt funct	ion expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,				
		ployer identification number (EIN) ion listed, enter the amount paid f		•			
		omptly and directly delivered to a s					
		additional space is needed, provid		,			
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political	
				filing organizatio	n's c	contributions received and	
				funds. If none, ent	er -0	promptly and directly delivered to a separate	
					political organization.		
						If none, enter -0	
For Deporturerk Deduct	ion Act Notice	soo the Instructions for Form 90	0 or 990-E7		Sel.	hadula C (Earm 990) 2022	

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

Schedule C (Form 990) 2022

232041 11-08-22

	BLINDED VETH				214281 Page 2
Part II-A Complete if the org section 501(h)).	anization is exem	pt under section	501(c)(3) and file	d Form 5768 (ele	ction under
	tion belongs to an affili	ated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
•••	e of excess lobbying e	• • •			, , ,
	tion checked box A an	• •	visions apply.		
Limit	ts on Lobbying Expen ditures" means amour	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (g	rassroots lobbying)		0.	
b Total lobbying expenditures to influ	lence a legislative body	y (direct lobbying)		40,000.	
c Total lobbying expenditures (add lii	nes 1a and 1b)			40,000.	
d Other exempt purpose expenditure				1,724,521.	
e Total exempt purpose expenditure				1,764,521.	
f Lobbying nontaxable amount. Ente				238,226.	
If the amount on line 1e, column (a) o	r (b) is: The lobb	oying nontaxable amo	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000),000 \$100,000	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	,			59,557.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero				0.	
j If there is an amount other than zer		ne 1i, did the organiza	tion file Form 4720	г	—
reporting section 4911 tax for this					Yes No
(Some organizations th	nat made a section 50	raging Period Under 11(h) election do not h ite instructions for lin	nave to complete all o	f the five columns be	low.
	Lobbying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	260,449.	240,506.	235,348.	238,226.	974,529.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,461,794.
c Total lobbying expenditures	40,000.	40,000.	40,000.	40,000.	160,000.
d Grassroots nontaxable amount	65,112.	60,127.	58,837.	59,557.	243,633.
e Grassroots ceiling amount (150% of line 2d, column (e))					365,450.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
-	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(b), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c					
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	Diiticai			
_	expenditures next year?		4		
5 Par	Taxable amount of lobbying and political expenditures. See instructions t IV Supplemental Information		5		
Prov instru	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. IEDULE C, PART II-A:	list); Part II-	A, lines 1 a	nd 2 (See	
501					
BV	A SENT LETTERS TO AND MET DIRECTLY WITH GOVERNMENT C	FFICIA	ALS AN	D	
LEC	GISLATORS AND COMMUNICATED TO ITS MEMBERS BY ELECTRO	NIC NE	EWSLET	TERS.	
BV	A'S EFFORTS ARE CONCENTRATED ON LEGISLATION AFFECTIN	G VETI	ERAN'S		
BEI	NEFITS, BLIND REHABILITATION PROGRAMS, AND SERVICES	OFFERI	ED BY	THE	
FEI	DERAL GOVERNMENT THROUGH THE DEPARTMENT OF VETERANS	AFFAIF			
23204	3 11-08-22		Schedu	lie C (Form	990) 2022

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VETERANS.

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

Schedule C (Form 990) 2022

232044 11-08-22

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Employer identification number 53 - 0214281

Name of the organization

BLINDED VETERANS ASSOCIATION

Par			or Accounts	S. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds	s and other accounts
1	Total number at and of year			
2	Total number at end of year Aggregate value of contributions to (during year)			
2	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds	
Ŭ	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor of			
			0	Yes No
Par		rganization answered "Yes" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea		a historicallv in	portant land area
	Protection of natural habitat	Preservation of	-	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form o	of a conservatio	on easement on the last
	day of the tax year.			leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
с	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
		• • • •	2d	
3	Number of conservation easements modified, transferred, re			uring the tax
	year		-	-
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	it holds?		Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conse	ervation easem	ents during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements	during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)	
				Yes 🔛 No
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	nts that describ	pes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Oth	er Similar	<u>Assets</u>
	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under FASB ASC 95		d balance she	et works
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its fina		•	
b	If the organization elected, as permitted under FASB ASC 95			orks of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A		J, [
а	Revenue included on Form 990, Part VIII, line 1	-	\$	
			•	
	For Paperwork Reduction Act Notice, see the Instruction			chedule D (Form 990) 2022
	09-01-22		-	. ,
		32		

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Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, or	Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	make sig	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	ey further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit	or receive donations	of art, his	storical trea	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran					Yes" on I	Form 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for c	ontribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21, for e	escrow or cu	ustodial accou	unt liabilit	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	t V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two years	s back ((d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1g	i, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held a	nd administere	ed for the	e		ſ	<u> </u>	
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipn		wment fl	unas.							
1 41	Complete if the organization answere) Part IV	line 11a S	See Form 990	Part X I	ine 10				
	Description of property	(a) Cost or c			t or other		cumulate	a	(d) Boo	k volu	
	Description of property	basis (investr		• •	(other)	• •	preciation	u	(u) 600	r value	3
1a	Land	· · ·	7								
b	Buildings										
	Leasehold improvements										
d	Equipment			3	4,683.		18,58	36.	1	6,0	97.
	Other				,		.,	-		,	
	Add lines 1a through 1e. (Column (d) must e	•	X colum	n (R) line 1	0c)				1	6,0	97.
	s ···· (column a) mast (<i></i>			 Sahadula			

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		

(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total (Col (b) must agual Form 000 Part V col (P) line 12.)	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes LEASE LIABILITY 310,394 (2) (3) (4) (5) (6) (7) (8) (9) 310,394. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

232053 09-01-22

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Schedule D (Form 990) 2022 BLINDED VETERANS ASSOCIATION

rt VII Investments - Other Securities.

	dule D (Form 990) 2022 BLINDED VETERANS ASSOCIATI				0214281 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	1,884,948.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	254,186.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	254,186.
3	Subtract line 2e from line 1			3	1,630,762.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	118,046.		
b	Other (Describe in Part XIII.)	. 4b	-210,297.		
	Add lines 4a and 4b			4c	-92,251.
с					
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	1,538,511.
5			n Expenses per F	-	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	ents With	n Expenses per F	-	n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	n Expenses per F	-	
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	n Expenses per F	Retur	n.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	n Expenses per F	Retur	n.
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per F	Retur	n.
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	n Expenses per F	Retur	n.
5 Pai 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	n Expenses per F	Retur	n.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With	n Expenses per F	Retur	n. <u>1,856,772.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d	n Expenses per F	1	n. <u>1,856,772.</u>
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 2a 2b 2c 2d	n Expenses per F	1 2e	n. <u>1,856,772.</u> 0.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With 2a 2b 2c 2d	118,046.	1 2e	n. <u>1,856,772.</u> 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With 2a 2b 2c 2d 4a	n Expenses per F	1 2e	n. <u>1,856,772.</u> <u>0.</u> 1,856,772.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 2d 4a 4b	118,046. -210,297.	1 2e	n. <u>1,856,772.</u> 0. <u>1,856,772.</u> -92,251.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents With 2a 2b 2c 2d 4a 4b	118,046. -210,297.	1 2e 3	n. <u>1,856,772.</u> <u>0.</u> 1,856,772.

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

PART X, LINE 2:

THE ORGANIZATION IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE. AS A RESULT, THE ORGANIZATION IS NOT SUBJECT TO FEDERAL

INCOME TAXES, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME. THERE WAS NO

UNRELATED BUSINESS NET INCOME FOR THE YEAR ENDED JUNE 30, 2023.

THE	ORGANIZATION'S	INCOME	TAX	RETURNS	ARE	SUBJECT	то	REVIEW	AND
-----	----------------	--------	-----	---------	-----	---------	----	--------	-----

EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES. THE ORGANIZATION IS

NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

INCOME TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2022, 2021 AND 2020 REMAIN

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OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS.

232054 09-01-22

Schedule D (Form 990) 2022 BLINDED VETERANS ASSOCIATION	53-0214281 Page 5
Schedule D (Form 990) 2022 BLINDED VETERANS ASSOCIATION Part XIII Supplemental Information (continued) Continued) Continued	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
	010 005
FUNDRAISING EVENT EXPENSES	-210,297.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	-210,297.
	- ,
<u></u>	
	Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r 19, c	or if the	2022
Department of the Treasury	C	organization entered more than \$1 Attach to Form 990						Open to Public
Internal Revenue Service	Go t	o www.irs.gov/Form990 for instru				n.		Inspection
Name of the organization		VENEDANC ACCOUTAN	TON					entification number
Part I Fundrais		VETERANS ASSOCIAT		os" or	Form 990 Part IV/ li		53-0214	
	complete this part			63 01	11 onn 990, 1 art 10, 1		. 1 0iiii 990-Li	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from re	egistration
or licensing.								

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

Schedule G (Form 990) 2022

232081 10-27-22

BLINDED VETERANS ASSOCIATION

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines I and 6D. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue					,	
Revenue	1	Gross receipts	139,318.			139,318.
ш	2	Less: Contributions	80,075.			80,075.
	3	Gross income (line 1 minus line 2)	59,243.			59,243.
	4	Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses	210,297.			210,297.
	-					210,297.
	11	Net income summary. Subtract line 10 from li	.,			-151,054.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1					
	-	Gross revenue				·
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	Ŭ	Not gaming moome summary. Subtrast mile r				<u> </u>
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			/ear?	Yes No
D	IT "	Yes," explain:				
)-27-22			Saha	dule G (Form 990) 2022

Schedule G (Form 990) 2022	BLINDED	VETERANS	ASSOCIATION	53-0	214281	Page 3
11 Does the organization conduct	gaming activities w	ith nonmembers?			Yes	No No
			ember of a partnership or other entity			
					Yes	No No
13 Indicate the percentage of game						
					13a 13b	<u>%</u>
			ation's gaming/special events books		130	<u> </u>
	the person who pre		ation's garning/special events books			
Name						
Address						
15a Does the organization have a co	ontract with a third	party from whom	the organization receives gaming rev	enue?	Yes	🗌 No
b If "Yes," enter the amount of ga	imina revenue recei	ived by the organi	zation \$a	and the amount		
of gaming revenue retained by t						
c If "Yes," enter name and address						
Name						
Address						
16 Gaming manager information:						
Name						
Gaming manager compensatior	n \$					
Description of services provided	4					
Description of services provided						
Director/officer	Employee		Independent contractor			
.						
17 Mandatory distributions:	lor state law to mak	o charitable distri	butions from the gaming proceeds to			
retain the state gaming license?			buttons from the gaming proceeds to		Yes	No No
			ributed to other exempt organizations			
organization's own exempt activ				-		
			s required by Part I, line 2b, columns	(iii) and (v); and Par	t III, lines 9, 9	b, 10b,
15b, 15c, 16, and 17b,	as applicable. Also	provide any addit	ional information. See instructions.			
232083 10-27-22				Sched	ule G (Form §	990) 2022
			39			

Schedule G	G (Form	990)

Part IV	Supplemental Information	(continued)		
				Schedule G (Form 990)

SCHEDULE I	l	G	rants and Oth	er Assistan	ce to Organ	izations.			OMB No. 1	545-0047
(Form 990)		Go	vernments, an	d Individua	ls in the Ŭni	ted States			20	22
Dependence of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.									Public
Department of the Treasury Internal Revenue Service			Go to www.irs		the latest information	ation.			Inspe	
Name of the organizat	ion			•				Employer id	entificatio	on number
										14281
Part I General I	nformation on Grants a	nd Assistance								
	zation maintain records t								X Yes	No
	award the grants or assis IV the organization's pro								1 162	
Part II Grants an	d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Parl	t IV, line 21, fo	r any	
·		, I	•		1	(f) Method of				
.,	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of g assistanc	

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.

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:

RECORDS ARE MAINTAINED FOR ALL SCHOLARSHIP RECIPIENTS. APPLICANTS CAN

OBTAIN ELIGIBILITY REQUIREMENTS FROM THE ORGANIZATION'S WEBSITE.

SCHOLARSHIP RECIPIENTS ARE EVALUATED BY A SELECTION COMMITTEE. ONCE TUITION

HAS BEEN VERIFIED, SCHOLARSHIPS ARE PAID DIRECTLY TO THE SCHOOL.

(Form 990) 2022 BLINDED VETERAN	S ASSOCIA	TION			53-0214281	Page 2	
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance	

recipients cash grant SCHOLARSHIPS 5 13,001. 0.

Schedule I (Form 990) 2022

Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



BLINDED VETERANS ASSOCIATION

mployer identification nun 53-0214281

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 1, DESCRIPTION OF ORGANIZATION MISSION:

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) CONGRESS. BVA COMMUNITY-BASED AMBASSADORS IDENTIFY BLINDED AND U.S. VETERANS REQUIRING ASSISTANCE AND SERVE AS ADVOCATES FACILITATING HIGH-OUALITY 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

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Schedule O (Form 990) 2022 Name of the organization BLINDED VETERANS ASSOCIATION	Page 2 Employer identification number 53-0214281
CURRENT ESTIMATES BY THE DEPARTMENT OF VETERANS AFFAIRS PR	OJECT A
SIGNIFICANT AMOUNT OF LEGALLY BLIND AMERICAN VETERANS, A M	IAJORITY OF
WHICH REMAIN UNAWARE OF THEIR ELIGIBILITY FOR REHABILITATI	VE SERVICES
AND BENEFITS. ANNUALLY, ADDITIONAL THOUSANDS OF VETERANS B	SECOME BLIND
OR VISUALLY IMPAIRED AS A RESULT OF MILITARY SERVICE, DISE	CASE,
ACCIDENT, OR AGE-RELATED CONDITIONS. BVA PROGRAMS ARE DESI	GNED AND
ALIGNED TO ASSIST THESE VETERANS AND THEIR FAMILIES IN MEE	TING THE
CHALLENGES OF SUBSTANTIAL VISION LOSS AT NO CHARGE OR MEMB	BERSHIP
PREREQUISITE. OPERATIONAL FUNDING IS PRIMARILY DERIVED FRO	M THE
BENEVOLENT GENEROSITY OF ORGANIZATIONAL SUPPORTERS.	
THE ORGANIZATION IS GOVERNED BY AN ALL-VOLUNTEER MEMBER EL	ECTED 8
PERSON VOTING BODY COMPRISING THE NATIONAL BOARD OF DIRECT	ORS.
POSITIONS ARE HELD ON A VOLUNTARY BASIS AND ALL MEMBERS GI	VE FREELY OF
THEIR TIME AND RESOURCES. THE BOARD INCLUDES BVA MEMBERS A	APPOINTED TO
SERVE AS THE NATIONAL JUDGE ADVOCATE, NATIONAL SERGEANT-AT	-ARMS, AND
NATIONAL CHAPLAIN. BOARD MEMBER TRAVEL INCLUDES TWO SEMI-A	NNUAL
MEETINGS, ONE COINCIDING WITH THE ANNUAL NATIONAL CONVENTI	ON AND THE
OTHER AT BVA NATIONAL HEADQUARTERS. BOARD MEMBERS CONDUCT	THE VAST
MAJORITY OF REGULAR ORGANIZATIONAL BUSINESS VIA EMAIL AND	MONTHLY
TELECONFERENCING.	
THE NATIONAL BOARD OF DIRECTORS APPOINTS STANDING ADVISORY	COMMITTEES
COMPRISED OF AN ALL-VOLUNTEER GROUP OF BVA MEMBERS, CAREGI	VERS, AND
NONMEMBER STAKEHOLDERS. COMMITTEE TERMS ARE STAGGERED AFFC	RDING
PROGRAMMATIC CONTINUITY, WHILE FOSTERING A CONTINUAL ANALY	SIS AND
OVERSIGHT OF ORGANIZATIONAL OPERATIONS. THIS FISCAL YEAR A	LONE,
COMMITTEE MEMBER DONATIONS EXCEEDED 2,200 HOURS OF IN-KIND	VOLUNTEER

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2022.05060 BLINDED VETERANS ASSOCIAT BVA.TX_1

Schedule O (Form 990) 2022

Name of the organization

SERVICE.

BVA OVERSEES 36 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 4A, PROGRAM SERVICE ACCOMPLISHMENTS: 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 ON AVERAGE 463,000 UNIQUE VISITORS AND 918,000 PAGE VIEWS DURING THIS FISCAL YEAR. MOST VISITS ORIGINATED THROUGH THE GOOGLE SEARCH ENGINE AND 47% OF ALL USERS WERE NEW COMPARED TO 56% 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, X,

 LINKEDIN, INSTAGRAM, AND YOUTUBE. BVA CURRENTLY COMMANDS A SOCIAL MEDIA

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 Schedule O (Form 990) 2022

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Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
AUDIENCE OF OVER 26,000 FOLLOWERS. BVA USES SOCIAL MEDIA I	
TO EDUCATE AND ADVOCATE TO ITS FOLLOWERS ABOUT THE ORGANIZ	ATION'S
ACTIVITIES, LEGISLATIVE NEWS, AND ISSUES FACING BLINDED VE	TERANS AND
THEIR FAMILIES. SOCIAL MEDIA FOSTERS COLLABORATION WITH PA	RTNER
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 982 (SOP 982), 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.

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lame of the organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
BVA HOSTS AN ANNUAL CONVENTION EACH AUGUST IN CONJUNCT	ION WITH THE
DEPARTMENT OF VETERAN'S AFFAIRS BLIND REHABILITATION SH	ERVICES ANNUAL
CONFERENCE. THIS ALLOWS DIRECT INTERACTION BETWEEN LEAD	DERS AND MEMBERS
OF BOTH ORGANIZATIONS, EXPOSURE TO THE LATEST REHABILIT	TATION
ECHNOLOGY, POLICIES, RESEARCH, AND FOSTERS COLLABORAT	ION ON BEHALF OF
ALL BLINDED AND VISUALLY IMPAIRED VETERANS.	
OURING EACH ANNUAL CONVENTION, BVA PRESENTS AWARDS TO H	HONOR OUTSTANDING

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 58

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGHOUT THE ENTIRE LIFE CYCLE OF BLINDNESS. THEY PROVIDE CRITICAL
232212 10-28-22
Schedule O (Form 990) 2022
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Schedule O (Form 990) 2022	Page 2						
Name of the organization	Employer identification number						
BLINDED VETERANS ASSOCIATION	53-0214281						
SERVICES SUCH AS EXPERT ASSISTANCE AND REPRESENTATION WITH	IN THE						
VETERAN'S BENEFITS ADMINISTRATION (VBA) CLAIMS PROCESSES,	ASSISTANCE						
AND OVERSIGHT DURING THE VETERAN'S HEALTH ADMINISTRATION (VHA) BLIND						
REHABILITATION SERVICES PROCESSES AND PROVIDE RESOURCES AN	REHABILITATION SERVICES PROCESSES AND PROVIDE RESOURCES AND ASSISTANCE						
IN OBTAINING COMMUNITY BASED SERVICES. THEY HELP BLINDED V	ETERANS BRING						
FOCUS AND DIRECTION TO THEIR LIVES, PROVIDING INSPIRATION	AND						
ENCOURAGEMENT.							

FROM YEAR TO YEAR, THE BVA VETERAN SERVICE PROGRAM IS RESPONSIBLE FOR ON AVERAGE 2,500 CLAIM APPROVALS TOTALING ON AVERAGE \$5,900,000 IN BVA ADMINISTERED COMPENSATION, PENSION, AND SPECIALIZED GRANT BENEFITS TO CLIENTS. IN ADDITION, THE BVA VETERANS 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 VISUAL IMPAIRMENT SERVICES OUTPATIENT REHABILITATION (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 Schedule O (Form 990) 2022 232212 10-28-22 48

Schedule O (Form 990) 2022	Page 2
Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number $53 - 0214281$
VETERANS SERVING AS PEER COUNSELORS PROVIDING OPPORTUNITIE	S FOR BLINDED
VETERANS TO HELP AND SERVE ONE ANOTHER. THEY PROVIDE INFORM	MATION ON
PROGRAMS AND SERVICES, ENCOURAGE BLINDED VETERANS TO ENTER	
REHABILITATION PROGRAMS, PROVIDE CAMARADERIE AND SERVE AS 1	MENTORS
DEMONSTRATING EQUIPMENT AND AIDS USED BY THE BLIND. THEY R	EINFORCE THE
WORK OF THE VETERAN SERVICE OFFICERS BY LIFTING FELLOW VET	ERANS 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 62 REPRESENTATIVES AND DEPUTY REPRESENTATIVES AND 68 VOLUNTEERS DONATING OVER 11,900 HOURS IN 45 VA FACILITIES.

TEAM BVA PROGRAM

BVA ESTABLISHED THE TEAM BVA 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 9 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 TEAM BVA 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 PROGRAM HAS

SUCCESSFULLY INSPIRED DOZENS TO RETURN TO THE ANNUAL CONVENTION AND 232212 10-28-22 Schedule O (Form 990) 2022 49

Name of the organization

PARTICIPATE AT THEIR OWN EXPENSE, NOW SERVING IN LEADERSHIP ROLES FOR

BVA AND OTHER VETERAN ORGANIZATIONS.

IN COOPERATION WITH OUR ORGANIZATIONAL PARTNERS, THE TEAM BVA 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SPECIFIC NEEDS OF BLINDED AND VISUALLY IMPAIRED VETERANS ACROSS OUR NATION. BVA'S EDUCATIONAL EFFORTS SEEK TO ENHANCE THE SPECIALIZED REHABILITATION PROGRAMS PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS 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.

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 OR VISUALLY IMPAIRED VETERANS CAN BENEFIT FROM THE
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50

16540306 769164 BVA.TX

Name of the organization	Employer identification number
BLINDED VETERANS ASSOCIATION	53-0214281
SERVICES BVA PROVIDES REGARDLESS OF MEMBERSHIP STATUS. BVA	PROVIDES
LOCAL ADVOCACY AND SUPPORT THROUGH THE 36 REGIONAL GROUPS.	THESE LOCAL
GROUPS FOSTER OPPORTUNITIES TO MEET NEW PEOPLE FACING SIMI	LAR
CHALLENGES, TO ESTABLISH FRIENDSHIPS, AND TO GAIN A VOICE	AT THE ANNUAL
CONVENTION.	
BVA LIFE MEMBERSHIP DUES ARE DEPOSITED INTO A LIFE MEMBERS	HIP 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.

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

THE 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 ASSEMBLED AT THE ANNUAL NATIONAL CONVENTION ELECT THE NATIONAL OFFICERS OF THE NATIONAL BOARD OF DIRECTORS. THE DISTRICT DIRECTORS ARE

ELECTED BY THE MEMBERS WITHIN THEIR RESPECTIVE GEOGRAPHICAL DISTRICT.

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

THE MEMBERS ASSEMBLED AT THE ANNUAL NATIONAL CONVENTION VOTE TO APPROVE

ISSUES AND AMENDMENTS THAT ARISE REGARDING RULES, BYLAWS, RESOLUTIONS, AND

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REPORTS PRESENTED TO SAID MEMBERSHIP.

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Schedule O (Form 990) 2022

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 EXECUTIVE DIRECTOR PRIOR TO THE ANNUAL CONVENTION. THE EXECUTIVE DIRECTOR ENSURES THAT ALL QUESTIONNAIRES ARE COMPLETED, REVIEWS THEM, AND DISCLOSES ANY CONFLICTS AT THE PRE-CONVENTION BOARD MEETING. BOARD MEMBERS WHO HAVE CONFLICTS DO NOT VOTE ON ANY ISSUES PERTAINING TO THAT CONFLICT.

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

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
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16540306 769164 BVA.TX

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number 53 - 0214281

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THIRD PARTY OR COMPARABLE DATA FROM PEER ORGANIZATIONS 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 18:

REQUIRED DOCUMENTS ARE MADE AVAILABLE ON THE ASSOCIATION'S WEBSITE BVA.ORG.

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:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

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.

Type or	Name of exempt organization or other filer, see instruct	Taxpayer identification number (TIN)		n number (TIN)					
print	BLINDED VETERANS ASSOCIATIO	N			53-022	14281			
File by the due date for filing your			ions.						
return. See instructions	nstructions. 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	e a separat	te application for each return)			0 1			
Applicat	ion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 99	0 or Form 990-EZ	01	Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	0-PF	04	Form 5227			10			
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust other than above)	06	Form 8870			12			
Form 99	D-T (corporation) DONALD OVERTON ,	07							
 If the If this box > 1 I reaction 2 If t 	hone No. ► 202-371-8880 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► equest an automatic 6-month extension of time until e organization named above. The extension is for the organization is for the organization named above. The extension is for the organization of time until	Group Exe and atta MAX anization's , an neck reaso	Imption Number (GEN) I Ich a list with the names and TINs of Y 15, 2024, to file If the return for: Id ending JUN 30, 2023 Initial return	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.			
	his application is for Forms 990-PF, 990-T, 4720, or 6069	. enter anv	refundable credits and		Ť				
	timated tax payments made. Include any prior year overpa			3b	\$	0.			
	lance due. Subtract line 3b from line 3a. Include your pa				- -				
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			
	: If you are going to make an electronic funds withdrawal				d Form 8879				
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	uctions.		Form 8	868 (Rev. 1-2022)			