

EXTENDED TO MAY 15, 2019

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

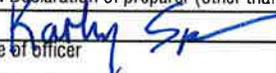
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HELEN KELLER INTERNATIONAL		D Employer identification number 13-5562162
	Doing business as		E Telephone number 212-532-0544
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE DAG HAMMARSKJOLD PLAZA, FL 2		G Gross receipts \$ 83,585,065.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10017		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: KATHY SPAHN SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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			H(c) Group exemption number ▶
J Website: ▶ WWW.HKI.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1915	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SAVE AND IMPROVE THE SIGHT AND LIVES OF THE WORLD'S MOST VULNERABLE AND DISADVANTAGED.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	146
	6 Total number of volunteers (estimate if necessary)	6	26
	7 a 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 77,215,456.	Current Year 82,300,220.
	9 Program service revenue (Part VIII, line 2g)	463,404.	711,439.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,102.	22,865.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241,932.	205,343.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,925,894.	83,239,867.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,005,170.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		31,463,763.	32,157,654.
16a Professional fundraising fees (Part IX, column (A), line 11e)		166,900.	125,982.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,151,452.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,644,347.	23,592,503.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		75,280,180.	84,044,128.
19 Revenue less expenses. Subtract line 18 from line 12	2,645,714.	-804,261.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 46,897,187.	End of Year 46,528,866.
	21 Total liabilities (Part X, line 26)	13,898,291.	14,262,099.
	22 Net assets or fund balances. Subtract line 21 from line 20	32,998,896.	32,266,767.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 3/7/2019
	KATHY SPAHN, PRESIDENT AND CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STACY CULLEN	Preparer's signature 	Date 03/07/19	Check <input type="checkbox"/> self-employed	PTIN P00974308
	Firm's name ▶ TAIT, WELLER & BAKER LLP	Firm's EIN ▶ 23-1144520	Firm's address ▶ TWO LIBERTY PL, 50 S 16TH ST, SUITE 2900 PHILADELPHIA, PA 19102-2529		
	Phone no. 215.979.8800				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF HKI IS TO SAVE AND IMPROVE THE SIGHT AND LIVES OF THE WORLD'S VULNERABLE BY COMBATTING THE CAUSES AND CONSEQUENCES OF BLINDNESS, POOR HEALTH AND MALNUTRITION THROUGH PROGRAMS BASED ON EVIDENCE AND RESEARCH. HKI ACTIVELY COMBATS THE FOLLOWING CONDITIONS

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

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

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

4a (Code:) (Expenses \$ 3,854,414. including grants of \$ 205,055.) (Revenue \$ 497,189.) TO PREVENT BLINDNESS, HKI TREATS CATARACT, REFRACTIVE ERROR AND DIABETIC RETINOPATHY IN THE DEVELOPING WORLD. IN A WORLD WHERE MORE THAN 36 MILLION PEOPLE ARE TOTALLY BLIND, EIGHT OUT OF TEN ARE FROM CAUSES THAT COULD HAVE BEEN PREVENTED, TREATED OR CURED. IN ADDITION, MORE THAN 217 MILLION CHILDREN AND ADULTS HAVE LOW VISION, RESULTING IN 253 MILLION PEOPLE GLOBALLY WHO ARE BLIND OR SEVERELY VISUALLY IMPAIRED. IN 2017 ALONE, MORE THAN 40,000 CATARACT SURGERIES WERE PERFORMED IN MYANMAR AT HKI SUPPORTED EYE HEALTH FACILITIES. IN ADDITION, HKI'S DIABETIC RETINOPATHY PROGRAMS IN BANGLADESH AND INDONESIA CONTINUED TO SCREEN TENS OF THOUSANDS OF PATIENTS FOR DIABETIC EYE DISEASE AND TO PROVIDE TREATMENT TO THOSE REQUIRING CARE. REFRACTIVE ERROR THREATENS THE QUALITY OF LIFE OF COUNTLESS CHILDREN,

4b (Code:) (Expenses \$ 44,892,788. including grants of \$ 16,389,400.) (Revenue \$ 214,250.) TO REDUCE MALNUTRITION IN THE DEVELOPING WORLD, HKI PROVIDES TECHNICAL ASSISTANCE TO NATIONAL ENTITIES, INCLUDING GOVERNMENT OFFICES, IN AFRICA AND ASIA PACIFIC TO IMPROVE THE NUTRITION OF INFANTS AND YOUNG CHILDREN AS WELL AS THEIR MOTHERS AND OTHER VULNERABLE FAMILY MEMBERS. HKI CONTINUED TO PROVIDE TECHNICAL ASSISTANCE TO GOVERNMENTS IN A NUMBER OF AFRICAN COUNTRIES SUPPORTING THE TWICE YEARLY DISTRIBUTION OF VITAMIN A SUPPLEMENTS THAT COMBAT CHILD MORTALITY AND NUTRITIONAL BLINDNESS ESPECIALLY IN YOUNGER CHILDREN FROM 6 TO 59 MONTHS OF AGE. WE ALSO CONTINUED OUR SUPPORT TO GOVERNMENTS AND PRIVATE SECTOR COMPANIES IN LARGE SCALE FOOD FORTIFICATION, WHICH IS OCCURRING IN 19 COUNTRIES ACROSS AFRICA AND REACHES HUNDREDS OF MILLIONS OF CONSUMERS WITH VITAMIN A FORTIFIED COOKING OIL AND IRON FOLATE FORTIFIED WHEAT

4c (Code:) (Expenses \$ 22,746,642. including grants of \$ 11,573,534.) (Revenue \$) ANOTHER ASPECT OF HKI'S WORK TO PREVENT BLINDNESS AND MALNUTRITION IS OUR WORK IN THE CONTROL, PREVENTION AND MORBIDITY MANAGEMENT RELATED TO NEGLECTED TROPICAL DISEASES. OUR INTEGRATED NEGLECTED TROPICAL DISEASE (NTD) CONTROL PROGRAM USING MASS DRUG ADMINISTRATION (MDA) ADDRESSES ONCHOCERCIASIS AND TRACHOMA (CONDITIONS THAT LEAD TO BLINDNESS), AS WELL AS SCHISTOSOMIASIS AND SOIL-TRANSMITTED HELMINTHS (CONDITIONS THAT LEAD TO MALNUTRITION), IN ADDITION TO LYMPHATIC FILARIASIS (A CONDITION THAT LEADS TO MORBIDITY AND DISABILITY). DURING 2017 ALONE, HKI WORKED WITH MINISTRIES OF HEALTH TO ADMINISTER OVER 110 MILLION INDIVIDUAL TREATMENTS FOR THESE FIVE NTDs IN SIX AFRICAN COUNTRIES (BURKINA FASO, CAMEROON, ETHIOPIA, MALI, NIGER, AND NIGERIA) CONTRIBUTING GREATLY TO NATIONAL EFFORTS TOWARDS THEIR CONTROL AND ELIMINATION. HKI IS ALSO

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

4e Total program service expenses 71,493,844.

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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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 25a</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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 72		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 146		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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 or note to any line 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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
7b	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:		
8a	The governing body?	X	
8b	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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **PATRICIA MANYARI, CFO - 212-532-0544**
ONE DAG HAMMARSKJOLD PLAZA, FLOOR 2, NEW YORK, NY 10017

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) HENRY C. BARKHORN CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(2) RANDY C. BELCHER, CPA BOARD MEMBER	1.00	X						0.	0.	0.
(3) D. BROOK BETTS BOARD MEMBER	1.00	X						0.	0.	0.
(4) JENNIFER A. BUDA BOARD MEMBER	1.00	X						0.	0.	0.
(5) HOWARD COHN, MD BOARD MEMBER	1.00	X						0.	0.	0.
(6) ANNE L. COLEMAN, MD, PHD BOARD MEMBER	1.00	X						0.	0.	0.
(7) DAVID M. GLASSMAN TREASURER	2.00 1.00	X		X				0.	0.	0.
(8) R.V. PAUL CHAN, MD, MSC, FACS BOARD MEMBER	1.00	X						0.	0.	0.
(9) DAVID P. LECAUSE BOARD MEMBER	1.00	X						0.	0.	0.
(10) REYNALDO MARTORELL, PHD BOARD MEMBER	1.00	X						0.	0.	0.
(11) MARK J. MENTING BOARD MEMBER	1.00	X						0.	0.	0.
(12) BEVERLY MILLER ORTHWEIN BOARD MEMBER	1.00	X						0.	0.	0.
(13) BRADFORD PERKINS BOARD MEMBER	1.00	X						0.	0.	0.
(14) JAMES H. SIMMONS III BOARD MEMBER	1.00	X						0.	0.	0.
(15) BRUCE SPIVEY, MD, MS, MED BOARD MEMBER	1.00	X						0.	0.	0.
(16) DESMOND G. FITZGERALD VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(17) CUTBERTO GARZA, MD, PHD BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) ANTHONY DORMENT BOARD MEMBER	1.00	X						0.	0.	0.
(19) DENISE ALLEN WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARY F. CRAWFORD SECRETARY	1.00 1.00	X		X				0.	0.	0.
(21) BETTINA MAUNZ BOARD MEMBER	1.00	X						0.	0.	0.
(22) JACK LINVILLE BOARD MEMBER	1.00	X						0.	0.	0.
(23) WILLIAM TOPPETA BOARD MEMBER	1.00	X						0.	0.	0.
(24) CARLA HALL BOARD MEMBER	1.00	X						0.	0.	0.
(25) DAN GRAY BOARD MEMBER	1.00	X						0.	0.	0.
(26) DERRECK KAYONGO BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,057,993.	0.	339,824.
d Total (add lines 1b and 1c)								3,057,993.	0.	339,824.

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 **46**

	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
SANDRA LEE HUFFMAN 29 PINNACLE PEAK ST., NAPA, CA 94558	RESEARCH & TECH SUPPORT	160,594.
YAObI ZHANG, 3 WELLFIELDS, LOUGHTON, UNITED KINGDOM IG10 1PB	NEGLECTED TROPICAL DISEASE CONSULTANT	140,400.
ON LAM 1582A PACIFIC ST, #2, BROOKLYN, NY 11213	OPTOMETRIST	118,464.
GOTHAM HALL EVENTS 1356 BROADWAY, NEW YORK, NY 10018	GALA EVENT	104,084.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	779,944.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	55,363,785.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,156,491.				
	g Noncash contributions included in lines 1a-1f: \$		477,698.				
	h Total. Add lines 1a-1f		82,300,220.				
Program Service Revenue	2 a EYEHEALTH	Business Code 900099	497,189.	497,189.			
	b NUTRITION	900099	214,250.	214,250.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		711,439.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		55,732.			55,732.	
	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	(ii) Other				
		12,964.					
		b Less: cost or other basis and sales expenses	0.	45,831.			
		c Gain or (loss)	12,964.	-45,831.			
	d Net gain or (loss)			-32,867.		-32,867.	
	8 a Gross income from fundraising events (not including \$ 779,944. of contributions reported on line 1c). See Part IV, line 18	a	299,367.				
		b Less: direct expenses	b	299,367.			
		c Net income or (loss) from fundraising events		0.			
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 OTHER INCOME	900099	205,343.	205,343.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		205,343.				
12 Total revenue. See instructions.		83,239,867.	916,782.	0.	22,865.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,588,523.	6,588,523.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,579,466.	21,579,466.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,999,401.	215,205.	1,585,333.	198,863.
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	22,108,364.	17,085,794.	4,204,904.	817,666.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,308,513.	950,175.	307,512.	50,826.
9 Other employee benefits	5,796,001.	5,102,209.	601,035.	92,757.
10 Payroll taxes	945,375.	424,658.	442,953.	77,764.
11 Fees for services (non-employees):				
a Management				
b Legal	56,280.	53,205.	3,075.	
c Accounting	218,777.	127,096.	91,681.	
d Lobbying	51,000.	45,000.	6,000.	
e Professional fundraising services. See Part IV, line 17	125,982.			125,982.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,801,760.	3,277,494.	504,882.	19,384.
12 Advertising and promotion	335,876.	289,118.		46,758.
13 Office expenses	1,758,584.	1,517,245.	166,690.	74,649.
14 Information technology				
15 Royalties				
16 Occupancy	2,375,979.	1,399,444.	976,535.	
17 Travel	5,469,076.	5,057,842.	405,887.	5,347.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,082,158.	1,026,794.	52,272.	3,092.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	754,256.	439,056.	315,200.	
23 Insurance				
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 PROGRAM SUPPLIES	2,612,583.	2,612,583.		
b EQUIPMENT & MAINTENANCE	1,838,397.	1,310,618.	477,035.	50,744.
c VEHICLES & MAINTENANCE	1,681,364.	1,677,604.	3,760.	
d MISCELLANEOUS	1,556,413.	714,715.	254,078.	587,620.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	84,044,128.	71,493,844.	10,398,832.	2,151,452.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	11,573,146.	1	9,130,302.	
	2 Savings and temporary cash investments	8,547,707.	2	15,258,717.	
	3 Pledges and grants receivable, net	21,697,036.	3	17,176,952.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,921,293.			
	b Less: accumulated depreciation	10b 4,173,854.	1,998,714.	10c	1,747,439.
	11 Investments - publicly traded securities	531,001.	11	574,016.	
	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	2,549,583.	15	2,641,440.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,897,187.	16	46,528,866.		
Liabilities	17 Accounts payable and accrued expenses	4,743,795.	17	5,075,893.	
	18 Grants payable		18		
	19 Deferred revenue	7,548,692.	19	7,412,648.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to 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	467,870.	24	440,091.	
	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	1,137,934.	25	1,333,467.	
	26 Total liabilities. Add lines 17 through 25	13,898,291.	26	14,262,099.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,731,868.	27	7,742,469.	
	28 Temporarily restricted net assets	24,220,700.	28	23,441,409.	
	29 Permanently restricted net assets	1,046,328.	29	1,082,889.	
	Organizations that do not follow SFAS 117 (ASC 958), 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	32,998,896.	33	32,266,767.	
34 Total liabilities and net assets/fund balances	46,897,187.	34	46,528,866.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	83,239,867.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,044,128.
3	Revenue less expenses. Subtract line 2 from line 1	3	-804,261.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,998,896.
5	Net unrealized gains (losses) on investments	5	32,115.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40,017.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,266,767.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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	
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 _____	X	

Form 990 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58200279.	71836353.	68904014.	77215456.	82300220.	358456322
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	58200279.	71836353.	68904014.	77215456.	82300220.	358456322
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)						11795802.
6 Public support. Subtract line 5 from line 4.						346660520

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	58200279.	71836353.	68904014.	77215456.	82300220.	358456322
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,163.	35,754.	37,316.	15,821.	55,732.	161,786.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	200,985.	155,278.	65,055.	241,932.	205,343.	868,593.
11 Total support. Add lines 7 through 10						359486701
12 Gross receipts from related activities, etc. (see instructions)					12	1,547,631.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	96.43 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	94.37 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS OTHER REVENUE AS REPORTED ON PART VIII, LINE 11A

2013 AMOUNT: \$ 200,985.

2014 AMOUNT: \$ 155,278.

2015 AMOUNT: \$ 65,055.

2016 AMOUNT: \$ 241,932.

2017 AMOUNT: \$ 205,343.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization HELEN KELLER INTERNATIONAL	Employer identification number 13-5562162
---	---

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	51,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	51,000.													
d	Other exempt purpose expenditures	83,993,128.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	84,044,128.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	60,000.	55,000.	61,458.	51,000.	227,458.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to 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 campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization HELEN KELLER INTERNATIONAL **Employer identification number** 13-5562162

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, 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) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,046,328.	981,749.	1,055,390.	1,126,198.	1,032,151.
b Contributions					
c Net investment earnings, gains, and losses	36,561.	64,579.	-73,641.	-70,808.	94,047.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,082,889.	1,046,328.	981,749.	1,055,390.	1,126,198.

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 100.00 %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		18,998.	1,188.	17,810.
d Equipment		5,902,295.	4,172,666.	1,729,629.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,747,439.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,135,993.
(2) SECURITY DEPOSITS AND OTHER ASSETS	1,505,447.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,641,440.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SEVERANCE ACCRUAL - FIELD OFFICES	1,333,467.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,333,467.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	248,173,732.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	32,115.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	164,901,750.
e	Add lines 2a through 2d	2e	164,933,865.
3	Subtract line 2e from line 1	3	83,239,867.
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 XIII.)	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	83,239,867.

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

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

1	Total expenses and losses per audited financial statements	1	248,945,878.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	164,901,750.
e	Add lines 2a through 2d	2e	164,901,750.
3	Subtract line 2e from line 1	3	84,044,128.
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 XIII.)	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	84,044,128.

Part XIII Supplemental Information.

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

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS - TO ESTABLISH FUNDING RESOURCES FOR FUTURE PROGRAMMATIC AND OPERATIONAL INITIATIVES

PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS TAKEN FOR EACH OF THE OPEN FISCAL TAX YEARS (2015-2017) OR EXPECTED TO BE TAKEN IN HKI'S FISCAL 2018 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY CONTRIBUTIONS REPORTED ON FINANCIAL

Part XIII Supplemental Information (continued)

STATEMENTS 164,901,750.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY DISTRIBUTIONS REPORTED ON FINANCIAL

STATEMENTS 164,901,750.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: **HELEN KELLER INTERNATIONAL**
Employer identification number: **13-5562162**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	5	86	PROGRAM SERVICES	EYE HEALTH: NEGLECTED TROPICAL DISEASES AND NUTRITION PROGRAMS	4,105,111.
SOUTH ASIA	3	407	PROGRAM SERVICES	EYE HEALTH: NEGLECTED TROPICAL DISEASES AND NUTRITION PROGRAMS	29,032,977.
SUB-SAHARAN AFRICA	12	417	PROGRAM SERVICES	EYE HEALTH: NEGLECTED TROPICAL DISEASES AND NUTRITION PROGRAMS	28,937,308.
3 a Sub-total	20	910			62,075,396.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	20	910			62,075,396.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	GENDER EQUITABLE, FOOD SECURITY, NUTRITION, AND RESILIENCE OF VULNERABLE PEOPLE IN	37,635.	WIRE TRANSFER	0.		
		SOUTH ASIA	NUTRITION ACTIVITIES AND INTEGRATION OF AGRICULTURAL PROJECT	45,976.	WIRE TRANSFER	0.		
		SOUTH ASIA	REDUCE FOOD INSECURITY AND MALNUTRITION IN CHT	1075015.	WIRE TRANSFER	0.		
		SOUTH ASIA	IMPROVE FOOD INSECURITY AND MALNUTRITION IN THE CHT	286,003.	WIRE TRANSFER	0.		
		SOUTH ASIA	NUTRITION ACTIVITIES	391,350.	WIRE TRANSFER	0.		
		SOUTH ASIA	NUTRITION ACTIVITIES	527,432.	WIRE TRANSFER	0.		
		SOUTH ASIA	NUTRITION ACTIVITIES	610,204.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	34,073.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **291**

3 Enter total number of other organizations or entities **2**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	57,268.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	79,304.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	95,081.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	8,750.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	15,082.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	5,773.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	8,603.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	9,461.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	8,450.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	9,775.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	92,048.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	6,119.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	5,778.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	6,118.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	6,049.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	7,581.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	10,299.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	5,171.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	8,323.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	10,294.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	12,048.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	9,704.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	5,343.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	39,104.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	22,130.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	23,112.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	6,023.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	22,425.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	32,738.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	29,530.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	96,426.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	30,474.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	8,289.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	80,663.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	31,308.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	45,175.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	48,229.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	24,255.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	62,614.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DRUG STORAGE AND MANAGEMENT	42,050.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	119,202.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	302,028.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	112,794.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	16,287.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	HEALTH, NUTRITION AND LIVELIHOOD STATUS OF VULNERABLE WOMEN AND CHILDREN IN	9,745.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	NUTRITION ACTIVITIES - IMPLEMENTATION OF FOOD SECURITY SOLUTIONS FOR	18,968.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	NUTRITION ACTIVITIES - IMPLEMENTATION OF FOOD SECURITY SOLUTIONS FOR	21,794.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	NUTRITION ACTIVITIES - IMPLEMENTATION OF FOOD SECURITY SOLUTIONS FOR	13,284.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PROVIDE EQUIPMENT AND TOT TO BUILD CAPACITY OF PEDIATRIC OPHTHALMOLOGY	196,370.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	313,521.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	686,471.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	1008249.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	1285863.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	107,241.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	161,133.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	113,162.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	89,624.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	119,623.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	146,520.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	152,078.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	74,413.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	144,041.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	164,433.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	149,042.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	127,149.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	141,540.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	120,480.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	112,302.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	131,645.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	142,447.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	108,833.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	95,773.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	127,904.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	109,153.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	167,608.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	147,675.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	118,366.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	117,905.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	123,528.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	122,372.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	138,656.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	107,356.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	131,143.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	102,629.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LYMPHATIC FILARIASIS(LF) AND ONCHO ACTIVITIES	290,623.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATIS(TT) ACTIVITIES FOR THE MMDP(MORBIDITY	50,795.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LYMPHATIC FILARIASIS(LF) ACTIVITIES - RDPH FAR NORTH	34,106.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	59,864.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	8,869.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	13,838.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	44,825.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LYMPHATIC FILARIASIS(LF) TRAININGS AND SURGERIES	46,634.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	29,326.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	79,451.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	160,188.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	309,677.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	238,214.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	70,578.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATIS TT TRAININGS AND SURGERIES	46,728.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	23,259.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	48,431.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	148,030.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT MOH MASS DRUG ADMINISTRATION TO ADDRESS NTDS IN ADAMAOUA	50,856.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	7,744.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	43,944.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NUTRITION ACTIVITIES	43,336.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATIS (TT) ACTITIVITIES IN 8 HEALTH AREAS OF	22,838.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NUTRITION ACTIVITIES	28,431.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	57,744.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	25,122.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	41,032.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	66,423.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	417,731.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	VITAMIN A SUPPLEMENTATION	15,731.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FOOD AND NUTRITION SECURITY ACTIVITIES	36,109.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FOOD AND NUTRITION SECURITY ACTIVITIES	36,130.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LYMPHATIC FILARIASIS(LF) AND ONCHO ACTIVITIES	19,770.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SCHISTOSOMIASIS. ONCHOCERCIASIS AND SOIL TRANSMITTED	95,055.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SCHISTOSOMIASIS. ONCHOCERCIASIS AND SOIL TRANSMITTED	80,763.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAINING OF TRAINERS ON HYDROCELE SURGERY IN THE REGION OF SEGOU	5,337.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATOUS (TT) SURGE ACTIVITIES IN KNIBA	15,925.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SCHISTOSOMIASIS AND SOIL TRANSMITTED HELMINTHES (STH)	62,413.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	21,010.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATOUS (TT) SURGERY	11,910.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION	17,540.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SCHISTOSOMIASIS AND SOIL TRANSMITTED HELMINTHES (STH)	40,169.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	5,245.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	24,687.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HYDROCELE SURGERY ACTIVITIES	7,052.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SOIL TRANSMITTED HELMINTHES (STH)	18,399.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	8,576.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRAINING ON ESSENTIAL NUTRITION ACTION, ESSENTIAL HYGIENE ACTIONS AND BEHAVIOR	18,321.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HYDROCELE SURGERY ACTIVITIES	12,958.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SCHISTOSOMIASIS (SELINGU); ONCHOCERCIA (KIGNAN,	7,690.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SOIL TRANSMITTED HELMINTHES (STH)	59,775.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	13,348.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	PRIMARY HEALTH CARE TRAINING	49,253.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	41,844.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	10,711.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MANAGE AND IMPLEMENT TRANSMISSION ASSESSMENT SURVEY FOR -SOIL TRANSMITED	85,718.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATOUS (TT) SURGERY ACTIVITIES IN KNIBA	8,006.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	COMMUNITY LEAD TOTAL SANITATION (CLTS) ACTIVITIES IN KNIBA AND BAFULAB	27,575.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SCHISTOSOMIASIS. ONCHOCERCIASIS AND GEOHELMINTHIASIS.	11,783.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NTD PROCUREMENT ACTIVITIES CARRIED OUT AS PART OF THE IMPLEMENTATION OF	47,684.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	24,961.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FOOD AND NUTRITION SECURITY ACTIVITIES	24,961.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FOOD AND NUTRITION SECURITY ACTIVITIES	18,063.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FOOD AND NUTRITION SECURITY ACTIVITIES	9,499.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FOOD AND NUTRITION SECURITY ACTIVITIES	6,756.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	VITAMIN A SUPPLEMENTATION	9,020.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	VITAMIN A SUPPLEMENTATION	11,331.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	VITAMIN A SUPPLEMENTATION	10,504.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	VITAMIN A SUPPLEMENTATION	9,734.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	6,799.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SCHISTOSOMIASIS. ONCHOCERCIASIS AND SOIL TRANSMITTED	40,427.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	5,631.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HYDROCELE SURGERY ACTIVITIES	9,617.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SCHOOL HEALTH ACTIVITIES	47,202.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	7,707.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	67,324.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	158,211.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	12,453.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	WOMEN GROUPS TRAINING IN 6 HEALTH DISTRICTS, KAYES	9,843.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	WOMEN GROUPS TRAINING AND SANITATION KITS TRANSPORTATION IN KAYES DISTRICTS	9,013.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	6,017.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATOUS (TT) SURGERY ACTIVITIES IN KITA	26,085.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION	36,235.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION	187,979.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	5,449.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	26,343.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	53,953.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	12,623.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATOUS (TT) SURGERY ACTIVITIES IN KNIBA	18,507.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DRUG STORAGE AND MANAGEMENT	6,834.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RADIO MESSAGE BROADCASTING IN LOCAL RADIOS AND SUPERVISION	5,649.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATOUS (TT) SURGERY ACTIVITIES IN KNIBA	12,671.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	6,948.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD HEALTH DAYS CAMPAIGN ACTIVITIES	33,631.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	9,487.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	9,057.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	24,215.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES.	33,137.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	CHILD HEALTH DAYS CAMPAIGN ACTIVITIES	42,087.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	96,245.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	VITAMIN A SUPPLEMENTATION	32,224.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	LEADING THE FAMILY PLANNING COMPONENT AND WORKING TO INCREASE UTILIZATION	96,300.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	19,275.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	19,961.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION.	126,506.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORTING LOCAL RADIO STATIONS TO PRODUCE RURAL RADIO PROGRAMMES	76,640.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	58,256.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	23,070.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	10,966.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	39,365.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	6,446.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	46,819.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	28,321.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	25,302.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	28,155.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	21,791.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	44,162.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPLEMENT TAS1 SURVEY	35,728.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASES (NTD) CONTROL	33,398.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	51,407.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	119,616.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	132,585.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS TREATMENT FOR SCHISTOSOMIASIS. ONCHOCERCIASIS AND SOIL TRANSMITTED	29,039.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	IMPLEMENT TAS2 SURVEY	99,526.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	93,306.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	5,452.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	38,878.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	24,173.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	130,139.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	55,862.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	36,579.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	35,783.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	131,341.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRACHOMA ACTIVITIES	5,532.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	49,259.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASES (NTD) ACTIVITIES	277,328.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HYDROCELE SURGERY ACTIVITIES	13,705.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	HYDROCELE SURGERY ACTIVITIES	10,768.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	149,321.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	85,422.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUAAHARA II -PROGRAM TO IMPROVE NUTRITIONAL STATUS OF WOMEN AND CHILDREN	184,306.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	34,692.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	24,709.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	23,154.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	26,921.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	28,866.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	23,371.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	62,400.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	58,951.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	52,922.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	48,759.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	45,105.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	56,073.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	7,480.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	6,630.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	7,041.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	. FILARIOSE LYMPHATIQUE(LF) TRAINING. . HYDROCELE SURGERIES	23,306.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	FILARIOSE LYMPHATIQUE(LF) TRAININGS/HYDROCELE SURGERIES.	88,415.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATEUX (TT) TRAININGS/SURGERY CAMPAIGNS	46,552.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LF ACTIVITIES IN HAUTS BASSINS: TRAININGS, HYDROCELE SURGERIES	36,404.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATEUX (TT) TRAININGS /SURGERIES CAMPAIGNS	52,285.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MORBIDITY MANAGEMENT AND DISABILITY (MMDP) ACTIVITIES	24,758.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATEUX (TT) SURGERY CAMPAIGNS	112,061.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TRICHIASIS TRACHOMATEUX (TT) TRAININGS/SURGERY CAMPAIGNS	75,072.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	NEGLECTED TROPICAL DISEASES (NTD) ACTIVITIES	83,498.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	7,612.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	6,206.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	94,976.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	64,138.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	7,459.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	6,787.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	16,400.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	79,411.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	65,466.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	91,917.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	79,212.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	92,437.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	53,322.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	79,740.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	40,343.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION	52,783.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GIVEWELL- VITAMIN A IMPLEMENTATION	10,640.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GIVEWELL- VITAMIN A IMPLEMENTATION	10,521.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GIVEWELL- VITAMIN A IMPLEMENTATION	17,580.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GIVEWELL- VITAMIN A IMPLEMENTATION	24,939.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	GAC- SRRHNA ACTIVITIES	7,199.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GAC- SRRHNA ACTIVITIES	22,252.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	EYE CARE ACTIVITIES	11,864.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	27,426.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	7,255.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	12,424.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	13,021.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MASS DRUG ADMINISTRATION ACTIVITIES	13,673.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORT THE MOH CENTRAL ON TECHNICAL SUPPORT TO THE REGIONS .	6,669.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IMPLEMENT A SCHISTO SURVEY.	51,196.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TRAINING AND COACHING OF WOMEN'S GROUPS ON ENA(ESSENTIAL NUTRITIONAL ACTION)	30,673.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	NUTRITION ACTIVITIES - IMPLEMENTATION OF FOOD SECURITY SOLUTIONS FOR	42,859.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TESTING AN INTEGRATED AND INNOVATIVE WOMEN-CENTERED HOMESTEAD FOOD	37,766.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	CHILDSIGHT MODEL IN XUAN TRUONG	6,846.	WIRE TRANSFER	0.		
		SOUTH ASIA	HEALTH AND NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN, CHILDREN U5 AND THEIR	6,858.	WIRE TRANSFER	0.		
		SOUTH ASIA	MATERNAL EXPOSURE TO AFLATOXIN, BIRTH OUTCOMES AND STUNTING IN INFANTS	12,860.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

HKI MONITORS THE USE OF GRANT FUNDS OUTSIDE THE U.S. THROUGH THE COMBINATION OF MONITORING VISITS AND SUBMISSION OF PERIODIC AND FINAL FINANCIAL AND PROGRAMMATIC REPORTS AS SPECIFIED IN THE DONOR AGREEMENT.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THE SPIRIT OF HELEN KEL (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	1,079,311.		1,079,311.
	2	Less: Contributions	779,944.		779,944.
	3	Gross income (line 1 minus line 2)	299,367.		299,367.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	299,367.		299,367.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			299,367.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: TRIPI CONSULTING, LLC

(I) ADDRESS OF FUNDRAISER: 226 TULIP AVENUE, FLORAL PARK, NY 11001

(I) NAME OF FUNDRAISER: ADVANCE NYC INC

(I) ADDRESS OF FUNDRAISER: 850 SEVENTH AVENUE, PH-B, NEW YORK, NY 10019

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **HELEN KELLER INTERNATIONAL** Employer identification number **13-5562162**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RESEARCH TRIANGLE INSTITUTE P.O. BOX 900002 RALEIGH, NC 27675-9000	56-0686338	501(C)(3)	3,242,270.	0.			SUPPORT THE MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND LYMPHATIC
IFPRI-INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE - 2033 K STREET, NW - WASHINGTON, DC 20006-1002	52-1041632	501(C)(3)	368,922.	0.			SUPPORT FOR NUTRITION PROGRAM
FAMILY HEALTH INTERNATIONAL 1825 CONNECTICUT AVE, N.W WASHINGTON, DC 20009-5721	45-3735754	501(C)(3)	328,127.	0.			SUPPORT FOR NUTRITION PROGRAM
CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	363,590.	0.			SUPPORT THE REDUCTION IN FOOD INSECURITY AND MALNUTRITION
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE - 151 ELLIS STREET, NE - ATLANTA, GA 30303	13-1685039	501(C)(3)	2,285,614.	0.			SUPPORT FOR NUTRITION PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (2017)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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

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

PART I, LINE 2:

HKI MONITORS THE USE OF GRANT FUNDS IN THE U.S. THROUGH THE COMBINATION OF MONITORING VISITS AND SUBMISSION OF PERIODIC AND FINAL FINANCIAL AND PROGRAMMATIC REPORTS AS SPECIFIED IN THE DONOR AGREEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: RESEARCH TRIANGLE INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND LYMPHATIC FILARIASIS IN

Part IV Supplemental Information

ETHIOPIA

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **HELEN KELLER INTERNATIONAL**
 Employer identification number: **13-5562162**

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b** Yes No
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2** Yes No

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- | | | |
|--|-----------|---|
| a Receive a severance payment or change-of-control payment? | 4a | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- | | | |
|--|-----------|---|
| a The organization? | 5a | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b Any related organization? | 5b | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- If "Yes" on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- | | | |
|--|-----------|---|
| a The organization? | 6a | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b Any related organization? | 6b | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** Yes No
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHY SPAHN PRESIDENT & CEO	(i)	369,204.	0.	0.	31,500.	13,157.	413,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VICTORIA QUINN SENIOR VP -- PROGRAMS	(i)	229,567.	0.	0.	11,478.	6,412.	247,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) NICHOLAS KOURGIALIS VICE PRESIDENT -- EYEHEALTH	(i)	206,738.	0.	0.	10,337.	21,295.	238,370.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA MANYARI CHIEF FINANCIAL OFFICER	(i)	238,916.	0.	0.	11,946.	5,407.	256,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NANCY HASELOW VP, ASIA PACIFIC	(i)	193,717.	0.	0.	8,925.	15,228.	217,870.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RIC PLAISANCE VP, INFO & OPS SYSTEMS	(i)	194,688.	0.	0.	9,734.	20,965.	225,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANCY HAITCH VP, EXTERNAL RELATIONS	(i)	239,200.	0.	0.	11,960.	15,964.	267,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) METTE M. KINOTI VICE PRESIDENT, AFRICA	(i)	167,135.	0.	0.	8,357.	5,064.	180,556.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MAURA T. FITZGERALD VICE PRESIDENT, HUMAN RESOURCES	(i)	164,099.	0.	0.	8,205.	1,766.	174,070.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) FREDRICK GRANT REGIONAL DIRECTOR, PROGRAMS, ASIA-PA	(i)	189,454.	0.	0.	1,554.	17,121.	208,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHRISTOPHER LANDRY CHIEF OF PARTY, SUAAHARA	(i)	276,837.	0.	0.	8,330.	17,543.	302,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOSEPH AMON VP, NEGLECTED TROPICAL DIS	(i)	189,710.	0.	0.	9,485.	20,799.	219,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TREENA BISHOP CHIEF OF PARTY, SAPLING	(i)	203,872.	0.	0.	6,425.	16,858.	227,155.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOHN DAVIS REGIONAL DIRECTOR, WEST AFRICA	(i)	194,856.	0.	0.	6,195.	17,814.	218,865.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

KATHY SPAHN, PRESIDENT & CEO PARTICIPATED IN A NON-QUALIFIED RETIREMENT (457B) PLAN - EMPLOYER CONTRIBUTED \$18,000 TO PLAN.

SCHEDULE J, LINE 1A

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - NANCY HASELOW, JOHN DAVIS, TREENA BISHOP, CHRISTOPHER LANDRY AND FREDERICK GRANT ARE ON FIELD ASSIGNMENTS AND RECEIVE A HOUSING ALLOWANCE. FREDRICK GRANT, JOHN DAVIS, TREENA BISHOP AND CHRISTOPHER LANDRY RECEIVED AN EDUCATIONAL ALLOWANCE.

TRAVEL FOR COMPANIONS - FREDERICK GRANT RECEIVED HOME LEAVE TRAVEL FOR HIS FAMILY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **HELEN KELLER INTERNATIONAL** Employer identification number **13-5562162**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	99,109.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	1	343,941.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (F/R SUPPLIES)	X	6	30,997.	FMV
26 Other ▶ (SOFTWARE LIC.)	X	1	3,652.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2017

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

HELEN KELLER INTERNATIONAL

Employer identification number

13-5562162

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

LINKED TO BLINDNESS, DISEASE AND DEATH: MALNUTRITION (INCLUDING MICRONUTRIENT MALNUTRITION), CATARACT, DIABETIC RETINOPATHY, REFRACTIVE ERROR, RETINOPATHY OF PREMATURITY AND NEGLECTED TROPICAL DISEASES INCLUDING ONCHOCERCIASIS (RIVER BLINDNESS), TRACHOMA, INTESTINAL WORMS, SCHISTOSOMIASIS AND LYMPHATIC FILARIASIS. HKI OPERATES IN THREE REGIONS (AFRICA, ASIA AND THE AMERICAS), ENCOMPASSING APPROXIMATELY TWENTY-ONE COUNTRIES. THE HALLMARK OF THE ORGANIZATION'S WORK IS ITS PROVEN EFFECTIVENESS IN DEVELOPING, TESTING AND SCALING-UP HEALTH INTERVENTIONS, AND INTEGRATING THEM WITHIN GOVERNMENT AND COMMUNITY STRUCTURES. EACH YEAR, HKI'S PROGRAMS BENEFIT HUNDREDS OF MILLIONS OF PEOPLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OFTEN RESULTING IN LOST EDUCATION AND FUTURE EMPLOYMENT OPPORTUNITIES, LOWER PRODUCTIVITY, EMOTIONAL FRUSTRATION AND SOCIAL EXCLUSION. BY ENGAGING STUDENTS, PARENTS, TEACHERS, DISTRICT ADMINISTRATORS, LOCAL HEALTHCARE PROVIDERS AND COMMUNITY STAKEHOLDERS, HKI'S CHILDSIGHT PROGRAM IN ASIA PACIFIC AND THE US "BRINGS EDUCATION INTO FOCUS TM " FOR DISADVANTAGED STUDENTS. THIS PROGRAM PROVIDES FREE VISION SCREENINGS, REFRACTIONS, EYEGLASSES, AND REFERRALS TO OTHER NECESSARY EYE CARE. GLOBALLY, OVER HALF A MILLION STUDENTS HAD THEIR VISION SCREENED BY TEACHERS, HEALTH CARE WORKERS, AND EYE HEALTH CLINICIANS TRAINED AND SUPPORTED BY HKI, AND, IF REQUIRED, RECEIVED EYEGLASSES OR MORE ADVANCED CARE. IN THE UNITED STATES ALONE, WE SCREENED THE VISION OF MORE THAN 66,000 STUDENTS LIVING IN SOME OF OUR COUNTRY'S POOREST

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

HELEN KELLER INTERNATIONAL

Employer identification number

13-5562162

COMMUNITIES, AND PROVIDED FREE EYEGLASSES TO APPROXIMATELY 15,000 OF THEM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FLOUR. OVER THE LAST YEAR HKI'S 'AGRICULTURE FOR NUTRITION' PROGRAMS, INCLUDING BOTH OUR HOMESTEAD FOOD PRODUCTION AND ORANGE-FLESHED SWEETPOTATO MODELS, WERE ACTIVE ACROSS A NUMBER OF AFRICAN AND ASIA PACIFIC COUNTRIES. AS A RESULT, WE ESTIMATE TO HAVE REACHED A GRAND CUMULATIVE TOTAL OF MORE THAN 1.7 MILLION FAMILIES WITH BETTER ACCESS TO MICRONUTRIENT RICH FOODS SINCE WE FIRST BEGAN SUPPORTING THESE APPROACHES MORE THAN TWO DECADES AGO.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INVOLVED IN MORBIDITY MANAGEMENT AND DISABILITY PREVENTION RELATED SPECIFICALLY TO TRACHOMA AND IS WORKING TO BUILD THE CAPACITY OF NATIONAL GOVERNMENT AND NON-GOVERNMENTAL PARTNERS IN THIS AREA IN SEVEN AFRICAN COUNTRIES (BURKINA FASO, CAMEROON, ETHIOPIA, MALI, NIGER, NIGERIA AND TANZANIA). TO THIS END, OVER 2017 ALONE HKI SUPPORTED THE SCREENING OF NEARLY ONE MILLION INDIVIDUALS FOR TRICHIASIS (A BLINDING CONDITION RESULTING FROM TRACHOMA) AND SURGERY FOR MORE THAN 36,000 AFFECTED INDIVIDUALS.

FORM 990, PART V, LINE 3B:

HKI HAS TRANSPORTATION FRINGE BENEFIT UBIT FOR THE 2017 TAX YEAR. WE HAVE PAID THE TAX BUT ARE WAITING FOR THE IRS TO RELEASE AN UPDATED FORM 990-T TO REPORT THE TRANSPORTATION FRINGE BENEFIT UBIT. ONCE THE FORM IS AVAILABLE, IT WILL BE FILED.

Name of the organization HELEN KELLER INTERNATIONAL	Employer identification number 13-5562162
--	--

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BANGLADESH, BURKINA FASO, CAMBODIA, CAMEROON,

CHINA, COTE D IVOIRE, GUINEA, INDONESIA,

MALI, MOZAMBIQUE, NEPAL, NIGER,

NIGERIA, PHILIPPINES, SENEGAL, SIERRA LEONE,

TANZANIA, VIETNAM, KENYA, BURMA

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

THE FORM 990 IS PREPARED BY TAIT, WELLER & BAKER LLP BASED ON INFORMATION RECEIVED FROM THE CONTROLLER. THE CONTROLLER DOES THE INITIAL REVIEW OF THE RETURN. THE FINAL COPY OF THE FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEES' FINANCE COMMITTEE AND A COPY IS DISTRIBUTED TO EACH BOARD MEMBER BEFORE THE RETURN IS FILED.

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

HKI HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES HKI'S OFFICERS, DIRECTORS AND EMPLOYEES TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST PERTAINING TO THEMSELVES AND THEIR FAMILY MEMBERS ON A QUESTIONNAIRE DISTRIBUTED BY THE PRESIDENT'S OFFICE. THE EXECUTIVE ASSISTANT ENSURES THAT ALL QUESTIONNAIRES DISCLOSE ACTUAL OR POTENTIAL CONFLICTS. AT THE ANNUAL BOARD MEETING, THE CEO AND SENIOR MANAGEMENT TEAM ARE REQUIRED TO SIGN THE QUESTIONNAIRE.

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

COMPENSATION FOR THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY A SUBSET OF THE EXECUTIVE COMMITTEE THAT INCLUDES THE BOARD CHAIR AND THE CHAIR OF THE HR COMMITTEE, AMONG OTHERS, WITH COMPARABILITY DATA AVAILABLE FROM BOTH SURVEYS AND OTHER SIMILAR ORGANIZATIONS' 990 FORMS. THIS IS DISCUSSED WITH

Name of the organization HELEN KELLER INTERNATIONAL	Employer identification number 13-5562162
---	---

THE PRESIDENT/CEO DURING HER ANNUAL PERFORMANCE REVIEW AND THEN AN UPDATE IS PRESENTED AT THE NEXT BOARD EXECUTIVE COMMITTEE MEETING. COMPENSATION RANGES FOR OFFICERS ARE REVIEWED BY THE BOARD OF TRUSTEES HUMAN RESOURCES AND COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 18:
THE FORM 990 IS AVAILABLE ON THE HKI WEBSITE AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
HKI'S IRS TAX DETERMINATION LETTER, AUDITED FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON REQUEST. FORM 990, THE CURRENT STATEMENT OF ACTIVITIES AND ANNUAL REPORT (ALSO INCLUDES CURRENT STATEMENT OF ACTIVITIES) ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN PERPETUAL AND RESTRICTED TRUSTS 40,017.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

Name of the organization: **HELEN KELLER INTERNATIONAL**
Employer identification number: **13-5562162**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HKI SUPPORT, INC. - 26-4676791 ONE DAG HAMMARSKJOLD PLAZA, FLOOR 2 NEW YORK, NY 10017	TO SUPPORT THE PRIMARY PURPOSE OF HELEN KELLER INTERNATIONAL	NEW YORK	501(C)(3)	11A	HELEN KELLER INTERNATIONAL	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.