

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**


B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLINDED VETERANS ASSOCIATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 DUKE STREET 510 City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22314	D Employer identification number ** - ***4281
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	F Name and address of principal officer: DONALD OVERTON, JR. 1600 DUKE STREET, SUITE 510, ALEXANDRIA, VA	E Telephone number 202-371-8880
J Website: WWW.BVA.ORG	L Year of formation: 1945	G Gross receipts \$ 1,713,747.
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	M State of legal domicile: DC	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROMOTE THE WELFARE OF BLINDED VETERANS. REFER TO PART III AND SCHEDULE O.		
2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,106,720.	1,019,453.
9	Program service revenue (Part VIII, line 2g)	183,587.	167,465.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	378,172.	517,134.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-129,968.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,538,511.	1,704,052.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,001.	10,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	907,243.	861,717.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 324,975.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	842,277.	741,952.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,764,521.	1,613,669.
19	Revenue less expenses. Subtract line 18 from line 12	-226,010.	90,383.
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,234,707.	13,867,740.
21	Total liabilities (Part X, line 26)	479,798.	346,420.
22	Net assets or fund balances. Subtract line 21 from line 20	12,754,909.	13,521,320.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 04/10/25
	DONALD OVERTON, JR., EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name MARY A. GREEN, CPA	Preparer's signature MARY A. GREEN, CPA
	Date 04/09/25	Check if self-employed <input type="checkbox"/> PTIN P01320124
	Firm's name KIEFER BONFANTI & CO. LLP	Firm's EIN ** - ***1959
	Firm's address 701 EMERSON ROAD ST. LOUIS, MO 63141	Phone no. 314-812-1100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 276,031. including grants of \$ 10,000.) (Revenue \$ 167,465.) PUBLIC EDUCATION AND COMMUNICATION

THE BVA BULLETIN SITS AT THE HEART OF ALL BVA NATIONAL COMMUNICATIONS AND PUBLIC RELATIONS EFFORTS. THIS IS A QUARTERLY PERIODICAL SENT TO ALL BVA MEMBERS, THEIR FAMILIES, LIBRARIES, HEALTH CARE INSTITUTIONS, VETERAN SERVICE ORGANIZATIONS, AND VA BLIND REHABILITATION SERVICE PROVIDERS FOR WHOM THE ORGANIZATION HAS UPDATED CONTACT INFORMATION. THE BULLETIN EDUCATES ON PAST AND PRESENT ISSUES AND EVENTS RELATING SPECIFICALLY, TO BLINDED VETERANS. IT COVERS GENERAL TOPICS ABOUT VETERANS AS WELL AS GENERAL TOPICS ABOUT BLINDNESS (I.E. TECHNOLOGY, SOCIAL ISSUES, ETC.). ADDITIONALLY, BVA USES ONE MAJOR TRIFOLD BROCHURE TO SHARE ITS MESSAGE TO THE ORGANIZATION'S STAKEHOLDERS. AVERAGE

4b (Code:) (Expenses \$ 588,408. including grants of \$) (Revenue \$) VETERANS SERVICE AND VOLUNTEER VETERAN SERVICE PROGRAMS

THE BVA VETERAN SERVICE PROGRAM CONSISTS OF 83 VETERAN SERVICE OFFICERS AND VOLUNTEER SERVICE OFFICERS INCLUDING 82 LEGALLY BLIND VETERANS PROVIDING SERVICES THROUGHOUT THE UNITED STATES AND PUERTO RICO. 3 ADVOCACY VETERAN OFFICERS ARE LOCATED AT THE NATIONAL HEADQUARTERS IN ALEXANDRIA, VA. BVA HAS DEVELOPED A NATIONAL NETWORK COMPRISED OF 58 CROSS-ACCREDITED SERVICE OFFICERS LOCATED THROUGHOUT VARIOUS STATE AND COUNTY DEPARTMENTS OF VETERANS SERVICES OFFERING FREE SERVICES TO BLINDED VETERANS AND THEIR FAMILIES.

VETERAN SERVICE OFFICERS ASSIST BLINDED VETERANS AND THEIR FAMILIES

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

BVA'S CONGRESSIONAL CHARTER DESIGNATES IT AS THE ORGANIZATIONAL ADVOCATE FOR ALL BLINDED VETERANS BEFORE THE EXECUTIVE AND LEGISLATIVE BRANCHES OF GOVERNMENT. BVA'S NATIONAL PRESIDENT, BOARD MEMBERS, AND NATIONAL STAFF PRESENT ANNUAL TESTIMONY BEFORE THE HOUSE AND SENATE COMMITTEES ON VETERANS AFFAIRS IN AN EFFORT TO SHARE INFORMATION AND CONCERNS ON SPECIALIZED PROGRAMS AND SERVICES OFFERED BY THE DEPARTMENT OF VETERANS AFFAIRS TO VISUALLY IMPAIRED AND BLINDED VETERANS. THEY ALSO MEET PERIODICALLY WITH MEMBERS OF CONGRESS, THEIR KEY STAFF, THE DEPARTMENT OF DEFENSE, THE WHITE HOUSE, AND DEPARTMENT OF VETERANS AFFAIRS OFFICIALS TO INFORM AND EDUCATE THEM REGARDING THE UNIQUE AND

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 864,439.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 7	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AR, CA, CT, DC, DE, FL, GA, HI, KY, IL, IA, LA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 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
1600 DUKE STREET, SUITE 510, ALEXANDRIA, VA 22314

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONALD OVERTON, JR. EXECUTIVE DIRECTOR	40.00			X			114,804.	0.	11,480.	
(2) MEREDITH BUONO DAGROSSA DEVELOPMENT DIRECTOR	40.00				X		105,090.	0.	8,497.	
(3) PAUL MIMMS PRESIDENT	20.00	X		X			0.	0.	0.	
(4) WADE DAVIS VICE PRESIDENT	20.00	X		X			0.	0.	0.	
(5) TRACY FERRO SECRETARY	20.00	X		X			0.	0.	0.	
(6) JOSEPH BOGART TREASURER	20.00	X		X			0.	0.	0.	
(7) CLAUDIA BALDWIN DIRECTOR 1	10.00	X					0.	0.	0.	
(8) STEPHEN BUTLER JUDGE ADVOCATE	15.00	X					0.	0.	0.	
(9) RANDY CANTRELL DIRECTOR 4	10.00	X					0.	0.	0.	
(10) DOUGLAS INGRAM DIRECTOR 3	10.00	X					0.	0.	0.	
(11) JOE LINK DIRECTOR 2	10.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							219,894.	0.	19,977.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							219,894.	0.	19,977.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	9,308.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,010,145.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		1,019,453.				
Program Service Revenue	2 a	REGISTRATION	Business Code	97,397.	97,397.			
			90099					
	b	SPONSORSHIPS	90099	39,600.	39,600.			
	c	PROGRAM REVENUE	90099	30,468.	30,468.			
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		167,465.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		517,829.			517,829.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	9,000.			
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	9,695.				
	c	Gain or (loss)	7c	-695.				
	d	Net gain or (loss)		-695.			-695.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			1,704,052.	167,465.	0.	517,134.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,891.	68,934.	5,745.	40,212.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	674,054.	398,050.	159,095.	116,909.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	11,032.	7,330.	1,924.	1,778.
10 Payroll taxes	61,740.	36,281.	13,043.	12,416.
11 Fees for services (nonemployees):				
a Management	31,210.		31,210.	
b Legal				
c Accounting	13,500.		13,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	80,244.		80,244.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	59,180.		28,309.	30,871.
12 Advertising and promotion				
13 Office expenses	5,436.	4,650.	726.	60.
14 Information technology				
15 Royalties				
16 Occupancy	71,223.	39,264.	18,748.	13,211.
17 Travel	63,094.	39,619.	11,397.	12,078.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	119,476.	118,841.		635.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,783.	4,042.	1,381.	1,360.
23 Insurance	33,560.	19,997.	6,835.	6,728.
24 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 O.)				
a DIRECT MAIL	59,288.	32,562.		26,726.
b PRINTING AND STATIONERY	43,964.	27,913.	13,626.	2,425.
c MISCELLANEOUS	37,181.	285.	290.	36,606.
d POSTAGE AND PRINTING	26,690.	819.	15,057.	10,814.
e All other expenses	91,123.	55,852.	23,125.	12,146.
25 Total functional expenses. Add lines 1 through 24e	1,613,669.	864,439.	424,255.	324,975.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	486,198.	1	126,897.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	36,818.	9	33,152.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,683.		
	b Less: accumulated depreciation	10b 25,370.	16,097.	10c 9,313.
	11 Investments - publicly traded securities	12,408,411.	11	13,465,044.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	287,183.	15	233,334.
16 Total assets. Add lines 1 through 15 (must equal line 33)	13,234,707.	16	13,867,740.	
Liabilities	17 Accounts payable and accrued expenses	100,709.	17	71,292.
	18 Grants payable		18	
	19 Deferred revenue	68,695.	19	18,550.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	310,394.	25	256,578.
	26 Total liabilities. Add lines 17 through 25	479,798.	26	346,420.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	12,538,644.	27	13,261,702.
	28 Net assets with donor restrictions	216,265.	28	259,618.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,754,909.	32	13,521,320.
	33 Total liabilities and net assets/fund balances	13,234,707.	33	13,867,740.

Part 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	1,704,052.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,613,669.
3	Revenue less expenses. Subtract line 2 from line 1	3	90,383.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,754,909.
5	Net unrealized gains (losses) on investments	5	676,027.
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	1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,521,320.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number **-***4281
---	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1088965.	1217888.	2200775.	1106720.	1019453.	6633801.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1088965.	1217888.	2200775.	1106720.	1019453.	6633801.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						362,302.
6 Public support. Subtract line 5 from line 4.						6271499.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1088965.	1217888.	2200775.	1106720.	1019453.	6633801.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	192,963.	217,546.	336,466.	378,172.	517,829.	1642976.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		7,372.				7,372.
11 Total support. Add lines 7 through 10						8284149.
12 Gross receipts from related activities, etc. (see instructions)					12	512,294.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	75.70	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	79.59	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

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

Section 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, directors, or trustees at all times during the tax year? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

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

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

**** - *** 4281**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number ** - ***4281
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 80%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 80%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 90%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 80%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> FOUNDATION <div style="background-color: black; width: 80%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 80%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 60%; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number ** - ***4281
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 200px; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 250px; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<div style="background-color: black; width: 350px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ 	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number ** - ***4281
---	---

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

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

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number ** - *** 4281
---	--

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number **-***4281
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	40,000.													
c Total lobbying expenditures (add lines 1a and 1b)	40,000.													
d Other exempt purpose expenditures	1,573,669.													
e Total exempt purpose expenditures (add lines 1c and 1d)	1,613,669.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	230,683.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	57,671.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	240,506.	235,348.	238,226.	230,683.	944,763.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,417,145.
c Total lobbying expenditures	40,000.	40,000.	40,000.	40,000.	160,000.
d Grassroots nontaxable amount	60,127.	58,837.	59,557.	57,671.	236,192.
e Grassroots ceiling amount (150% of line 2d, column (e))					354,288.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE C, PART II-A

BVA SENT LETTERS TO AND MET DIRECTLY WITH GOVERNMENT OFFICIALS AND

LEGISLATORS AND COMMUNICATED TO ITS MEMBERS BY ELECTRONIC NEWSLETTERS.

BVA'S EFFORTS ARE CONCENTRATED ON LEGISLATION AFFECTING VETERAN'S

BENEFITS, BLIND REHABILITATION PROGRAMS, AND SERVICES OFFERED BY THE

FEDERAL GOVERNMENT THROUGH THE DEPARTMENT OF VETERANS AFFAIRS TO BLINDED

Part IV Supplemental Information *(continued)*

VETERANS .

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: BLINDED VETERANS ASSOCIATION; Employer identification number: ** - *** 4281

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for 2a-2d (Total number, acreage, etc.), and various monitoring and policy questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and required amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		34,683.	25,370.	9,313.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 9,313.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY - OPERATING	256,578.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	256,578.

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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,299,835.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	676,027.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	676,027.	
3	Subtract line 2e from line 1	3	1,623,808.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,244.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	80,244.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,704,052.	

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

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

1	Total expenses and losses per audited financial statements		1	1,533,425.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	1,533,425.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	80,244.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	80,244.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,613,669.	

Part XIII Supplemental Information

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

PART X, LINE 2:

THE 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, 2024.

FINANCIAL ACCOUNTING STANDARDS FOR UNCERTAIN TAX POSITIONS PROHIBIT FINANCIAL STATEMENT RECOGNITION OF THE IMPACT OF A TAX POSITION IF THE POSITION IS NOT "MORE LIKELY THAN NOT" TO BE SUSTAINED ON AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE ORGANIZATION'S FEDERAL FORM 990S REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY HAVE BEEN FILED.

Part XIII Supplemental Information (continued)

Lined area for supplemental information.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **BLINDED VETERANS ASSOCIATION** Employer identification number
-*4281

Part I General Information on Grants and Assistance

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

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

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	5	10,000.	0.		

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

PART 1, 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.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

** - ***4281

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)
AND U.S. CONGRESS. BVA COMMUNITY-BASED AMBASSADORS IDENTIFY BLINDED
VETERANS REQUIRING ASSISTANCE AND SERVE AS ADVOCATES FACILITATING
HIGH-QUALITY OUTCOMES WITHIN THE COMPREHENSIVE BLIND REHABILITATION
SERVICE-DELIVERY SYSTEM OF CARE. BVA PROMOTES VOCATIONAL AND
RECREATIONAL PROGRAMS THAT ENHANCE REHABILITATIVE OUTCOMES AND FOSTERS
ENCOURAGEMENT AND EMOTIONAL SUPPORT.

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

-*4281

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

THE ORGANIZATION IS GOVERNED BY AN ALL-VOLUNTEER MEMBER ELECTED 8 PERSON VOTING BODY COMPRISING THE NATIONAL BOARD OF DIRECTORS. POSITIONS ARE HELD ON A VOLUNTARY BASIS AND ALL MEMBERS GIVE FREELY OF THEIR TIME AND RESOURCES. THE BOARD INCLUDES BVA MEMBERS APPOINTED TO SERVE AS THE NATIONAL JUDGE ADVOCATE, NATIONAL SERGEANT-AT-ARMS, AND NATIONAL CHAPLAIN. BOARD MEMBER TRAVEL INCLUDES TWO SEMI-ANNUAL MEETINGS, ONE COINCIDING WITH THE ANNUAL NATIONAL CONVENTION AND THE OTHER AT BVA NATIONAL HEADQUARTERS. BOARD MEMBERS CONDUCT THE VAST MAJORITY OF REGULAR ORGANIZATIONAL BUSINESS VIA EMAIL AND MONTHLY TELECONFERENCING.

THE NATIONAL BOARD OF DIRECTORS APPOINTS STANDING ADVISORY COMMITTEES COMPRISED OF AN ALL-VOLUNTEER GROUP OF BVA MEMBERS, CAREGIVERS, AND NONMEMBER STAKEHOLDERS. COMMITTEE TERMS ARE STAGGERED AFFORDING PROGRAMMATIC CONTINUITY, WHILE FOSTERING A CONTINUAL ANALYSIS AND OVERSIGHT OF ORGANIZATIONAL OPERATIONS. THIS FISCAL YEAR ALONE, COMMITTEE MEMBER DONATIONS EXCEEDED 1,290 HOURS OF IN-KIND VOLUNTEER

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

-*4281

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 35,000 UNIQUE VISITORS AND 93,000 PAGE VIEWS DURING THIS FISCAL YEAR. MOST VISITS ORIGINATED THROUGH THE GOOGLE SEARCH ENGINE AND 57% OF ALL USERS WERE NEW COMPARED TO 47% 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,

Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number **-***4281
--	--

LINKEDIN, INSTAGRAM, AND YOUTUBE. BVA CURRENTLY COMMANDS A SOCIAL MEDIA AUDIENCE OF OVER 18,000 FOLLOWERS. BVA USES SOCIAL MEDIA IN AN EFFORT TO EDUCATE AND ADVOCATE TO ITS FOLLOWERS ABOUT THE ORGANIZATION'S ACTIVITIES, LEGISLATIVE NEWS, AND ISSUES FACING BLINDED VETERANS AND THEIR FAMILIES. SOCIAL MEDIA FOSTERS COLLABORATION WITH PARTNER ORGANIZATIONS AND EDUCATES BVA FOLLOWERS ABOUT THE HELPFUL RESOURCES AVAILABLE.

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

BVA ALLOCATES A PORTION OF ITS DIRECT MARKETING EXPENSES TO PUBLIC EDUCATION, AND MANAGEMENT AND GENERAL FUNDS ACCORDING TO AICPA STATEMENT OF POSITION 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 AND 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.

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

-*4281

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

DURING EACH ANNUAL CONVENTION, BVA PRESENTS AWARDS TO HONOR OUTSTANDING ACHIEVEMENTS. A BLINDED VETERAN WITH PROVEN OUTSTANDING EMPLOYMENT PERFORMANCE AND ADJUSTMENT TO DAILY LIVING RECEIVES THE MAJOR GENERAL MELVIN J. MAAS ACHIEVEMENT AWARD. A VOLUNTEER RECEIVES THE DAVID L. SCHNAIR AWARD FOR OUTSTANDING CONTRIBUTION TO THE BVA VOLUNTEER PROGRAM. A BVA MEMBER WHO PROVIDES THE MOST OUTSTANDING CONTRIBUTION TO THE GROWTH AND DEVELOPMENT OF HIS/HER REGIONAL GROUP RECEIVES THE IRVING DIENER AWARD. CERTIFICATES OF APPRECIATION ARE AWARDED TO INDIVIDUALS, GROUPS, AND EMPLOYERS WHO PROVIDED OUTSTANDING SERVICES TO BLINDED VETERANS AND/OR TO BVA AT THE NATIONAL LEVEL. THE ANNUAL CONVENTION PROVIDES EDUCATION SESSIONS OPEN TO ALL ATTENDEES, INCREASING INDIVIDUAL COMPETENCIES, CAPABILITIES, AND OVERALL INDEPENDENCE. VOLUNTEER SERVICE OFFICER TRAININGS ARE CONDUCTED AS WELL AS ADAPTIVE TECHNOLOGIES SEMINARS. THIS YEAR'S CONVENTION HOSTED 45 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:

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

-*4281

THROUGHOUT THE ENTIRE LIFE CYCLE OF BLINDNESS. THEY PROVIDE CRITICAL SERVICES SUCH AS EXPERT ASSISTANCE AND REPRESENTATION WITHIN 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 AND ASSISTANCE IN OBTAINING COMMUNITY BASED SERVICES. THEY HELP BLINDED VETERANS 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 240 CLAIM APPROVALS TOTALING ON AVERAGE \$6,600,000 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

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

-*4281

OFFICES NATIONWIDE. VOLUNTEER VETERAN SERVICE OFFICERS ARE BLINDED VETERANS SERVING AS PEER COUNSELORS PROVIDING OPPORTUNITIES FOR BLINDED VETERANS TO HELP AND SERVE ONE ANOTHER. THEY PROVIDE INFORMATION ON PROGRAMS AND SERVICES, ENCOURAGE BLINDED VETERANS TO ENTER REHABILITATION PROGRAMS, PROVIDE CAMARADERIE AND SERVE AS MENTORS DEMONSTRATING EQUIPMENT AND AIDS USED BY THE BLIND. THEY REINFORCE THE WORK OF THE VETERAN SERVICE OFFICERS BY LIFTING FELLOW VETERANS FROM THE DISCOURAGEMENT AND FRUSTRATION THEY OFTEN FACE.

BVA VOLUNTEERS ARE ACTIVE IN THEIR COMMUNITIES AND GOOD SOURCES OF INFORMATION ABOUT LOCAL PROGRAMS AND SERVICES. THIS FISCAL YEAR ALONE, BVA HAD 60 REPRESENTATIVES AND DEPUTY REPRESENTATIVES AND 28 VOLUNTEERS DONATING OVER 3,500 HOURS IN 36 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 155 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

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

** - ***4281

SUCCESSFULLY INSPIRED DOZENS TO RETURN TO THE ANNUAL CONVENTION AND PARTICIPATE AT THEIR OWN EXPENSE, NOW SERVING IN LEADERSHIP ROLES FOR BVA AND OTHER VETERAN ORGANIZATIONS.

IN COOPERATION WITH OUR ORGANIZATIONAL PARTNERS, THE 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

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

-*4281

GROUP. ANY BLINDED OR VISUALLY IMPAIRED VETERANS CAN BENEFIT FROM THE 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 SIMILAR CHALLENGES, TO ESTABLISH FRIENDSHIPS, AND TO GAIN A VOICE AT THE ANNUAL CONVENTION.

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

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

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

-*4281

REPORTS PRESENTED TO SAID MEMBERSHIP.

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

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

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

BVA'S WRITTEN CONFLICT OF INTEREST POLICY QUESTIONNAIRE IS DISTRIBUTED TO ALL BOARD MEMBERS, EMPLOYEES, AND APPROPRIATE OUTSIDE PARTIES BY THE 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

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

** - ***4281

SALARIES OF CURRENT EMPLOYEES TO SALARY SURVEYS PREPARED BY AN INDEPENDENT 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AR, CA, CT, DC, DE, FL, GA, HI, KY, IL, IA, LA, ME, MD, MN, MS, ND, NH, NJ, NY, NC, NM, OR, PA, RI SC, TX, UT, VA, WV, WI, MI

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 XI, LINE 9, CHANGES IN NET ASSETS: ROUNDING 1.

FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.