

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)

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BLINDED VETERANS ASSOCIATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 477 H STREET, NW City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001-2694 F Name and address of principal officer: AL AVINA SAME AS C ABOVE	D Employer identification number 53-0214281 E Telephone number (202) 371-8880 G Gross receipts \$ 6,213,885. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BVA.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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: <u>TO PROMOTE THE WELFARE OF BLINDED VETERANS - SEE PART III AND SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	298
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		5,120,384.	4,060,178.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		370,779.	174,213.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		322,727.	255,054.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,813,890.	4,489,445.
14 Benefits paid to or for members (Part IX, column (A), line 4)		13,500.	13,450.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		1,537,085.	1,574,153.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,431,952.		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,873,020.	2,984,782.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,423,605.	4,572,385.
19 Revenue less expenses. Subtract line 18 from line 12	1,390,285.	-82,940.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,196,760.	9,991,226.
	22 Net assets or fund balances. Subtract line 21 from line 20	268,799.	232,988.
		9,927,961.	9,758,238.

Part II Signature Block

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

Sign Here	Signature of officer AL AVINA, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID L. JOHNSON	Preparer's signature Date 11/02/12
	Firm's name ▶ DIXON HUGHES GOODMAN LLP Firm's address ▶ 1410 SPRING HILL ROAD, STE 500 TYSONS, VA 22102	Check <input type="checkbox"/> if self-employed PTIN P00188102 Firm's EIN ▶ 56-0747981 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

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,253,074. including grants of \$) (Revenue \$) FIELD SERVICE AND VOLUNTEER SERVICE PROGRAMS

SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,278,657. including grants of \$) (Revenue \$) PUBLIC EDUCATION AND COMMUNICATION

SEE SCHEDULE O

4c (Code:) (Expenses \$ 185,147. including grants of \$) (Revenue \$) ADVOCACY

SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) (Expenses \$ 246,290. including grants of \$ 12,150.) (Revenue \$)

4e Total program service expenses 2,963,168.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AR, AZ, CT, GA, IL, MA, MD, ME, MN, MS, NC, ND**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BLINDED VETERANS ASSOCIATION - 202-371-8880**
477 H STREET, NW, WASHINGTON, DC 20001

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAMUEL HUHN NATIONAL PRESIDENT	19.20	X		X				0.	0.	0.
(2) MARK CORNELL NATIONAL VICE PRESIDENT	15.40	X		X				0.	0.	0.
(3) ROBERT DALE STAMPER NATIONAL SECRETARY	9.60	X		X				0.	0.	0.
(4) ROY YOUNG NATIONAL TREASURER	23.10	X		X				0.	0.	0.
(5) DAVID VAN LOAN DIRECTOR - DISTRICT 1	21.90	X						0.	0.	0.
(6) FREDDIE EDWARDS DIRECTOR - DISTRICT 2	10.60	X						0.	0.	0.
(7) JOE PARKER DIRECTOR - DISTRICT 3	9.10	X						0.	0.	0.
(8) ROBERT MOWER DIRECTOR - DISTRICT 4	20.80	X						0.	0.	0.
(9) DR. GEORGE STOCKING DIRECTOR - DISTRICT 5	20.70	X						0.	0.	0.
(10) RONALD ANDERSON DIRECTOR - DISTRICT 6	17.30	X						0.	0.	0.
(11) DR. ROY W. KEKAHUNA PAST NATIONAL PRESIDENT	9.10	X		X				0.	0.	0.
(12) JOE BURNS OMBUDSMAN	5.80			X				0.	0.	0.
(13) AL AVINA CURRENT EXECUTIVE DIRECTOR/ ASS'T	37.50			X				0.	0.	0.
(14) THOMAS MILLER FORMER EXECUTIVE DIRECTOR/ ASS'T	37.50			X			118,597.	0.	1,440.	
(15) BRIGITTE JONES ADMINISTRATIVE DIRECTOR/AS	37.50			X			65,579.	0.	1,314.	
(16) STUART NELSON COMMUNICATIONS COORDINATOR	37.50			X			52,586.	0.	10,920.	
(17) CHERYL SWAIM DIRECTOR OF DEVELOPMENT/OF	37.50			X			85,606.	0.	1,264.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHRYN RUAIS CHIEF FINANCIAL OFFICER/OF	37.50			X				106,612.	0.	1,586.
1b Sub-total								428,980.	0.	16,524.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								428,980.	0.	16,524.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHWEST PUBLISHING & MAILING CORP 2600 NW TOPEKA BLVD, TOPEKA, KS 66617	LETTERSHP SERVICES	464,607.
THE DIRECT EDGE, INC., 10375-B SOUTHERN MD. BLVD, DUNKIRK, MD 20754	LETTERSHP & PRINTING SERVICES	244,891.
MARCY YOLLES 168 WOODSIDE TRAIL, ANNAPOLIS, MD 21401	PRINTING SERVICES	172,452.
ALANIZ, LLC. 425 N IRIS STREET, MT. PLEASANT, IA 52641	LETTERSHP & PRINTING SERVICES	100,804.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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	1 a Federated campaigns	1a	21,046.					
	b Membership dues	1b	34,701.					
	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	4004431.					
	g Noncash contributions included in lines 1a-1f: \$		291.					
	h Total. Add lines 1a-1f			4060178.				
	Program Service Revenue			Business Code				
2 a								
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)			216,885.			216,885.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real						
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities		1,681,768.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		1,724,440.				
		c Gain or (loss)		-42,672.				
	d Net gain or (loss)			-42,672.			-42,672.	
	8 a 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								
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a MAILING LIST RENTAL TO		900099	240,959.			240,959.		
b CONVENTION & RELATED		900099	14,095.			14,095.		
c								
d All other revenue								
e Total. Add lines 11a-11d			255,054.					
12 Total revenue. See instructions.			4489445.	0.	0.	429,267.		

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).

Check if Schedule O contains a response to any question in this Part IX X

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 United States. See Part IV, line 21	1,300.	1,300.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	12,150.	12,150.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	451,525.	79,030.	278,973.	93,522.
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	823,459.	609,779.	155,829.	57,851.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	5,120.	4,309.	447.	364.
9 Other employee benefits	183,024.	105,293.	68,297.	9,434.
10 Payroll taxes	111,025.	65,493.	34,745.	10,787.
11 Fees for services (non-employees):				
a Management				
b Legal	11,750.		11,750.	
c Accounting	26,021.		26,021.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,680,171.	725,850.	126,508.	827,813.
12 Advertising and promotion	4,560.			4,560.
13 Office expenses	879,855.	354,040.	114,216.	411,599.
14 Information technology	5,850.	495.	5,355.	
15 Royalties				
16 Occupancy	37,105.		37,105.	
17 Travel	131,879.	81,715.	50,164.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,167.	4,082.	6,452.	633.
20 Interest				
21 Payments to affiliates	94,143.	94,143.		
22 Depreciation, depletion, and amortization	69,218.		69,218.	
23 Insurance	33,063.		33,063.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SEE SCH. O: ALLOC. OF I	0.	825,489.	-840,878.	15,389.
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,572,385.	2,963,168.	177,265.	1,431,952.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	2,080,979.	944,523.	69,940.	1,066,516.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	379,690.	1	1,307,697.	
	2 Savings and temporary cash investments	100,338.	2	100,953.	
	3 Pledges and grants receivable, net	1,952,251.	3	981,636.	
	4 Accounts receivable, net		4	1,800.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	43,629.	9	33,702.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,022,340.			
	b Less: accumulated depreciation	10b 1,414,008.	1,668,117.	10c	1,608,332.
	11 Investments - publicly traded securities	6,052,735.	11	5,957,106.	
	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)	10,196,760.	16	9,991,226.		
Liabilities	17 Accounts payable and accrued expenses	268,799.	17	232,988.	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	268,799.	26	232,988.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	9,100,185.	27	9,234,929.	
	28 Temporarily restricted net assets	827,776.	28	523,309.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	9,927,961.	33	9,758,238.	
34 Total liabilities and net assets/fund balances	10,196,760.	34	9,991,226.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,489,445.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,572,385.
3	Revenue less expenses. Subtract line 2 from line 1	3	-82,940.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,927,961.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-86,783.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,758,238.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

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

2011

Open to Public Inspection

Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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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 described in **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 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,372,337.	3,556,724.	3,880,975.	5,957,958.	5,080,161.	21,848,155.
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	3,372,337.	3,556,724.	3,880,975.	5,957,958.	5,080,161.	21,848,155.
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)						836,060.
6 Public support. Subtract line 5 from line 4.						21,012,095.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,372,337.	3,556,724.	3,880,975.	5,957,958.	5,080,161.	21,848,155.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	495,818.	281,100.	221,936.	244,434.	216,885.	1,460,173.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	269,347.	231,008.	248,030.	242,764.	240,959.	1,232,108.
11 Total support. Add lines 7 through 10						24,540,436.
12 Gross receipts from related activities, etc. (see instructions)					12	138,106.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	85.62 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	84.16 %
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2011. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2010. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

BLINDED VETERANS ASSOCIATION

53-0214281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>PAULA STOESSELL</u> <u>N/A</u> <u>NEW YORK, NY 10001</u>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

If the organization answered "Yes" 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, Part V, line 35c (Proxy Tax), then

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

Name of organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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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 function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		40,000.	
c Total lobbying expenditures (add lines 1a and 1b)		40,000.	
d Other exempt purpose expenditures		4,532,385.	
e Total exempt purpose expenditures (add lines 1c and 1d)		4,572,385.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		378,619.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		94,655.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount		367,425.	371,181.	378,619.	1,117,225.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,675,838.
c Total lobbying expenditures		40,000.	40,000.	40,000.	120,000.
d Grassroots nontaxable amount		91,856.	92,795.	94,655.	279,306.
e Grassroots ceiling amount (150% of line 2d, column (e))					418,959.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		644,439.		644,439.
b Buildings		2,232,486.	1,273,206.	959,280.
c Leasehold improvements				
d Equipment				
e Other		145,415.	140,802.	4,613.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,608,332.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,489,445.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,572,385.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-82,940.
4	Net unrealized gains (losses) on investments	4	-86,783.
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 through 8	9	-86,783.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-169,723.

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	5,384,550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-86,783.
b	Donated services and use of facilities	2b	981,888.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	895,105.
3	Subtract line 2e from line 1	3	4,489,445.
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 must equal Form 990, Part I, line 12.)	5	4,489,445.

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

1	Total expenses and losses per audited financial statements	1	5,554,273.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	981,888.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	981,888.
3	Subtract line 2e from line 1	3	4,572,385.
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 must equal Form 990, Part I, line 18.)	5	4,572,385.

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, line 2; 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.

PART X, LINE 2: THE ASSOCIATION IS EXEMPT FROM FEDERAL AND STATE

INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL OR STATE INCOME TAXES. THE ASSOCIATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2012 AND JUNE 30, 2011. YEARS ENDING ON OR AFTER JUNE 30, 2009 REMAIN SUBJECT TO EXAMINATION BY FEDERAL

Part XIV Supplemental Information (continued)

AND STATE TAX AUTHORITIES.

COPY

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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	6	11,600.	0.	CASH	
SERVICE AWARDS	2	550.	0.	CASH	

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

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

BLINDED VETERANS ASSOCIATION

Employer identification number

53-0214281

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ONE ANOTHER. TO EDUCATE THE GENERAL PUBLIC SO THEY MAY UNDERSTAND WHAT
BLINDED VETERANS MAY ACCOMPLISH AND HOW TO ASSIST BLINDED VETERANS THEY
MAY ENCOUNTER IN THEIR COMMUNITIES.

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

MEMBERSHIP AND SCHOLARSHIP PROGRAM

EXPENSES \$ 246,290. INCLUDING GRANTS OF \$ 12,150. REVENUE \$ 0.

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

Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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EXPERT OF THE AUDIT COMMITTEE AND THE EXECUTIVE DIRECTOR WHO ALONG WITH THE CHIEF FINANCIAL OFFICER REVIEW THE RETURN TOGETHER AND DISCUSS ANY ISSUES OF CONCERN. THEY MAY INDIVIDUALLY OR COLLECTIVELY SPEAK WITH THE PREPARER TO DISCUSS THEIR CONCERNS OR REVIEW THE FORM IN DETAIL. AFTER ANY CHANGES ARE MADE, A COPY IS SENT TO THE FULL BOARD PRIOR TO FILING. ANY COMMENTS THEY HAVE ARE REVIEWED AND DISCUSSED WITH THE PREPARER. WHEN COMPLETED, THE FORM 990 IS SIGNED BY THE EXECUTIVE DIRECTOR AND FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: BVA'S WRITTEN CONFLICT OF INTEREST POLICY QUESTIONNAIRE IS DISTRIBUTED TO ALL BOARD MEMBERS, EMPLOYEES, AND APPROPRIATE OUTSIDE PARTIES BY THE CFO PRIOR TO THE ANNUAL CONVENTION. THE 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.

Name of the organization BLINDED VETERANS ASSOCIATION	Employer identification number 53-0214281
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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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AR, AZ, CT, GA, IL, MA, MD, ME, MN, MS, NC, ND, NJ, NM, NV, NY, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV

FORM 990, PART VI, SECTION C, LINE 19: THE BYLAWS AND CONGRESSIONAL CHARTER OF THE ASSOCIATION ARE AVAILABLE ON BVA'S WEBSITE, ALONG WITH THE FORM 990. ADDITIONAL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINES 24A AND 26
INDIRECT AND JOINT COST ALLOCATIONS
IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPALS (GAAP) BVA ALLOCATES INDIRECT COSTS FOR ITEMS SUCH AS BUILDING REPAIRS AND MAINTENANCE, GENERAL OFFICE SUPPLIES, AND GENERAL INSURANCE TO THE PROGRAM, MANAGEMENT AND GENERAL, AND FUNDRAISING FUNCTIONS. THIS ALLOCATION IS PREPARED IN A CONSISTENT AND SYSTEMATIC MANNER BASED ON A PERCENTAGE OF TIME WORKED BY EACH EMPLOYEE IN THE RESPECTIVE FUNCTION. THIS METHOD HAS BEEN REVIEWED AND APPROVED BY BVA'S INDEPENDENT EXTERNAL AUDITORS.

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BVA ALSO ALLOCATES A PORTION OF ITS DIRECT MAIL EXPENSES TO PUBLIC EDUCATION AND MANAGEMENT AND GENERAL ACCORDING TO THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS STATEMENT OF POSITION (SOP) 98-2. BVA UNDERTAKES A PRELIMINARY ANALYSIS OF ITS ACTIVITIES TO DETERMINE IF THE PURPOSE, AUDIENCE, AND CONTENT CRITERIA ARE MET AND, IF SO, APPLIES A SYSTEMATIC, RATIONAL JOINT COST ALLOCATION METHODOLOGY.

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

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -86,783.

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® BLINDED VETERANS AND THEIR FAMILIES.

BVA IS A NONPROFIT 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

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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.

VA ESTIMATES THAT SOME 156,000 AMERICAN VETERANS ARE CURRENTLY LEGALLY BLIND, AND AT LEAST HALF OF THESE MEN AND WOMEN REMAIN UNAWARE OF THEIR ELIGIBILITY FOR SPECIAL SERVICES AND BENEFITS. APPROXIMATELY 6,000 ADDITIONAL VETERANS BECOME BLIND OR VISUALLY IMPAIRED EVERY YEAR. BVA PROGRAMS 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 DUE TO AGE OR DISEASE.

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

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HELD ON A VOLUNTARY BASIS. THEY GIVE FREELY OF THEIR TIME AND RESOURCES. THEY ARE ALL MEMBERS OF BVA AND ALL MEET THE REQUIREMENTS OF BEING BLINDED VETERANS AS DEFINED FOR ALL BVA MEMBERS. THESE REQUIREMENTS ARE ALSO MET BY THE NATIONAL SERGEANT-AT-ARMS AND THE NATIONAL CHAPLAIN. BOARD MEMBERS TRAVEL INCLUDES THE ATTENDANCE OF TWO ANNUAL BOARD MEETINGS. ONE HELD AT THE ANNUAL CONVENTION LOCATION AND THE OTHER AT BVA'S NATIONAL HEADQUARTERS. 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 AT LEAST 9,500 HOURS OF WORK AND MORE THAN \$2,500 OF REIMBURSABLE EXPENSES WHICH WERE NOT REQUESTED FOR PAYMENT.

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, COMMITTEE MEMBERS WHO ARE NOT ON THE BOARD DONATED ABOUT 50 HOURS OF VOLUNTEER TIME.

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 BY THE ASSOCIATION.

LOCATED IN WASHINGTON, DC, BVA'S NATIONAL HEADQUARTERS IS WITHIN CLOSE PROXIMITY TO CAPITOL HILL AND THE DEPARTMENT OF VETERANS AFFAIR'S (VA)

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CENTRAL OFFICE.

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; THE DISTRICT OF COLUMBIA; DECATUR, GEORGIA; HINES, ILLINOIS; DENVER, COLORADO; HOUSTON, TEXAS; LOS ANGELES, CALIFORNIA; AND MATHER, 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.

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DURING FY 2012, THE BVA FIELD SERVICE PROGRAM WAS CONTACTED BY 5,833 VETERANS. VA GRANTED 428 CLAIMS FOR COMPENSATION AND PENSION TO VETERANS ASSISTED BY THE PROGRAM. THE PROGRAM WAS RESPONSIBLE FOR \$5,783,025 IN TOTAL RETROACTIVE PAYMENTS AND \$538,604 IN MISCELLANEOUS BENEFITS. THERE WERE 56 CLAIMS AFFECTING BLINDED VETERANS THAT WERE PROCESSED AT THE BOARD OF VETERANS APPEALS. TOTAL FIELD SERVICE REPRESENTATIVE PENDING CLAIMS STOOD AT 715. THERE WAS A SIGNIFICANT INCREASE IN THESE FIGURES FROM THOSE REPORTED IN FY 2011.

FIELD SERVICE REPRESENTATIVES RECEIVED TRAINING TWICE IN FY 2012, ONCE AT THE NATIONAL CONVENTION IN LAS VEGAS, NEVADA IN AUGUST (FIVE DAYS) AND AGAIN AT MID-WINTER MEETINGS IN WASHINGTON, DC (THREE DAYS IN MARCH).

BVA PROVIDED FUNDING FOR TRAVEL ARRANGEMENTS AND ASSISTANCE FOR BLINDED VETERANS WITH LIMITED MEANS TO ATTEND VARIOUS VA BLIND REHABILITATION CENTERS.

ANOTHER MEANINGFUL ADJUNCT TO THE BVA FIELD SERVICE PROGRAM IS THE 65 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. BVA VOLUNTEERS, A LARGE NUMBER OF WHICH ARE BLINDED VETERANS THEMSELVES, DONATED 40,831 HOURS OF TIME. THE NUMBER OF VOLUNTEERS IN THIS PROGRAM IS ABOUT 217.

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

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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 BY THE VA, WORK AS VOLUNTEER NATIONAL SERVICE OFFICERS (VNSOS) WITH SPECIAL AUTHORITY TO REPRESENT BLINDED VETERANS IN THE FORMAL VA CLAIMS PROCESS. BVA SUPPORTED ONE VOLUNTEER THROUGH THE ACCREDITATION PROCESS THIS FISCAL YEAR, BRINGING THE TOTALING TO 51 VNSOS WHO ARE MEMBERS OF BVA. THERE ARE A TOTAL OF 414 INDIVIDUALS WHO HAVE BVA ACCREDITATION INCLUDING 15 BVA STAFF MEMBERS AND 4 MEMBERS OF THE NATIONAL BOARD.

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.

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 SERVICE MEMBERS WITH VETERANS FROM THE FIRST GULF WAR AND FROM VIETNAM, KOREA, AND WORLD WAR II. THIS PAST YEAR, 10 NEWLY BLINDED SERVICE MEMBERS FROM AFGHANISTAN AND IRAQ, ACCOMPANIED BY A SPOUSE OR FAMILY MEMBER, ATTENDED BVA'S 66TH NATIONAL CONVENTION IN LAS VEGAS.

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TWO BRITISH SOLDIERS WERE ALSO INVITED, AND ACCEPTED THE OPPORTUNITY TO PARTICIPATE IN THE EDUCATIONAL PEER SUPPORT MEETINGS. ALL EXPENSES OF THE NEW PARTICIPANTS WERE PAID BY BVA, AND FIVE ALUMNI OF THE OPS PROGRAM RETURNED TO PARTICIPATE AT THEIR OWN EXPENSE. THEY ALL FELT THE PROGRAM WAS SO BENEFICIAL THAT 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, WAS UPDATED WITH ONLINE DONATION CAPABILITIES IN ORDER TO FACILITATE GREATER SUPPORT OF THE OPS PROGRAM FROM THE PUBLIC.

WHILE OPS PROVIDES THESE VETS THE OPPORTUNITY TO JOIN TOGETHER AT BVA'S NATIONAL CONVENTION IN THE UNITED STATES, A SPIN-OFF PROGRAM, PROJECT GEMINI, ALLOWS THE OPPORTUNITY FOR SOME OF THEM TO BE HOSTED IN ENGLAND BY BLIND VETERANS UK. IN FY2012, EFFORTS MADE IT POSSIBLE FOR 5 BLINDED VETS TO EXPERIENCE BRITISH HOSPITALITY.

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, VETERANS SERVICE ORGANIZATIONS, 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

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LARGE-PRINT VERSION OF THE BULLETIN WAS APPROXIMATELY 15,000 IN FY 2012. THE AUDIOCASSETTE VERSION, WHICH IS MADE AVAILABLE TO MEMBERS ONLY, HAD AN AVERAGE CIRCULATION OF 8,161 FOR THE FOUR ISSUES, A DECREASE OF 85 FROM THE PREVIOUS YEAR. THE PUBLICATION IS ALSO AVAILABLE FOR READING ON THE BVA WEBSITE AND BY EMAIL, UPON REQUEST, IN TWO DIFFERENT FORMATS. THE NUMBER OF BVA MEMBERS RECEIVING THE BULLETIN VIA EMAIL IS NOW 139, AN INCREASE OF 77 FROM FY 2011.

THROUGH THE DONATED SERVICES OF NORTH AMERICAN PRECISION SYNDICATE (NAPS), BVA DISTRIBUTED A SERIES OF NEWSPAPER, RADIO, AND TV RELEASES HIGHLIGHTING ITS WORK. DURING FY 2012, BVA PRODUCED ONE 2-COLUMN NATIONAL NEWSPAPER RELEASE, ONE 1-COLUMN SPANISH LANGUAGE NEWSPAPER RELEASES, TWO NATIONAL RADIO RELEASES, TWO 30-SECOND NATIONAL TELEVISION RELEASES, AND ONE SPANISH RADIO RELEASE. BY VIRTUE OF THE HEAVILY DISCOUNTED PACKAGE SELECTED, THE ASSOCIATION RECEIVED ALL OF THE AFOREMENTIONED PRODUCTION AND DISTRIBUTION FOR A PAYMENT OF \$20,000. 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 2012, IF PAID FOR BY BVA IN THE FORM OF ADVERTISING, WAS \$981,888, AN INCREASE OF \$190,823 OVER FY 2011. NEWS RELEASES WERE AIRED OR PRINTED A TOTAL OF 2,270 TIMES THROUGHOUT THE UNITED STATES AND ITS TERRITORIES DURING THE FISCAL YEAR, AN INCREASE OF 622 OVER FY 2011.

THE BVA WEBSITE ATTRACTED AN AVERAGE OF JUST OVER 260 VISITORS PER DAY IN FY 2012, WHICH IS A SIZEABLE INCREASE OF 34 ABOVE THE 226 VISITORS FOR FY 2011 AND 225 FOR FY 2010. A DISPROPORTIONATELY LARGE MAJORITY OF

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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 IMPROVEMENTS 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 SOME 15 YEARS AGO. IT IS MOST HELPFUL FOR LARGE FAIRS, EXPOSITIONS, AND OTHER GATHERINGS INVOLVING THE GENERAL PUBLIC. UNLIKE THE FIRST, THE OTHER TWO PIECES ARE UPDATED WITH THE MOST CURRENT INFORMATION POSSIBLE. ONE IS A BROCHURE USED FOR FUNDRAISING PURPOSES, REACHING OUT TO OTHER VSOS AND TO OFFICES ON CAPITOL HILL. THE OTHER IS DESIGNED SPECIFICALLY TO INTEREST PROSPECTIVE MEMBERS. THEY WERE REVISED AND UPDATED IN FY2011 AFTER DEPLETING THE EXISTING SUPPLY.

SINCE FY 2010, BVA HAS MAINTAINED SOCIAL MEDIA ACCOUNTS ON MAJOR SITES SUCH AS FACEBOOK, TWITTER, AND YOUTUBE. OVER THE PAST THREE YEARS, BVA HAS ATTRACTED A LARGE FOLLOWING AND CURRENTLY COMMANDS A SOCIAL MEDIA AUDIENCE OF MORE THAN 3,000 FOLLOWERS. BVA USES THESE RESOURCES TO SPREAD INFORMATION TO ITS FOLLOWERS ABOUT THE ASSOCIATION'S ACTIVITIES, RECENT LEGISLATIVE NEWS, AND EDUCATION ABOUT ISSUES FACING BLIND PERSONS. SOCIAL MEDIA IS ALSO INSTRUMENTAL IN COORDINATING WITH PARTNER ORGANIZATIONS AND EDUCATING OUR FOLLOWERS ABOUT HELPFUL RESOURCES.

BVA DISTRIBUTES DIRECT MAIL LITERATURE TO FRIENDS AND PROSPECTIVE SUPPORTERS THROUGHOUT THE COUNTRY AS PART OF ITS PUBLIC AWARENESS AND

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FUNDRAISING CAMPAIGNS. THERE ARE SEVERAL CALLS FOR ACTION IN EACH OF THE APPEALS, AND EACH IS INTENDED TO ENCOURAGE THE AUDIENCE TO GET DIRECTLY INVOLVED. 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 HELP THEM TAKE THEIR RIGHTFUL PLACES IN SOCIETY AND TO EDUCATE THE PUBLIC ABOUT BLINDNESS ISSUES. RECIPIENT RESPONSES ARE RECORDED WHEN POSSIBLE.

BVA ALLOCATES A PORTION OF ITS DIRECT MAIL EXPENSES TO PUBLIC EDUCATION AND MANAGEMENT AND GENERAL ACCORDING TO THE AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS STATEMENT OF POSITION (SOP) 98-2. BVA UNDERTAKES A PRELIMINARY ANALYSIS OF ITS ACTIVITIES TO DETERMINE IF THE PURPOSE, AUDIENCE, AND CONTENT CRITERIA ARE MET AND, IF SO, APPLIES A SYSTEMATIC, RATIONAL JOINT COST ALLOCATION METHODOLOGY.

BVA MAKES ITS FINANCIAL INFORMATION AVAILABLE TO THE GENERAL PUBLIC AND WATCHDOG AGENCIES. BVA ADHERES TO THE REQUIREMENTS SET FORTH BY THE

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COMBINED FEDERAL CAMPAIGN, THE BETTER BUSINESS BUREAU, AND GUIDESTAR.ORG. BVA IS PROUD TO DISPLAY ITS SEAL AWARDED BY BBB AS AN ACCREDITED CHARITY.

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 PARTICULARLY 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, LOCAL CHAPTERS OF OTHER VSOS LOCATED IN THEIR COMMUNITIES, AND LOCAL GROUPS SUCH AS LIONS AND ROTARY CLUBS.

AT THE ANNUAL CONVENTION, BVA PRESENTS AWARDS AND CERTIFICATES TO HONOR INDIVIDUALS FOR THEIR OUTSTANDING ACHIEVEMENTS. THE MAJOR GENERAL MELVIN J. MAAS ACHIEVEMENT AWARD IS PRESENTED TO A VETERAN WITH SERVICE-CONNECTED BLINDNESS WHO PROVES HIMSELF/HERSELF OUTSTANDING IN EMPLOYMENT PERFORMANCE AND ADJUSTMENT TO DAILY LIVING. THE DAVID L. SCHNAIR AWARD IS PRESENTED TO A VOLUNTEER FOR HIS/HER OUTSTANDING CONTRIBUTION TO THE BVA VOLUNTEER PROGRAM. THE IRVING DIENER AWARD IS PRESENTED TO THE BVA MEMBER WHO HAS MADE AN OUTSTANDING CONTRIBUTION TO THE GROWTH AND DEVELOPMENT OF HIS/HER REGIONAL GROUP. A CERTIFICATE OF APPRECIATION IS TO RECOGNIZE INDIVIDUALS, GROUPS, AND EMPLOYERS WHO HAVE PROVIDED OUTSTANDING SERVICES TO BLINDED VETERANS AND/OR TO THE BVA AT THE NATIONAL LEVEL. IN FY 2012, THE MAAS AND THE SCHNAIR AWARDS AND ONE CERTIFICATE OF APPRECIATION WERE PRESENTED TO WELL DESERVING INDIVIDUALS.

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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 THE VETERANS ADMINISTRATION (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. BVA'S 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 EDUCATE AND PROVIDE PERSPECTIVES TO FEDERAL AGENCIES AND LEGISLATION IN ORDER TO SECURE THE NECESSARY RESOURCES TO PROVIDE BLINDED VETERANS AND THEIR FAMILY MEMBERS WITH THE HEALTH CARE SERVICES AND BENEFITS THEY HAVE EARNED. BVA CONTINUED TO BE VERY EFFECTIVE THIS PAST YEAR, PRESENTING BLINDED VETERANS' PRIORITY ISSUES BEFORE CONGRESS AND CONGRESSIONAL STAFF MEMBERS IN A VARIETY OF MEETINGS AND HEARINGS. ASSOCIATION REPRESENTATIVES ALSO MET FREQUENTLY WITH OTHER VETERANS SERVICE ORGANIZATIONS (VSOS), DISABILITY ADVOCACY ASSOCIATIONS, AND

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REPRESENTATIVES FROM THE DEPARTMENT OF DEFENSE AND VA. BVA'S NATIONAL PRESIDENT PRESENTED HIS ANNUAL TESTIMONY. LEGISLATIVE UPDATES WERE SENT BY EMAIL TO THE BVA BOARD, STAFF, MEMBERS AND REGIONAL GROUPS. NUMEROUS MEETINGS WITH VARIOUS CONGRESSIONAL OFFICES AND A VARIETY OF COMMITTEES WERE ATTENDED IN EFFORTS TO ACTIVELY MONITOR AND SUPPORT THE WIDE VARIETY OF LEGISLATION INTRODUCED IN CONGRESS THAT IMPACTS VETERANS AND THEIR FAMILIES.

BVA, IN CONCERT WITH THE OTHER MAJOR VSOS, WORKED DILIGENTLY THIS PAST YEAR ON PROVIDING INFORMATION NECESSARY TO ASSIST IN ENSURING THAT VA FY 2012-FY 2013 BUDGET WAS INCREASED TO MEET THE NEEDS OF VETERANS' HEALTH CARE PROGRAMS.

CONTINUED EFFORTS WERE DEVOTED THIS PAST YEAR TO THE DEPARTMENT OF DEFENSE'S (DOD) IMPLEMENTATION OF THE VISION CENTER OF EXCELLENCE (VCE) AND EYE TRAUMA REGISTRY. AS A RESULT VCE HAS INCREASED DOD STAFFING TO TEN AND VA STAFFING TO FOUR FULL-TIME POSITIONS. BVA CONTINUES TO RAISE AWARENESS FOR OIF AND OEF VETERANS WITH TRAUMATIC BRAIN INJURY VISUAL SYSTEM DYSFUNCTION TO ENSURE THAT SCREENING, DIAGNOSIS, TREATMENT, AND VISION RESEARCH ARE FUNDED. BVA'S EFFORTS WERE INSTRUMENTAL IN SECURING CO-OPERATIONAL FUNDING FOR FY 2012- 2013 IN THE DEFENSE BUDGET FOR VCE. EFFORTS TO FULLY IMPLEMENT THE DEFENSE VETERANS EYE INJURY VISION REGISTRY CONTINUE.

WORKING WITH THE NATIONAL ALLIANCE EYE VISION RESEARCH (NAEVR), BVA ATTENDED MEETINGS WITH KEY CONGRESSIONAL COMMITTEE MEMBERS AND KEY BUDGET STAFF WITH THE AIM OF INCREASING THE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAM FOR VISION. BVA CONTINUES TO PRESS FOR

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ALTERNATIVE DEFENSE TRAUMATIC BRAIN INJURY (TBI) VISION RESEARCH PROGRAM FUNDING IN ADDITION TO VISION TRAUMA RESEARCH PROGRAM (VTRP) FUNDING.

BVA MONITORED THE WAITING TIMES, LENGTH OF STAYS, AND STAFFING FOR THE 13 EXISTING VA BLIND CENTERS TO ENSURE THE VETERANS ARE RECEIVING THE REHABILITATION AVAILABLE TO THEM.

BVA HAS ALSO BEEN ACTIVELY INVOLVED IN SPECIAL WORK GROUPS ESTABLISHED BY 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 THE ISSUANCE OF HANDBOOK RECOMMENDATIONS FOR COMPUTERS AND ADAPTIVE TECHNOLOGY DEVICES FOR BLINDED AND LOW-VISION VETERANS.

BVA WORKED TO HAVE THE BENEFICIARY TRAVEL SECTION OF THE U.S CODE CHANGED TO INCLUDE TRAVEL BENEFITS TO ONE OF THE 13 REGIONAL BLIND REHABILITATION CENTERS FOR INPATIENT ADMISSION TO THOSE BLINDED VETERANS CURRENTLY NOT ELIGIBLE. THESE EFFORTS CONTINUE WITH LEGISLATION INTRODUCED IN BOTH THE HOUSE AND THE SENATE, AND WITH FREQUENT MEETINGS WITH VA VETERANS TRAVEL PROGRAM OFFICIALS.

BVA HAS REQUESTED THAT VA COMPLY WITH SECTION 508 OF THE AMERICANS WITH DISABILITIES ACT BY MAKING ELECTRONIC VA MEDICAL RECORDS MORE ACCESSIBLE TO BLINDED VETERANS AND THOSE PROBLEMS OF ACCESS ARE ELIMINATED.

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BVA CONTINUED ITS MANY VISITS WITH BLINDED OIF AND OEF SERVICE MEMBERS AND THEIR FAMILIES AT THE NEW WALTER REED NATIONAL MILITARY MEDICAL CENTER. BVA CONTINUED TO LOCATE SERVICE MEMBERS AND RAISE FUNDS NEEDED FOR ELIGIBLE BLINDED VETERANS TO JOIN BVA'S OPERATION PEER SUPPORT (OPS) AND PROJECT GEMINI INITIATIVES.

A JOINED WITH OTHER VETERANS SERVICE ORGANIZATIONS IN A NUMBER OF PARTNERSHIPS BVA SUBMITS PERTINENT INFORMATION ON VA BLIND REHABILITATION SERVICES, OIF AND OEF EYE INJURIES, AND TBI VISION SYSTEM IMPAIRMENTS, THUS RAISING AWARENESS AND MAKING RECOMMENDATIONS ABOUT THESE INJURIES AND THE ISSUES SURROUNDING THEM. BVA ALSO PARTICIPATES WITH OTHER BLINDNESS ADVOCACY ORGANIZATIONS IN MEETINGS OF THE LEGISLATIVE WORKING GROUP (LWG) TO ASSURE THAT ALL BLIND INDIVIDUALS RECEIVE THE SERVICES AND ACCOMMODATIONS THEY DESERVE.

BVA CONTINUES TO INCREASE PUBLIC AWARENESS AT ALL LEVELS REGARDING THE NEEDS OF BLINDED VETERANS AND THEIR FAMILIES, INCLUDING THOSE WHO HAVE EXPERIENCED TRAUMATIC BRAIN INJURED (TBI) AND SUBSEQUENT VISUAL DYSFUNCTION BY PROVIDING THE NEWS MEDIA WITH INFORMATION ON THE ISSUES SURROUNDING THESE VISION INJURIES. THESE EFFORTS HAVE RESULTED IN ARTICLES IN VARIOUS MEDIA OUTLETS.

D) MEMBERSHIP

BVA IS A MEMBERSHIP-DRIVEN ORGANIZATION. MEMBERSHIP IN BVA CONSTITUTES MEMBERSHIP IN THE NATIONAL 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

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THE QUARTERLY BVA BULLETIN THAT SO MANY MEMBERS FIND USEFUL IN ORDER TO REMAIN 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 2012, THERE WERE 632 NEW MEMBERS. FROM 1992 THROUGH 2012, THE ACTIVE MEMBERSHIP INCREASED FROM 7,252 TO AN ALL-TIME HIGH OF 11,455. 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 AT ALL FROM THE LIFE MEMBERSHIP DUES BUT ONLY MANAGES, OR ADMINISTERS, THE FUND WITH THE ASSISTANCE OF THE BOARD OF TRUSTEES AND AN EXTERNAL PORTFOLIO MANAGER. IT IS A BOARD-DESIGNATED FUND.

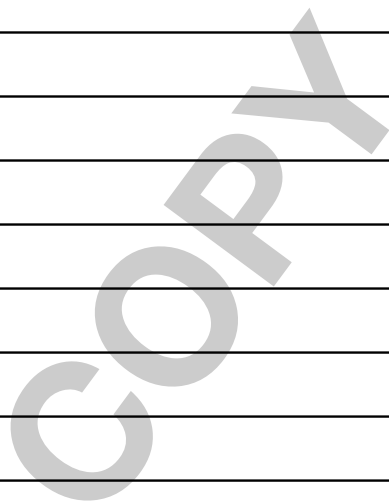
E) SCHOLARSHIP PROGRAM

BVA'S KATHERN F. GRUBER SCHOLARSHIP PROGRAM COMPLETED ITS 29TH YEAR. THE SCHOLARSHIPS ARE OPEN TO A DEPENDENT CHILD, GRANDCHILD, OR SPOUSE OF A BLINDED VETERAN OR AN ACTIVE-DUTY BLINDED SERVICE MEMBER OF THE U.S. ARMED FORCES. THE BLINDNESS MAY BE EITHER SERVICE-CONNECTED OR

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NONSERVICE-CONNECTED. MEMBERSHIP IN BVA IS NOT A PREREQUISITE. FOR THE ACADEMIC YEAR 2011-12, THERE WERE SIX SCHOLARSHIPS OF \$2,000 EACH. THE THOMAS H. MILLER SCHOLARSHIP WAS ESTABLISHED BY THE BOARD IN FY 12 FOR 2012-2013 ACADEMIC YEAR. THE GUIDELINES ARE THE SAME AS THOSE ESTABLISHED FOR THE KATHERN F. GRUBER SCHOLARSHIP WITH MORE CONSIDERATION TOWARDS MUSIC AND FINE ARTS, IF APPLICABLE.



2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
3	BUILDING - SEE SCHEDULE	VARIOUS	SL	.000		16	1,654,184.				1,654,184.	949,658.		41,355.	991,013.
4	BUILDING IMPROVEMENTS - SEE SCHEDULE	VARIOUS	SL	.000		16	578,302.				578,302.	260,479.		21,714.	282,193.
	* 990 PAGE 10 TOTAL BUILDINGS						2,232,486.				2,232,486.	1,210,137.		63,069.	1,273,206.
	FURNITURE & FIXTURES														
1	FURNITURE AND EQUIPMENT - SEE SCHEDULE	VARIOUS	SL	.000		16	84,381.				84,381.	73,619.		6,149.	79,768.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						84,381.				84,381.	73,619.		6,149.	79,768.
	LAND														
5	LAND - SEE SCHEDULE	VARIOUS	L				644,439.				644,439.			0.	
	* 990 PAGE 10 TOTAL LAND						644,439.				644,439.	0.		0.	0.
	MANAGEMENT AND GENERAL COMMUNICATION EQUIPMENT -														
2	SEE SCHEDULE	VARIOUS	SL	.000		16	61,034.				61,034.	61,034.		0.	61,034.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						61,034.				61,034.	61,034.		0.	61,034.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,022,340.				3,022,340.	1,344,790.		69,218.	1,414,008.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

BLINDED VETERANS ASSOCIATION

53-0214281

Name and title of officer

**AL AVINA
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>4489445</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DIXON HUGHES GOODMAN LLP to enter my PIN 20001
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

54922222102
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 11/02/12

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