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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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
477 H STREET NW

City or town, state or country, and ZIP + 4
WASHINGTON, DC 200012694

D Employer identification number
53-0214281

E Telephone number
(202) 371-8880

G Gross receipts $ 5,041,882

F Name and address of principal officer
THOMAS H MILLER
477 H STREET NW
WASHINGTON,DC 200012694

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BVA ORG

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

L Year of formation 1945

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE THE WELFARE OF BLINDED VETERANS - SEE PART III AND SCHEDULE O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of employees (Part V, line 2a)	**5**	35
6	Total number of volunteers (estimate if necessary)	**6**	256
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,566,256	3,910,745
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-428,634	277,616
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	231,008	248,030
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,368,630	4,436,391
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,150	14,919
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,397,840	1,473,493
16a	Professional fundraising fees (Part IX, column (A), line 11e)	22,750	23,500
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,362,803		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,662,551	2,836,595
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,098,291	4,348,507
19	Revenue less expenses Subtract line 18 from line 12	-729,661	87,884

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	7,743,539	8,177,395
21	Total liabilities (Part X, line 26)	247,146	229,865
22	Net assets or fund balances Subtract line 21 from line 20	7,496,393	7,947,530

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

****** | 2010-11-04
Signature of officer | Date

THOMAS H MILLER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DAVID L JOHNSON CPA	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GOODMAN & COMPANY LLP 1430 SPRING HILL ROAD STE 300 MCLEAN, VA 221023018			EIN ▶ Phone no ▶ (703) 970-0400

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

Part III Statement of Program Service Accomplishments

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 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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,125,817 including grants of $) (Revenue $)

FIELD SERVICE AND VOLUNTEER SERVICE PROGRAMSSee Schedule O

4b (Code) (Expenses $ 1,306,477 including grants of $) (Revenue $)

Public Education and CommunicationSee Schedule O

4c (Code) (Expenses $ 178,690 including grants of $) (Revenue $)

ADVOCACYSee Schedule O

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 225,885 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,836,869

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** [ ] No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	11		
b	Enter the number of Forms W-2G included in 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		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CT , FL , GA , IL , MA , MD , ME , MI , MN , MS , NC , ND , NJ , NY , OH , OR , PA , SC , TN , UT , VA , WA , WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BLINDED VETERANS ASSOCIATION
477 H STREET NW
WASHINGTON, DC 20001
(202) 371-8880

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

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	405,006	0	17,184

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Alaniz LLC 425 N Iris Street MT PLEASANT, IA 52641	LETTERSHOP & PRINTING SERVICES	288,911
REDFIELD & COMPANY INC 1901 Howard Street OMAHA, NE 68102	LETTERSHOP & PRINTING SERVICES	284,541
THE DIRECT EDGE INC 10375-B Southern Md Blvd DUNKIRK, MD 20754	LETTERSHOP & PRINTING SERVICES	235,080
Marcy Yolles 15435 Neuman Drive BOWIE, MD 20716	PRINTING SERVICES	116,484

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a 22,581				
	b	Membership dues 1b 36,002				
	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 3,852,162				
	g	Noncash contributions included in lines 1a-1f $ 59,250				
	h	**Total.** Add lines 1a-1f . . . . . ▶	3,910,745			
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	221,936			221,936
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 661,171				
	b	Less cost or other basis and sales expenses: 605,491				
	c	Gain or (loss): 55,680				
	d	Net gain or (loss) . . . . . ▶	55,680	55,680		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue	Business Code			
	11a	MAILING LIST RENTAL TO	900,099	248,030		248,030
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	248,030			
	12	**Total revenue.** See Instructions . . . ▶	4,436,391	55,680	0	469,966

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	2,319	2,319		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	12,600	12,600		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	433,347	51,133	296,756	85,458
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	772,336	541,108	168,868	62,360
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,948		5,948	
9 Other employee benefits	159,986	86,126	73,245	615
10 Payroll taxes	101,876	54,607	36,795	10,474
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	26,625		26,625	
d Lobbying				
e Professional fundraising *See Part IV, line 17*	23,500			23,500
f Investment management fees				
g Other	1,562,940	713,077	104,554	745,309
12 Advertising and promotion	6,070			6,070
13 Office expenses	903,489	397,067	102,510	403,912
14 Information technology	5,283		4,743	540
15 Royalties				
16 Occupancy	38,144		38,144	
17 Travel	106,459	59,378	47,057	24
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,613	970	3,237	406
20 Interest				
21 Payments to affiliates	82,897	82,897		
22 Depreciation, depletion, and amortization	64,952		64,952	
23 Insurance	35,123		35,023	100
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a ALLOCATION OF INDIRECT	0	835,587	-859,622	24,035
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	4,348,507	2,836,869	148,835	1,362,803
26 **Joint costs.** Check here ▶ ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,019,026	995,211	46,864	976,951

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		945,339	1	900,743
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		127,914	3	270,941
	4	Accounts receivable, net		37,498	4	17,855
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		58,726	9	43,107
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,958,653			
	b	Less accumulated depreciation	10b 1,295,242	1,722,164	10c	1,663,411
	11	Investments—publicly traded securities		4,851,898	11	5,281,338
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,743,539	16	8,177,395
Liabilities	17	Accounts payable and accrued expenses		247,146	17	229,865
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		247,146	26	229,865
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,426,380	27	7,877,500
	28	Temporarily restricted net assets		70,013	28	70,030
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,496,393	33	7,947,530
	34	Total liabilities and net assets/fund balances		7,743,539	34	8,177,395

Part XI Financial Statements and Reporting

			Yes	No
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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BLINDED VETERANS ASSOCIATION

Employer identification number
53-0214281

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,652,202	3,652,175	3,372,337	3,556,724	3,880,975	18,114,413
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	3,652,202	3,652,175	3,372,337	3,556,724	3,880,975	18,114,413
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)						
6 **Public Support.** Subtract line 5 from line 4						18,114,413

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,652,202	436,274	3,372,337	3,556,724	3,880,975	18,114,413
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	306,367	436,274	495,818	281,100	221,936	1,741,495
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	211,254	183,739	269,347	231,008	248,030	1,143,378
11 **Total support** (Add lines 7 through 10)						20,999,286

12	Gross receipts from related activities, etc (See instructions)	12	82,835

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	86 260 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	86 350 %

16a **33 1/3% support test—2009.** 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 ☑

b **33 1/3% support test—2008.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
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	4,308,507	
e Total exempt purpose expenditures (add lines 1c and 1d)	4,348,507	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	367,425	
g Grassroots nontaxable amount (enter 25% of line 1f)	91,856	
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	

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

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? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount				367,425	367,425
b Lobbying ceiling amount (150% of line 2a, column(e))					551,138
c Total lobbying expenditures				40,000	40,000
d Grassroots non-taxable amount				91,856	91,856
e Grassroots ceiling amount (150% of line 2d, column (e))					137,784
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)).

		(a) Yes	(a) No	(b) 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? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		BVA sent letters to and met directly with Government Officials and Legislators, and communicated to its members by electronic newsletters BVA's efforts are concentrated on Legislation affecting blind rehabilitation programs and services offered by the federal government through the Department of Veterans Affairs to blinded veterans See Schedule O for more information on BVA's advocacy program

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BLINDED VETERANS ASSOCIATION

Employer identification number
53-0214281

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		644,439		644,439
b Buildings		2,157,534	1,155,751	1,001,783
c Leasehold improvements				
d Equipment		61,034	61,034	0
e Other		95,646	78,457	17,189
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,663,411

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,436,391
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,348,507
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	87,884
4	Net unrealized gains (losses) on investments	4	363,253
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	363,253
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	451,137

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

1	Total revenue, gains, and other support per audited financial statements			1	6,218,789
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	363,253		
b	Donated services and use of facilities	2b	1,419,145		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,782,398
3	Subtract line **2e** from line **1**			3	4,436,391
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,436,391

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

1	Total expenses and losses per audited financial statements			1	5,767,652
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,419,145		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,419,145
3	Subtract line **2e** from line **1**			3	4,348,507
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,348,507

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
BLINDED VETERANS ASSOCIATION

Employer identification number
53-0214281

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

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

- **a** ☑ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
MIKEL SMITH-KOONMOSAIC	SEE SCHEDULE O		No	0	23,500	0
Total . . . . . ▶					23,500	

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

CT,FL,GA,IL,MA,MD,ME,MI,MN,MS,NC,ND,NJ,NY,OH,OR,PA,SC,TN,UT,VA,WA,WV

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BLINDED VETERANS ASSOCIATION

Employer identification number
53-0214281

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	6	12,000		CASH	
SERVICE AWARDS	3	600		CASH	
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE ATTENDING COLLEGE OR UNIVERSITY LISTED ON THE RECIPIENT'S SCHOLARSHIP APPLICATION IS CONTACTED BY A BVA EMPLOYEE FUNDS ARE DISBURSED DIRECTLY TO THAT SCHOOL UPON RECEIPT OF AN INVOICE FOR PAYMENT RATIFYING THE FACT THAT THE STUDENT IS ENROLLED

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BLINDED VETERANS ASSOCIATION

Employer identification number
53-0214281

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	59,250	FMV ON DATE OF GIFT
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	BVA utilizes the service of a financial advisor through a brokerage firm to process non-cash gifts of securities, which are either sold or held based on his advice

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BLINDED VETERANS ASSOCIATION

Employer identification number
53-0214281

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		THE MEMBERS AND ASSOCIATE MEMBERS ASSEMBLED AT THE ANNUAL NATIONAL CONVENTION HAVE VOTING RIGHTS AND ARE THE SUPREME AUTHORITY OF THE ASSOCIATION
Form 990, Part VI, Section A, line 7a		THE MEMBERS AND ASSOCIATE MEMBERS ASSEMBLED AT THE ANNUAL NATIONAL CONVENTION ELECT THE NATIONAL OFFICERS OF THE NATIONAL BOARD OF DIRECTORS THE DISTRICT DIRECTORS ARE ELECTED BY THE MEMBERS AND ASSOCIATE MEMBERS WITHIN THEIR RESPECTIVE GEOGRAPHICAL DISTRICT
Form 990, Part VI, Section A, line 7b		THE MEMBERS AND ASSOCIATE MEMBERS ASSEMBLED AT THE ANNUAL NATIONAL CONVENTION APPROVE ISSUES AND AMENDMENTS THAT ARISE REGARDING LAWS, BYLAWS, REGULATIONS, OR POLICIES ADOPTED BY SAID MEMBERSHIP
Form 990, Part VI, Section B, line 11		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 FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING ANY COMMENTS THEY HAVE ARE REVIEWED AND DISCUSSED WITH THE PREPARER WHEN COMPLETED, THE FORM 990 IS SIGNED BY THE EXECUTIVE DIRECTOR AND FILED WITH THE INTERNAL REVENUE SERVICE
Form 990, Part VI, Section B, line 12c		BVA'S WRITTEN CONFLICT OF INTEREST POLICY QUESTIONNAIRE IS DISTRIBUTED TO ALL BOARD MEMBERS, EMPLOYEES, AND APPROPRIATE OUTSIDE PARTIES BY THE CFO PRIOR TO THE ANNUAL CONVENTION THE CFO ENSURES THAT ALL QUESTIONNAIRES ARE COMPLETED, REVIEWS THEM, AND DISCLOSES ANY CONFLICTS AT THE PRE-CONVENTION BOARD MEETING BOARD MEMBERS WHO HAVE CONFLICTS DO NOT VOTE ON ANY ISSUES PERTAINING TO THAT CONFLICT
Form 990, Part VI, Section B, line 15		THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR ESTABLISHING AND MAINTAINING A COMPETITIVE COMPENSATION PROGRAM FOR ALL EMPLOYEES OF THE ASSOCIATION INCLUDING THE EXECUTIVE DIRECTOR, OTHER OFFICERS, AND KEY EMPLOYEES THEY MEET ANNUALLY, AND AS NEEDED, TO REVIEW, DETERMINE, AND APPROVE ANY CHANGES TO BE MADE TO THE COMPENSATION PROGRAM DURING THE ANNUAL MEETING THE EXECUTIVE COMMITTEE COMPARES THE SALARIES OF THE EXECUTIVE DIRECTOR, OTHER OFFICERS, AND KEY EMPLOYEES AGAINST EITHER SALARY SURVEYS PREPARED BY INDEPENDENT THIRD PARTIES, OR COMPARABILITY DATA FROM PEER ORGANIZATIONS TO DETERMINE HOW THEY COMPARE AGAINST THE COMPETITIVE MARKET THIS COMPARISON HAS HISTORICALLY SHOWN TRENDS OF COMPARABILITY IN SOME POSITIONS AND BELOW PEERS IN OTHERS THE COMMITTEE CONSIDERS RECOMMENDATIONS AND INPUT FROM THE EXECUTIVE DIRECTOR DURING DELIBERATIONS REGARDING OTHER OFFICERS AND KEY EMPLOYEES USUALLY, THE EXECUTIVE COMMITTEE GOES INTO EXECUTIVE SESSION WHEN DISCUSSING THE EXECUTIVE DIRECTOR'S COMPENSATION WITHOUT THE EXECUTIVE DIRECTOR PRESENT DURING THIS TIME THEY EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE AND DETERMINE COMPENSATION THESE DELIBERATIONS AND DECISIONS ARE DOCUMENTED THE PRESIDENT INFORMS THE EXECUTIVE DIRECTOR OF ANY CHANGES AFTER THE MEETING IS ADJOURNED
Form 990, Part VI, 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
		The process for review of the audit has not changed from previous year

Identifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	IN AN EFFORT TO OBTAIN OTHER SOURCES OF REVENUE, BVA RETAINED A PROFESSIONAL FUNDRAISER TO ASSIST IN EXPLORING CORPORATE AND FOUNDATION FUNDING OPPORTUNITIES THE SERVICES PROVIDED INCLUDED FEASIBILITY TESTING, PLANNING, CONSULTING, AND ARRANGING INTERVIEWS FOR MEMBERS OF OUR ORGANIZATION TO ESTABLISH A RELATIONSHIP WITH POTENTIAL FUNDERS AS THE ECONOMY UNFORTUNATELY DECLINED, SO DID SUCH FUNDING OPPORTUNITIES HAD FUNDS BEEN GENERATED THROUGH THIS EFFORT, THEY WOULD HAVE BEEN UNDER BVA'S CONTROL

FORM 990, SCHEDULE M, LINE 31 GIFT ACCEPTANCE POLICY The Blinded Veterans Association may accept donations of cash and non-cash gifts Any non-cash gift that is not immediately sellable (i e real estate) or gift with restrictions other than for the use of the organization's existing programs may not be accepted without the express approval of the board Such gift must be properly substantiated and appraised at the fair value by the donor Donated stock received is transferred into BVA's Donated Stock Account with its financial broker and either sold or held at their discretion FORM 990, PART III, LINE 1 THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE THE BLINDED VETERANS ASSOCIATION (BVA) IS THE ONLY CONGRESSIONALLY CHARTERED VETERANS SERVICE ORGANIZATION (VSO) EXCLUSIVELY DEDICATED TO SERVING THE NEEDS AND PROMOTING THE WELFARE OF AMERICA'S BLINDED VETERANS AND THEIR FAMILIES BVA IS A NON-PROFIT 501(C)(3) TAX-EXEMPT ORGANIZATION ESTABLISHED IN 1945 IN AVON, CONNECTICUT, BY A SMALL GROUP OF COMBAT-BLINDED VETERANS FROM WORLD WAR II THE ORGANIZATION'S PRIMARY PURPOSE INCLUDES LOCATING BLINDED VETERANS WHO NEED SERVICES, GUIDING THEM THROUGH THE REHABILITATION PROCESS, AND ACTING AS ADVOCATES FOR THEM AND THEIR FAMILIES IN THE PRIVATE AND PUBLIC SECTORS, INCLUDING THE U S CONGRESS AND THE DEPARTMENT OF VETERANS AFFAIRS (VA) BVA ALSO PROVIDES ROLE MODELS WHO DEMONSTRATE THAT THE CHALLENGES OF BLINDNESS CAN BE OVERCOME THE ASSOCIATION SERVES AS A MEDIUM OF COMMUNICATION REGARDING ISSUES AFFECTING BLINDED VETERANS, SUPPORTS VOCATIONAL AND RECREATIONAL PROGRAMS THAT FOSTER REHABILITATION, AND OFFERS ENCOURAGEMENT AND EMOTIONAL SUPPORT THE DEPARTMENT OF VETERANS AFFAIRS (VA) ESTIMATES THAT SOME 158,000 AMERICAN VETERANS ARE CURRENTLY LEGALLY BLIND WITH AT LEAST HALF OF THESE MEN AND WOMEN REMAINING UNAWARE OF THEIR ELIGIBILITY FOR SPECIAL SERVICES AND BENEFITS SOME 6,000 ADDITIONAL VETERANS BECOME BLIND OR VISUALLY IMPAIRED EVERY YEAR BVA PROGRAMS SEEK TO HELP VETERANS AND THEIR FAMILIES MEET THE CHALLENGES OF BLINDNESS THERE IS NO CHARGE FOR ANY BVA SERVICE AND MEMBERSHIP IN THE ORGANIZATION IS NOT A PREREQUISITE ALL LEGALLY BLINDED VETERANS ARE ELIGIBLE FOR ASSISTANCE WHETHER THEY BECAME BLIND DURING COMBAT OR AFTER ACTIVE DUTY BVA WAS INCORPORATED IN 1947 AND CHARTERED BY CONGRESS IN 1958 TO REPRESENT ALL BLINDED VETERANS THE ASSOCIATION DOES NOT RECEIVE ANY GRANTS OR FINANCIAL SUPPORT FROM THE GOVERNMENT, INSTEAD, IT IS SUPPORTED BY THE GENEROUS CONTRIBUTIONS OF THOUSANDS OF AMERICANS WHO REMEMBER THE SACRIFICES OF OUR NATION'S BLINDED VETERANS THE ORGANIZATION IS MANAGED BY 11 VOTING MEMBERS OF THE NATIONAL BOARD OF DIRECTORS ALONG WITH THE AUDIT COMMITTEE CHAIR WHOSE POSITIONS ARE HELD ON A VOLUNTARY BASIS THEY GIVE FREELY OF THEIR TIME AND RESOURCES THEY ALL MEET THE REQUIREMENTS OF BEING BLINDED VETERANS WHO ARE ALSO MEMBERS OF BVA THESE REQUIREMENTS ARE ALSO MET BY THE NATIONAL SERGEANT-AT-ARMS AND THE NATIONAL CHAPLAIN BOARD MEMBERS TRAVEL TO ATTEND TWO ANNUAL BOARD MEETINGS THEY ALSO CONDUCT BUSINESS USING EMAIL AND THROUGH TELEPHONE CONVERSATIONS DURING THE FISCAL YEAR THEY ARE INVOLVED NOT ONLY AT THE NATIONAL LEVEL BUT ALSO WITHIN THE REGION IN WHICH THEY RESIDE, HOLDING OFFICES AND ASSISTING BLINDED VETERANS AND THEIR FAMILIES THIS FISCAL YEAR THE BOARD DONATED A TOTAL OF 6,833 HOURS THE NATIONAL BOARD OF DIRECTORS APPOINTS MANY COMMITTEES TO OVERSEE AND ADVISE THEM ALL OF THE COMMITTEE MEMBERS ARE VOLUNTEERS SOME ARE ON THE BOARD WHILE OTHERS ARE REGULAR MEMBERS OF THE ORGANIZATION SOME ARE SIMPLY CONCERNED AND INTERESTED SIGHTED CITIZENS WHO WISH TO LEND A HELPING HAND DURING THE PAST FISCAL YEAR, THE NUMBER OF HOURS DONATED BY COMMITTEE MEMBERS WHO ARE NOT ON THE BOARD WAS 118 BVA HAS 52 REGIONAL GROUPS IN THE UNITED STATES AND PUERTO RICO WHO OFFER EMOTIONAL SUPPORT, SOCIAL EVENTS, AND RECREATIONAL ACTIVITIES TO BLINDED VETERANS AND THEIR FAMILIES AT THE LOCAL LEVEL REGIONAL GROUPS ALSO INFLUENCE POLICY CHANGES THE BVA NATIONAL HEADQUARTERS IS IN WASHINGTON, DC WITHIN CLOSE PROXIMITY TO CAPITAL HILL AND THE DEPARTMENT OF VETERANS AFFAIRS FORM 990, PART III, LINE 4 PROGRAM SERVICES A) FIELD SERVICE AND VOLUNTEER SERVICE PROGRAMS BVA FIELD SERVICE REPRESENTATIVES CONSTITUTE WHAT SISTER ORGANIZATIONS OFTEN REFER TO AS NATIONAL SERVICE OFFICERS THEY ARE VETERANS AND LEGALLY BLIND THEMSELVES, WORKING IN SEVEN DIFFERENT REGIONS THROUGHOUT THE UNITED STATES, INCLUDING PUERTO RICO FIELD SERVICE REPRESENTATIVES ARE BASED IN THE FOLLOWING CITIES PHILADELPHIA, PENNSYLVANIA, WASHINGTON, DC, DECATUR, GEORGIA, MILWAUKEE, WISCONSIN, DENVER, COLORADO, LOS ANGELES, CALIFORNIA, AND SACRAMENTO, CALIFORNIA THEY ARE DEDICATED AND DEVOTED MEMBERS OF BVA'S STAFF FIELD SERVICE REPRESENTATIVES ASSIST BLINDED VETERANS IN TAKING THE FIRST STEPS IN ADJUSTING TO BLINDNESS THEY AIM TO HELP VETERANS BRING FOCUS AND DIRECTION TO THEIR LIVES, PROVIDING INSPIRATION, ENCOURAGEMENT, AND PRACTICAL ASSISTANCE IN THE VA BENEFIT CLAIMS PROCESS UNDERSTANDING THE COMPLEXITIES AND EMOTIONS THAT ACCOMPANY THE ONSET OF BLINDNESS, FIELD SERVICE REPRESENTATIVES ARE EFFECTIVE ROLE MODELS IN HELPING NEWLY BLINDED VETERANS FIND AND FOLLOW THE ROAD TO INDEPENDENCE THEY KNOW WHAT IS AVAILABLE ON BOTH A LOCAL AND NATIONAL LEVEL THEY KNOW WHOM TO CALL, WHAT TO SAY, AND HOW TO CUT THROUGH THE RED TAPE SINCE MUCH OF THEIR EXPERTISE HAS BEEN GAINED FIRST-HAND AS A RESULT OF THEIR OWN PERSONAL EXPERIENCES WITH BLINDNESS DURING FY 2010, THE BVA FIELD SERVICE PROGRAM WAS CONTACTED BY 3,102 VETERANS VA GRANTED 228 CLAIMS FOR COMPENSATION AND PENSION TO VETERANS ASSISTED BY THE PROGRAM THE PROGRAM WAS RESPONSIBLE FOR $3,005,328 IN TOTAL RETROACTIVE PAYMENTS AND $394,985 IN MISCELLANEOUS BENEFITS THERE WERE 23 CLAIMS AFFECTING BLINDED VETERANS THAT WERE PROCESSED AT THE BOARD OF VETERANS APPEALS EACH FIELD SERVICE REPRESENTATIVE HAS 50-100 PENDING CLAIMS FIELD SERVICE REPRESENTATIVES RECEIVED TRAINING TWICE IN FY 2010, ONCE AT THE NATIONAL CONVENTION IN PORTLAND, OREGON, IN AUGUST (FIVE DAYS) AND AGAIN AT MID-WINTER MEETINGS IN WASHINGTON, DC, IN MARCH (THREE DAYS) BVA FUNDED THE TRAVEL FOR VARIOUS BLINDED VETERANS TO ATTEND REHABILITATION AT VARIOUS BLIND REHABILITATION CENTERS AN EXTENSION OF THE FIELD SERVICE PROGRAM CALLED OPERATION PEER SUPPORT (OPS) WAS ESTABLISHED IN FY 2006 OPS IS AN ONGOING EFFORT TO CONNECT NEWLY BLINDED VETERANS FROM IRAQ AND AFGHANISTAN WITH OTHER OIF AND OEF SERVICE MEMBERS AND VETERANS IT ALSO SEEKS TO CONNECT THE NEWLY BLINDED WITH VETERANS FROM THE FIRST GULF WAR AND FROM VIETNAM, KOREA, AND WORLD WAR II CONTINUOUS EFFORTS ARE MADE TO LOCATE AND CONTACT THESE INDIVIDUALS THROUGH PERSONAL VISITS AND CONFERENCE CALLS THIS PAST YEAR 11 NEWLY BLINDED SERVICE MEMBERS FROM AFGHANISTAN AND IRAQ, PLUS A SPOUSE OR FAMILY MEMBER, ATTENDED THE 64TH NATIONAL CONVENTION IN AUGUST IN PORTLAND OREGON, ALL EXPENSES PAID FIVE (5) ALUMNI OF THE OPS PROGRAM RETURNED TO PARTICIPATE AT THEIR OWN EXPENSE THEY ALL FELT THE PROGRAM WAS SO BENEFICIAL, THEY WANTED TO RETURN AND OFFER ASSISTANCE TO THE NEWLY BLINDED SERVICE MEMBERS AND THEIR FAMILIES THIS IS ATTRIBUTED TO THE GENEROUS SUPPORT OF INDIVIDUALS AND PRIVATE COMPANIES THE BVA WEBSITE, WWW BVA ORG, HAS BEEN UPDATED WITH ONLINE DONATION CAPABILITIES IN ORDER TO FACILITATE GREATER SUPPORT ANOTHER MEANINGFUL ADJUNCT TO THE BVA FIELD SERVICE PROGRAM IS THE MORE THAN 66 VOLUNTEER OFFICES LOCATED IN VA MEDICAL CENTERS, REGIONAL OFFICES, AND OUTPATIENT CLINICS NATIONWIDE THEY PROVIDE STILL ANOTHER OUTLET FOR BLINDED VETERANS TO HELP AND SERVE ONE ANOTHER A TOTAL OF 57,844 HOURS WERE DONATED BY BVA VOLUNTEERS, A LARGE PERCENTAGE OF WHICH ARE BLINDED VETERANS THEMSELVES THE NUMBER OF VOLUNTEERS IN THIS PROGRAM ARE ABOUT 226 VOLUNTEERS ARE PEER COUNSELORS WHO TALK ONE-ON-ONE WITH INDIVIDUAL BLINDED VETERANS, OR THEY LISTEN AND SHARE IDEAS IN GROUPS THEY PROVIDE INFORMATION ON PROGRAMS AND SERVICES, ENCOURAGING BLINDED VETERANS TO ENTER BLIND REHABILITATION PROGRAMS AND DEMONSTRATING EQUIPMENT AND AIDS USED BY THE BLIND THEY ALSO REINFORCE THE WORK OF THE FIELD SERVICE REPRESENTATIVES BY HELPING TO LIFT FELLOW VETERANS FROM THE DISCOURAGEMENT AND FRUSTRATION THEY OFTEN FACE BECAUSE SO MANY VOLUNTEERS ARE BLINDED VETERANS THEMSELVES, THE NEWLY BLINDED VETERANS CANNOT OFTEN SAY TO A VOLUNTEER, "YOU DON'T KNOW HOW IT FEELS TO BE BLIND " LIKE THE FIELD SERVICE REPRESENTATIVES, BVA VOLUNTEERS CAN, IF THEY BECOME ACCREDITED, WORK AS VOLUNTEER NATIONAL SERVICE OFFICERS (VNSOS) WITH SPECIAL AUTHORITY TO REPRESENT BLINDED VETERANS IN THE FORMAL VA CLAIMS PROCESS BVA SUPPORTED TWO VOLUNTEERS THROUGH THE ACCREDITATION PROCESS THIS FISCAL YEAR THERE ARE NOW 14 VNSOS WHO ARE MEMBERS OF BVA THERE ARE A TOTAL OF 387 INDIVIDUALS WHO HAVE BVA ACCREDITATION BVA VOLUNTEERS ARE EXPECTED TO BE ACTIVE IN THEIR COMMUNITIES AND TO BE GOOD SOURCES OF INFORMATION ABOUT LOCAL PROGRAMS AND SERVICES THEY ARE AN IMPORTANT LINK IN THE BVA CHAIN OF SERVICES

Identifier	Return Reference	Explanation
		B) PUBLIC EDUCATION AND COMMUNICATION AT THE FOUNDATION OF ALL BVA COMMUNICATIONS AND PUBLIC RELATIONS EFFORTS NATIONALLY IS THE BVA BULLETIN, CURRENTLY A QUARTERLY PERIODICAL SENT TO ALL BLINDED VETERANS AND THEIR FAMILIES FOR WHOM THE ASSOCIATION HAS CONTACT INFORMATION THE PUBLICATION IS ALSO MAILED TO DOZENS OF LIBRARIES, HEALTH CARE INSTITUTIONS, VSOS, VA BLIND REHABILITATION SERVICE EMPLOYEES, AND NONPROFIT ORGANIZATIONS AS THE FACE OF BVA, THE BULLETIN FOCUSES ON ISSUES AND EVENTS RELATING SPECIFICALLY TO BLINDED VETERANS IT ALSO COVERS GENERAL TOPICS ABOUT VETERANS AS WELL AS GENERAL TOPICS ABOUT BLINDNESS (I E, TECHNOLOGY, SOCIAL ISSUES, ETC) AVERAGE CIRCULATION OF THE LARGE-PRINT VERSION OF THE BULLETIN WAS APPROXIMATELY 14,750 IN FY 2010 AND WILL LIKELY REMAIN THE SAME IN FY 2011 THE AUDIOCASSETTE VERSION, WHICH IS MADE AVAILABLE TO MEMBERS ONLY, HAD AN AVERAGE CIRCULATION OF 8,131 FOR THE FOUR ISSUES, AN INCREASE OF 90 FROM THE PREVIOUS YEAR SOME 2,500 MEMBERS HAVE REQUESTED TO RECEIVE ONLY THE BULLETIN'S LARGE-PRINT VERSION THE PUBLICATION IS ALSO AVAILABLE FOR READING ON THE BVA WEBSITE AND BY EMAIL UPON REQUEST THROUGH THE DONATED SERVICES OF NORTH AMERICAN PRECIS SYNDICATE (NAPS), BVA DISTRIBUTED A SERIES OF NEWSPAPER, RADIO, AND TV RELEASES HIGHLIGHTING ITS WORK THREE OF THE RADIO RELEASES AND ONE TV RELEASE WERE DISTRIBUTED NATIONALLY, AS WERE TWO 2-COLUMN NEWSPAPER RELEASES THE ASSOCIATION ALSO DISTRIBUTED THREE MINORITY RADIO RELEASES AND ONE NEWSPAPER RELEASE (ALL SPANISH LANGUAGE) AS PART OF THE NAPS PACKAGE SELECTED ALL OF THE RELEASES PROVIDED AN OUTLINE OF BVA'S MISSION, HISTORY, AND SERVICES, BUT THE LEAD-IN FOR EACH RELEASE DIFFERED FROM ONE TO THE NEXT THE TOTAL VALUE OF THE DONATED MEDIA TIME AND SPACE FOR THE RELEASES AIRED AND PRINTED IN FY 2010, IF PAID FOR BY BVA IN THE FORM OF ADVERTISING, WAS JUST OVER 1,419,000 THE BVA WEBSITE ATTRACTED AN AVERAGE OF APPROXIMATELY 225 VISITORS PER DAY IN FY 2010 A DISPROPORTIONATELY LARGE MAJORITY OF THE VISITS ORIGINATED THROUGH THE GOOGLE SEARCH ENGINE OTHER SEARCH ENGINES CONTRIBUTED TO THE EFFORT BUT ON A MINIMAL SCALE VERY FEW VISITS TO THE SITE CAME AS A RESULT OF LINKS ON OTHER SITES THE BVA SITE IS A CONSTANT WORK IN PROGRESS THAT HAS MADE CONSISTENT IMPROVEMENT BUT WHICH HAS CONSIDERABLE WORK AHEAD IN ORDER TO HELP THE ORGANIZATION FULFILL ITS MISSION IN THE 21ST CENTURY BVA UTILIZES THREE DIFFERENT PRINT BROCHURES IN SPREADING ITS MESSAGE ONE IS AN OLD AND INEXPENSIVE PAPER PIECE PRODUCED MORE THAN A DECADE AGO THAT IS MOST HELPFUL FOR LARGE FAIRS, EXPOSITIONS, AND OTHER GATHERINGS INVOLVING THE GENERAL PUBLIC THE OTHER TWO PIECES ARE DESIGNED AS COMPANION PUBLICATIONS THE FIRST CONSISTS OF A BROCHURE USED FOR FUNDRAISING PURPOSES, REACHING OUT TO OTHER VSOS AND CAPITOL HILL THE OTHER IS DESIGNED SPECIFICALLY TO INTEREST PROSPECTIVE MEMBERS COPIES OF BOTH PUBLICATIONS WERE EXHAUSTED IN LATE FY 2010 OR EARLY FY 2011, NECESSITATING AN UPDATING AND REPRINTING OF BOTH IN FY 2011 IN EARLY FY 2010, BVA ESTABLISHED ITSELF IN THE SOCIAL MEDIA ARENA WITH A FACEBOOK PAGE AND A TWITTER FOLLOWING ALTHOUGH NUMBERS OF FANS AND FOLLOWERS WERE RELATIVELY SMALL AT FIRST, CONSIDERABLE MOMENTUM HAD BEEN GENERATED BY THE END OF THE FISCAL YEAR BVA DISTRIBUTES DIRECT MAIL LITERATURE TO FRIENDS AND PROSPECTIVE SUPPORTERS THROUGHOUT THE COUNTRY AS PART OF ITS PUBLIC AWARENESS AND FUNDRAISING CAMPAIGNS THERE ARE SEVERAL CALLS FOR ACTION IN EACH OF THE APPEALS THE FIRST IS A REQUEST FOR NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF BLINDED VETERANS WHO MIGHT NEED ASSISTANCE RESPONSES ARE PASSED ALONG TO BVA FIELD SERVICE REPRESENTATIVES FOR ACTION THE SECOND IS A REQUEST FOR VOLUNTEERS TO DISTRIBUTE EDUCATIONAL LITERATURE IN THEIR RESPECTIVE COMMUNITIES INFORMATIONAL BROCHURES ARE MAILED TO THOSE RESPONDING THE THIRD IS A REQUEST TO READ "WHAT TO DO WHEN YOU SEE A BLIND PERSON" AND TO ACT ACCORDINGLY WHEN MEETING SUCH AN INDIVIDUAL THERE IS A FOURTH CALL FOR ACTION IN SOME OF THE APPEALS THIS IS A REQUEST FOR FRIENDS AND PROSPECTIVE DONORS TO WRITE A PERSONAL MESSAGE ON AN ENCLOSED GREETING CARD AND MAIL IT TO A BLINDED VETERAN BVA RECEIVES THOUSANDS OF THESE CARDS AND FORWARDS THEM TO BLINDED VETERANS IN REHABILITATION CENTERS AROUND THE COUNTRY EACH CALL FOR ACTION IS IN SUPPORT OF BVA'S MISSION TO LOCATE AND ASSIST BLINDED VETERANS AND TO HELP THEM TAKE THEIR RIGHTFUL PLACE IN SOCIETY BVA NATIONAL HEADQUARTERS DISTRIBUTES BROCHURES, EXTRA COPIES OF THE BULLETIN, AND OVERRUNS FROM ITS DIRECT MAIL PIECES TO REGIONAL GROUPS AND INDIVIDUAL BLINDED VETERANS WHO ARE PARTICIPATING IN OUTREACH EFFORTS LOCALLY THE MAILING OF THE MATERIALS IS PARTICULAR HEAVY IN THE EARLY AUTUMN AS BVA REGIONAL GROUPS PREPARE FOR WHITE CANE SAFETY AWARENESS DAY AND VETERANS DAY ACTIVITIES BLINDED VETERANS THROUGHOUT THE UNITED STATES ARE FREQUENTLY INVOLVED IN PRESENTATIONS TO SCHOOLS, TO LOCAL CHAPTERS OF OTHER VETERANS SERVICE ORGANIZATIONS (VSOS) LOCATED IN THEIR COMMUNITIES, AND TO LOCAL GROUPS SUCH AS LIONS AND ROTARY CLUBS AT THE ANNUAL CONVENTION, BVA PRESENTS AWARDS AND CERTIFICATES TO HONOR CERTAIN INDIVIDUAL'S OUTSTANDING ACHIEVEMENTS THIS YEAR THREE AWARDS AND TWO CERTIFICATES WERE PRESENTED THE IRVING DIENER AWARD WAS PRESENTED TO THE BVA MEMBER WHO HAD MADE AN OUTSTANDING CONTRIBUTION TO THE GROWTH AND DEVELOPMENT OF HIS/HER REGIONAL GROUP THE DAVID L SCHNAIR AWARD WAS PRESENTED TO A VOLUNTEER FOR HIS/HER OUTSTANDING CONTRIBUTION TO THE BVA VOLUNTEER PROGRAM THE MAJOR GENERAL MELVIN J MAAS ACHIEVEMENT AWARD WAS PRESENTED TO A VETERAN WITH SERVICE-CONNECTED BLINDNESS WHO PROVED HIMSELF/HERSELF OUTSTANDING IN EMPLOYMENT PERFORMANCE AND ADJUSTMENT TO DAILY LIVING IN FY 2010, DR ROY KEKAHUNA OF LAS VEGAS, NEVADA, RECEIVED THE MAAS AWARD WHILE BILL CASE OF EL PASO, TEXAS, RECEIVED THE DIENER AWARD RON LESTER OF TUCSON, ARIZONA, WAS THE RECIPIENT OF THE SCHNAIR AWARD

Identifier	Return Reference	Explanation
		C) ADVOCACY THE ASSOCIATION'S CONGRESSIONAL CHARTER DESIGNATES BVA AS THE ORGANIZATIONAL ADVOCATE FOR ALL BLINDED VETERANS BEFORE THE EXECUTIVE AND LEGISLATIVE BRANCHES OF GOVERNMENT THE BVA NATIONAL PRESIDENT, BOARD MEMBERS, AND NATIONAL HEADQUARTERS STAFF ARE INVITED TO PRESENT TESTIMONY BEFORE BOTH THE HOUSE AND SENATE COMMITTEES ON VETERANS AFFAIRS TO SHARE INFORMATION AND CONCERNS RELATED TO SPECIALIZED PROGRAMS AND SERVICES OFFERED BY VA TO VISUALLY IMPAIRED AND BLINDED VETERANS THEY ALSO MEET PERIODICALLY WITH MEMBERS OF CONGRESS, THEIR KEY STAFF, AND VA OFFICIALS TO INFORM THEM OF AND EDUCATE THEM ON THE UNIQUE AND SPECIAL NEEDS OF THE BLINDED AND VISUALLY IMPAIRED VETERANS IN AMERICA THE BVA EDUCATIONAL EFFORTS SEEK TO ENHANCE THE SPECIALIZED REHABILITATION PROGRAMS THAT ARE DESIGNED BY VA THE GOALS ARE TO ASSIST BLINDED VETERANS IN THE ACCEPTANCE OF AND ADJUSTMENT TO THE LOSS OF VISION AND TO ACQUIRE THE ADAPTIVE SKILLS NECESSARY TO BE SUCCESSFULLY REINTEGRATED INTO THEIR FAMILIES AND COMMUNITIES ACTIVE EFFORTS WERE CONTINUALLY MADE TO INFLUENCE LEGISLATION IN ORDER TO SECURE THE NECESSARY RESOURCES TO PROVIDE BLINDED VETERANS AND THEIR FAMILY MEMBERS WITH THE HEALTH CARE SERVICES AND BENEFITS THEY NEED BVA WAS VERY EFFECTIVE THIS FISCAL YEAR THE ASSOCIATION PRESENTED BLINDED VETERANS' PRIORITY ISSUES BEFORE CONGRESS EIGHT TIMES ASSOCIATION REPRESENTATIVES MET FREQUENTLY WITH OTHER VSOS, DISABILITY ADVOCACY ASSOCIATIONS, AND REPRESENTATIVES FROM THE DEPARTMENT OF DEFENSE (DOD) AND VA BVA'S NATIONAL PRESIDENT PRESENTED HIS ANNUAL TESTIMONY LEGISLATIVE UPDATES WERE SENT VIA EMAIL TO THE BVA BOARD, EXECUTIVE DIRECTOR, REGIONAL GROUP CONTACTS, AND BVA MEMBERS NUMEROUS MEETINGS WITH MEMBERS OF CONGRESS WERE ATTENDED WHILE ACTIVELY MONITORING AND SUPPORTING THE WIDE VARIETY OF LEGISLATION INTRODUCED IN CONGRESS THAT WOULD IMPACT VETERANS AND THEIR FAMILIES BVA, IN CONCERT WITH THE OTHER MAJOR VSOS, WORKED DILIGENTLY THIS PAST YEAR TO ENSURE THAT THE VA FY 2010-11 MILCON/VA APPROPRIATIONS UNDER THE NEWLY ENACTED "ADVANCED APPROPRIATIONS" TWO-YEAR BUDGET CYCLES WERE INCREASED TO MEET THE NEEDS OF VETERANS HEALTH CARE PROGRAMS THE EFFORT HAS RESULTED IN 55 NEWLY OPENED AND STAFFED VA BLIND REHABILITATION OUTPATIENT AND LOW VISION PROGRAMS VA BLIND REHABILITATION SERVICE NOW HAS THE LARGEST NUMBER OF PROFESSIONAL REHABILITATION STAFF AT ANY TIME IN HISTORY, PROVIDING SERVICES TO MORE THAN 49,460 ENROLLED BLINDED VETERANS CONTINUED EFFORTS WERE DEVOTED THIS PAST YEAR TO DOD IMPLEMENTATION OF THE VISION CENTER OF EXCELLENCE (VCE) AND EYE TRAUMA REGISTRY VCE HAS INCREASED DOD STAFFING TO EIGHT FULL-TIME POSITIONS AND VA STAFFING TO FOUR BVA CONTINUES TO RAISE AWARENESS FOR OPERATION IRAQI FREEDOM (OIF) AND OPERATION ENDURING FREEDOM, AFGHANISTAN (OEF) VETERANS WITH TRAUMATIC BRAIN INJURY VISUAL DYSFUNCTION TO ENSURE THAT SCREENING, DIAGNOSIS, TREATMENT, AND VISION RESEARCH OCCURS, AND TO SECURE LINE-ITEM PROGRAMMATIC FUNDING IN THE DEFENSE BUDGET FOR VCE IN FY 2011 WORKING WITH THE NATIONAL ALLIANCE FOR EYE AND VISION RESEARCH (NAEVR), BVA HAS ATTENDED MEETINGS WITH KEY CONGRESSIONAL COMMITTEE MEMBERS AND KEY BUDGET STAFF IN TRYING TO ACHIEVE INCREASES IN THE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAM FOR VISION IN FY 2011, BVA HOPES FOR AN INCREASE THAT WOULD BRING THE TOTAL TO $10 MILLION FOR EYE TRAUMA RESEARCH H R 4360 NAMED THE NEW VA BLIND REHABILITATION CENTER IN LONG BEACH, CALIFORNIA, IN HONOR OF MAJOR CHARLES ROBERT SOLTES, JR , O D MAJOR SOLTES WAS AN ARMY OPTOMETRIST WHO WAS KILLED IN ACTION IN IRAQ ON OCTOBER 13, 2004 H R 4360 WAS SIGNED INTO LAW BY PRESIDENT OBAMA ON MAY 7, 2010 THE LEGISLATION HONORING THIS HERO WHO DIED IN THE SERVICE OF HIS COUNTRY WAS A MAJOR BVA ACCOMPLISHMENT BVA MONITORED THE WAITING TIMES, LENGTHS OF STAYS, AND STAFFING FOR THE TEN EXISTING VA BLIND REHABILITATION CENTERS THE ASSOCIATION ALSO FOLLOWED THE DEVELOPMENT OF CONSTRUCTION PLANS FOR THREE NEW BLIND CENTERS REMOVAL OF MEDICAL CARE CO-PAYMENTS FOR CATASTROPHICALLY DISABLED VETERANS WAS INCLUDED IN CAREGIVER LEGISLATION ENACTED ON MAY 5, 2010 THIS LEGISLATION REMOVED A FINANCIAL BARRIER STANDING BETWEEN VETERANS AND ACCESS TO NECESSARY MEDICAL CARE BVA HAS ALSO BEEN ACTIVELY INVOLVED ON SPECIAL WORK GROUPS ESTABLISHED BY THE VA PROSTHETICS & SENSORY AIDS SERVICE (PSAS) TO DEVELOP PRESCRIPTION RECOMMENDATIONS AND SPECIFICATIONS FOR PROSTHETIC APPLIANCES FOR BLINDED VETERANS BVA IS ON THE VA WORK GROUP CHARGED WITH DEVELOPING VARIOUS SPECIFICATIONS AND HANDBOOK RECOMMENDATIONS FOR COMPUTERS FOR THE BLIND BVA WORKED TO IMPROVE THE DISABLED VETERANS HOME IMPROVEMENT AND STRUCTURAL ALTERATION (HISA) GRANTS SUCH GRANTS NOW STAND AT $6,800 FOR SERVICE-CONNECTED VETERANS AND $2,000 FOR NON-SERVICE CONNECTED VETERANS AS PER SECTION 1717(A)(2) OF TITLE 38, US CODE AMENDED BVA TESTIMONY REGARDING ADAPTIVE HOUSING GRANTS IS AN EFFORT TO PROVIDE STRUCTURAL MODIFICATIONS THROUGH LEGISLATION IN ORDER TO ALLOW DISABLED VETERANS TO CONTINUE TO LIVE INDEPENDENTLY IN THEIR HOMES BVA REQUESTED THAT VA COMPLY WITH SECTION 508 OF THE AMERICANS WITH DISABILITIES ACT IN PROVIDING GREATER ACCESS TO VA ELECTRONIC MEDICAL RECORDS ACCESS TO COMMUNICATIONS TECHNOLOGY AND ADAPTIVE INTERNET CONNECTIONS FOR THE DISABLED IS A SIGNIFICANT EMPHASIS OF THE GOVERNMENT RELATIONS DEPARTMENT CAREGIVER LEGISLATION IN THE FORM OF S 1963 SUCCESSFULLY INCLUDED SECTION 302 THIS SECTION OF THE BILL PROVIDED FOR A VISUAL IMPAIRMENT AND ORIENTATION AND MOBILITY PROFESSIONALS EDUCATION ASSISTANCE PROGRAM THAT WILL AUTHORIZE THE INCLUSION OF BLIND INSTRUCTORS AND ORIENTATION AND MOBILITY INSTRUCTORS IN THE VA SCHOLARSHIP PROGRAM THE LEGISLATION WILL HELP PROVIDE SCHOLARSHIP SUPPORT FOR BLIND REHABILITATION OUTPATIENT SPECIALISTS THE VETERANS CAREGIVER AND VETERANS HEALTH SERVICES ACT OF 2009 INCLUDED A NEW PROVISION TO PROVIDE PAYMENTS TO THE CAREGIVER OF DISABLED VETERANS WHEN THE DISABILITIES REQUIRED A FAMILY MEMBER TO STAY AT HOME AND PROVIDE CARE BVA CONTINUED THEIR VISITS WITH BLINDED OIF AND OEF SERVICE MEMBERS AND THEIR FAMILIES AT WALTER REED ARMY MEDICAL CENTER AND THE NATIONAL NAVAL MEDICAL CENTER BVA CONTINUED TO RAISE FUNDS AND LOCATE SERVICE MEMBERS ELIGIBLE TO ATTEND THE NATIONAL CONVENTION AND PROVIDE VARIOUS TESTIMONIES AS PART OF THE OPS INITIATIVE D) SCHOLARSHIP PROGRAM BVA'S KATHERN F GRUBER SCHOLARSHIP PROGRAM COMPLETED ITS 27TH YEAR THE SCHOLARSHIPS ARE OPEN TO DEPENDENTS OF ACTIVE DUTY BLINDED SERVICE MEMBERS AND SERVICE-CONNECTED AND NONSERVICE-CONNECTED PERSONNEL MEMBERSHIP IN BVA IS NOT A PREREQUISITE DURING FY 2010 THERE WERE SIX (6) SCHOLARSHIPS OF $2,000 AWARDED FOR THE ACADEMIC YEAR OF 2009-2010 E) MEMBERSHIP BVA IS A MEMBERSHIP-DRIVEN ORGANIZATION MEMBERSHIP IN BVA CONSTITUTES MEMBERSHIP IN THE ORGANIZATION AS WELL AS IN A LOCAL REGIONAL GROUP ALTHOUGH IT IS NOT NECESSARY TO BE A MEMBER TO BENEFIT FROM MANY OF THE SERVICES BVA PROVIDES, MEMBERSHIP PROVIDES THE AUDIO VERSION OF THE QUARTERLY BVA BULLETIN THAT SO MANY MEMBERS FIND USEFUL IN STAYING INFORMED MEMBERSHIP ALSO PROVIDES OPPORTUNITIES TO MEET NEW PEOPLE FACING SIMILAR CHALLENGES, ESTABLISH FRIENDSHIPS, AND GAIN A VOICE AT THE ANNUAL CONVENTIONS WITHOUT MEMBERSHIP, THE AFOREMENTIONED PROGRAMS WOULD NOT EXIST SINCE THEY HAVE BEEN ESTABLISHED BY MEMBERS AND DEVELOPED WITH THEIR NEEDS IN MIND A BLINDED VETERAN CAN JOIN AS EITHER AN ANNUAL OR A LIFE MEMBER BVA'S MEMBERSHIP TOTAL HAS GROWN STEADILY OVER THE PAST TWO DECADES IN FY 2010, THERE WERE 768 NEW MEMBERS FROM 1992 THROUGH 2010, THE ACTIVE MEMBERSHIP INCREASED FROM 7,252 TO AN ALL-TIME HIGH OF 11,216 THIS FIGURE REPRESENTS A LARGE NUMBER OF RENEWALS OF LAPSED MEMBERSHIPS AS WELL AS NEW MEMBERS THAT HAD NEVER BEFORE JOINED ALL LIFE MEMBERSHIP DUES ARE DEPOSITED INTO A LIFE MEMBERSHIP FUND, WHICH IS MANAGED BY A LIFE MEMBERSHIP BOARD OF TRUSTEES APPOINTED BY THE NATIONAL PRESIDENT THE DUES ARE INVESTED AND THE ANNUAL EARNINGS (INTEREST AND DIVIDENDS) ARE APPORTIONED TO THE REGIONAL GROUP BASED ON THE NUMBER OF LIFE MEMBERS IN EACH GROUP BVA NATIONAL HEADQUARTERS DOES NOT BENEFIT FINANCIALLY FROM THE LIFE MEMBERSHIP DUES BUT ONLY MANAGES, OR ADMINISTERS, THE FUND WITH THE ASSISTANCE OF THE BOARD OF TRUSTEES AND AN EXTERNAL PORTFOLIO MANAGER IT IS A BOARD-DESIGNATED FUND

Additional Data

Software ID:
Software Version:
EIN: 53-0214281
Name: BLINDED VETERANS ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 225,885 including grants of $) (Revenue $)
MEMBERSHIP AND SCHOLARSHIP PROGRAM

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR ROY W KEKAHUNA NATIONAL PRESIDENT/CHAIR	8 00	X		X				0	0	0
SAMUEL L HUHN NATIONAL VICE PRESIDENT	23 00	X		X				0	0	0
MARK CORNELL NATIONAL SECRETARY	8 00	X		X				0	0	0
STEVE BERES NATIONAL TREASURER	8 00	X		X				0	0	0
DAVID VAN LOAN DIRECTOR - DISTRICT 1	16 00	X						0	0	0
ROBERT CAMPBELL DIRECTOR - DISTRICT 2	8 00	X						0	0	0
CORNELIUS APPLEBY DIRECTOR - DISTRICT 3	16 00	X						0	0	0
ROBERT DALE STAMPER DIRECTOR - DISTRICT 4	8 00	X						0	0	0
DR GEORGE STOCKING DIRECTOR - DISTRICT 5	23 00	X						0	0	0
ROY YOUNG DIRECTOR - DISTRICT 6	8 00	X						0	0	0
RONALD G WHITE NATIONAL SECRETARY (TO 8	5 00	X		X				0	0	0
THOMAS MILLER EXEC DIR/ASST NATL TREAS	37 50			X				112,564	0	1,577
BRIGITTE JONES ADMIN DIR/ASST NATL SECR	37 50			X				63,062	0	2,038
STUART NELSON COMM COORD/ASST NATL TRE	37 50			X				49,111	0	10,660
CHERYL SWAIM DIR DEVELOPMENT/OFFICER	37 50			X				84,006	0	1,346
KATHRYN RUAIS CHIEF FINANCIAL OFFICER	37 50			X				96,263	0	1,563
GEORGE HICKS SERGEANT AT ARMS	1 00			X				0	0	0
NEFTALI SANCHEZ CHAPLAIN	1 00			X				0	0	0
JOE BURNS OMBUDSMAN	2 00			X				0	0	0
DR NORMAN JONES JR PAST NATIONAL PRESIDENT	8 00			X				0	0	0
LARRY BELOTE PAST NATIONAL PRESIDENT	5 00			X				0	0	0
CHARLOTTE NODDIN SERGEANT AT ARMS (TO 8/0	0 00			X				0	0	0