

EXTENDED TO MAY 15, 2018

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

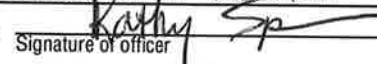
| | | | |
|--|--|---|---|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 \$ 78,218,390. | |
| | 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 H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| F Name and address of principal officer: KATHY SPAHN SAME AS C ABOVE | | H(c) Group exemption number ▶ | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.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 | |

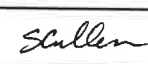
Part I Summary

| | | | |
|---|--|---------------------------|--------------|
| 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 | 24 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24 |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 149 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 24 |
| | 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 | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 68,904,014. | 77,215,456. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 211,456. | 463,404. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 34,694. | 5,102. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 65,055. | 241,932. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 69,215,219. | 77,925,894. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 15,651,215. | 21,005,170. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16 a Professional fundraising fees (Part IX, column (A), line 11e) | 29,857,626. | 31,463,763. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,798,042. | 90,082. | 166,900. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 23,906,915. | 22,644,347. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 69,505,838. | 75,280,180. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | <290,619.> | 2,645,714. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 39,503,016. | 46,897,187. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 9,269,557. | 13,898,291. |
| | | 30,233,459. | 32,998,896. |

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 3/30/18 |
| | 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 03/29/18 | Check if self-employed <input type="checkbox"/> | PTIN P00974308 |
| | Firm's name ▶ TAIT, WELLER & BAKER LLP | Firm's EIN ▶ 23-1144520 | | Phone no. 215.979.8800 | |
| Firm's address ▶ 1818 MARKET STREET, SUITE 2400 | | PHILADELPHIA, PA 19103 | | | |

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 3,436,309. including grants of \$ 225,385.) (Revenue \$ 458,846.) 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 MYANMAR, HKI'S TECHNICAL ASSISTANCE TO PHYSICIANS AND THE PROVISION OF CRITICAL EQUIPMENT AND MEDICAL SUPPLIES TO PARTNER CLINICS LED TO OVER 30,000 CATARACT SURGERIES BEING PERFORMED ON PEOPLE SUFFERING FROM THIS DEBILITATING CONDITION. IN ADDITION, HKI'S DIABETIC RETINOPATHY PROGRAMS IN BANGLADESH AND INDONESIA CONTINUED TO SCREEN PATIENTS FOR DIABETIC EYE DISEASE AND TO PROVIDE TREATMENT TO

4b (Code:) (Expenses \$ 37,725,746. including grants of \$ 8,735,208.) (Revenue \$) 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 AFRICA 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 CONTINUED IN 19 COUNTRIES ACROSS AFRICA CONTINUES TO REACH OVER 285 MILLION CONSUMERS WITH VITAMIN A FORTIFIED COOKING OIL AND 293 MILLION CONSUMERS WITH IRON FOLATE FORTIFIED WHEAT FLOUR.

4c (Code:) (Expenses \$ 22,748,264. including grants of \$ 12,044,577.) (Revenue \$ 4,558.) 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 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 THE PAST YEAR, PRELIMINARY MDA DATA INDICATE THAT A CUMULATIVE TOTAL OF JUST OVER 90 MILLION TREATMENTS WERE ADMINISTERED ACROSS ALL FIVE OF THESE NTDs IN 6 AFRICAN COUNTRIES CONTRIBUTING GREATLY TO NATIONAL EFFORTS TOWARDS THEIR CONTROL AND ELIMINATION. HKI IS ALSO INVOLVED IN MORBIDITY MANAGEMENT AND

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

4e Total program service expenses 63,910,319.

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? If "Yes," complete Schedule H | | 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? If "Yes," complete Schedule I, Parts I and II | 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? If "Yes," complete Schedule I, Parts I and III | | 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? If "Yes," complete Schedule J | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II | | 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? If "Yes," complete Schedule L, Part III | | 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? If "Yes," complete Schedule L, Part IV | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | 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? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 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)? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | |
| | Note. All Form 990 filers are required to complete Schedule O | X | |

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

X

Table with columns for question number, description, sub-questions (1a, 1b, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b), Yes, and No. Includes values like 79, 0, 149 and various 'X' marks.

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

| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | 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. | 24 | | | | | | | | | | | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 24 | | | | | | | | | | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | | | | | | | | | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | | | | | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | | | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | | | | | X |
| 6 Did the organization have members or stockholders? | | | | | | | | | | | | | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | | | | | | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | | | | | | | | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | | | | |
| a The governing body? | | | | | | | | | | X | | | | |
| b Each committee with authority to act on behalf of the governing body? | | | | | | | | | | X | | | | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | | | | | | | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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 | X | | X | | | | 0. | 0. | 0. |
| (8) R.V. PAUL CHAN, MD, MSC, FACS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) CHRISTY L. HANSON, MPH, PHD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) DAVID P. LECAUSE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) REYNALDO MARTORELL, PHD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) MARK J. MENTING BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) BEVERLY MILLER ORTHWEIN BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) BRADFORD PERKINS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) JAMES H. SIMMONS III BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) BRUCE SPIVEY, MD, MS, MED BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DESMOND G. FITZGERALD VICE CHAIRMAN | 1.00 | X | 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) CUTBERTO GARZA, MD, PHD BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) ANTHONY DORMENT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) DENISE ALLEN WILLIAMS BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) MARY F. CRAWFORD SECRETARY | 1.00 1.00 | X | X | | | | | 0. | 0. | 0. |
| (22) BETTINA MAUNZ BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) JACK LINVILLE BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) WILLIAM TOPPETA BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) KATHY SPAHN PRESIDENT & CEO | 53.07 1.00 | | | X | | | | 378,900. | 0. | 42,744. |
| (26) VICTORIA J. QUINN-WILLIAMS SENIOR VP - PROGRAMS | 50.85 | | | X | | | | 245,240. | 0. | 16,825. |
| 1b Sub-total | | | | | | | | 624,140. | 0. | 59,569. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,265,157. | 0. | 256,082. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,889,297. | 0. | 315,651. |

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 **45**

| | 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 INNOVAIRE GLOBAL, LLC | RESEARCH & TECHNICAL SUPPORT CONSULTANT | 161,449. |
| 528 ROUTE 13, SUITE 200, MILFORD, NH 03055 | DIRECT MAIL | 145,529. |
| YAObI ZHANG, 113 CANFIELD ROA, WOODFORD GREEN, UNITED KINGDOM IG8 8JJ | NEGLECTED TROPICAL DISEASE CONSULTANT | 128,267. |

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) NICHOLAS KOURGIALIS VICE PRESIDENT - EYEHEALTH | 42.21 | | | X | | | | 199,635. | 0. | 31,078. |
| (28) PATRICIA MANYARI CHIEF FINANCIAL OFFICER | 51.79 1.00 | | | X | | | | 248,804. | 0. | 16,832. |
| (29) NANCY HASELOW VP, ASIA PACIFIC | 54.51 | | | X | | | | 183,392. | 0. | 20,541. |
| (30) RIC PLAISANCE VP, INFO & OPS SYSTEMS | 59.88 | | | X | | | | 189,019. | 0. | 29,740. |
| (31) MAURA T. FITZGERALD VP, HUMAN RESOURCES | 46.50 | | | X | | | | 178,681. | 0. | 11,868. |
| (32) NANCY HAITCH VP, EXTERNAL RELATIONS | 49.33 | | | X | | | | 242,046. | 0. | 29,016. |
| (33) METTE KINOTI VP, AFRICA | 46.40 | | | X | | | | 166,939. | 0. | 18,893. |
| (34) FREDRICK GRANT REGIONAL NUTRITION POLICY | 40.54 | | | | | X | | 177,529. | 0. | 16,831. |
| (35) SOBANA PRASAD CONTROLLER | 48.24 | | | | | X | | 165,686. | 0. | 23,778. |
| (36) ROLF KLEMM VP, NUTRITION | 46.63 | | | | | X | | 179,029. | 0. | 12,358. |
| (37) CHRISTOPHER LANDRY CHIEF OF PARTY, SUA AHARA | 40.40 | | | | | X | | 175,439. | 0. | 18,325. |
| (38) JOSEPH AMON VP, NEGLECTED TROPICAL DISEASES | 44.94 | | | | | X | | 158,958. | 0. | 26,822. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 2,265,157. | | 256,082. |

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|---|--|--------------------------------|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 28,279. | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c 758,206. | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 50,353,483. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 26,075,488. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 845,141. | | | | | |
| | h Total. Add lines 1a-1f | | 77,215,456. | | | | |
| | Program Service Revenue | 2 a CHILDSIGHT | Business Code 900099 | 352,945. | 352,945. | | |
| | | b PREVENTION OF BLINDNESS | 900099 | 105,901. | 105,901. | | |
| c NEGLECTED TROPICAL DISEASES | | 900099 | 4,558. | 4,558. | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 463,404. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 15,821. | | | 15,821. | |
| | 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 | 9,130. | | | | |
| | | (ii) Other | | | | | |
| | | b Less: cost or other basis and sales expenses | 0. | 19,849. | | | |
| | | c Gain or (loss) | 9,130. | <19,849.> | | | |
| | d Net gain or (loss) | | <10,719.> | 9,130. | | <19,849.> | |
| | 8 a Gross income from fundraising events (not including \$ 758,206. of contributions reported on line 1c). See Part IV, line 18 | a 272,647. | | | | | |
| | | b Less: direct expenses | b 272,647. | | | | |
| 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 | 241,932. | 241,932. | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | 241,932. | | | | | |
| 12 Total revenue. See instructions. | | 77,925,894. | 714,466. | 0. | <4,028.> | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,280,449. | 4,280,449. | | |
| 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 | 16,724,721. | 16,724,721. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 2,046,916. | 226,749. | 1,619,967. | 200,200. |
| 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 | 21,366,704. | 17,250,076. | 3,466,394. | 650,234. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,115,810. | 782,970. | 272,318. | 60,522. |
| 9 Other employee benefits | 5,953,290. | 5,322,116. | 568,514. | 62,660. |
| 10 Payroll taxes | 981,043. | 526,878. | 389,107. | 65,058. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 58,186. | 52,399. | 5,787. | |
| c Accounting | 217,441. | 117,275. | 100,166. | |
| d Lobbying | 61,458. | 40,000. | 21,458. | |
| e Professional fundraising services. See Part IV, line 17 | 166,900. | | | 166,900. |
| 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.) | 3,070,401. | 2,590,522. | 449,422. | 30,457. |
| 12 Advertising and promotion | 391,075. | 344,266. | | 46,809. |
| 13 Office expenses | 1,420,277. | 1,198,122. | 186,041. | 36,114. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,449,260. | 1,544,121. | 905,139. | |
| 17 Travel | 5,523,902. | 5,003,109. | 503,120. | 17,673. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 418,865. | 403,966. | 13,963. | 936. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 715,273. | 521,918. | 193,355. | |
| 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 | 2,914,564. | 2,914,564. | | |
| b MISCELLANEOUS | 1,873,746. | 995,961. | 430,780. | 447,005. |
| c EQUIPMENT & MAINTENANCE | 1,841,171. | 1,385,324. | 442,461. | 13,386. |
| d VEHICLES & MAINTENANCE | 1,688,728. | 1,684,813. | 3,827. | 88. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 75,280,180. | 63,910,319. | 9,571,819. | 1,798,042. |
| 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) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|-----------------------|
| Assets | 1 Cash - non-interest-bearing | 5,707,332. | 1 | 11,573,146. |
| | 2 Savings and temporary cash investments | 8,558,600. | 2 | 8,547,707. |
| | 3 Pledges and grants receivable, net | 20,221,842. | 3 | 21,697,036. |
| | 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 6,211,458. | | |
| | b Less: accumulated depreciation | 10b 4,212,744. | 1,884,092. | 10c 1,998,714. |
| | 11 Investments - publicly traded securities | 469,369. | 11 | 531,001. |
| | 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 | 2,661,781. | 15 | 2,549,583. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 39,503,016. | 16 | 46,897,187. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,109,441. | 17 | 4,743,795. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,944,612. | 19 | 7,548,692. |
| | 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 | 0. | 24 | 467,870. |
| | 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 | 1,215,504. | 25 | 1,137,934. |
| | 26 Total liabilities. Add lines 17 through 25 | 9,269,557. | 26 | 13,898,291. |
| 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 | 7,867,648. | 27 | 7,731,868. |
| | 28 Temporarily restricted net assets | 21,384,062. | 28 | 24,220,700. |
| | 29 Permanently restricted net assets | 981,749. | 29 | 1,046,328. |
| | 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 | 30,233,459. | 33 | 32,998,896. | |
| 34 Total liabilities and net assets/fund balances | 39,503,016. | 34 | 46,897,187. | |

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 | 77,925,894. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 75,280,180. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,645,714. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 30,233,459. |
| 5 | Net unrealized gains (losses) on investments | 5 | 49,710. |
| 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 | 70,013. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 32,998,896. |

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? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| 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 | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 59049313. | 58200279. | 71836353. | 68904014. | 77215456. | 335205415 |
| 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 | 59049313. | 58200279. | 71836353. | 68904014. | 77215456. | 335205415 |
| 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 1, column (f) | | | | | | 17833848. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 317371567 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 59049313. | 58200279. | 71836353. | 68904014. | 77215456. | 335205415 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | 25,286. | 17,163. | 35,754. | 37,316. | 15,821. | 131,340. |
| 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.) | 318,500. | 200,985. | 155,278. | 65,055. | 241,932. | 981,750. |
| 11 Total support. Add lines 7 through 10 | | | | | | 336318505 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 881,278. |
| 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 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 94.37 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 94.66 % |
| 16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. 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 - 2015. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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). | | |
| 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? If "Yes," provide detail in Part VI. | | |
| 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | | |
| c Did a 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? If "Yes," provide detail in Part VI. | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

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. | | |
| 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 2016 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-2016 | (iii) Distributable Amount for 2016 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

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:

OTHER INCOME

2012 AMOUNT: \$ 318,500.

2013 AMOUNT: \$ 200,985.

2014 AMOUNT: \$ 155,278.

2015 AMOUNT: \$ 65,055.

2016 AMOUNT: \$ 241,932.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

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) | | 61,458. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 61,458. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 75,218,722. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 75,280,180. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 1,000,000. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (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. | 60,000. | 55,000. | 61,458. | 236,458. |
| 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 | | | | | |

Schedule C (Form 990 or 990-EZ) 2016

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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

▶ \$ _____

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 | 981,749. | 1,055,390. | 1,126,198. | 1,032,151. | 990,981. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 64,579. | <73,641.> | <70,808.> | 94,047. | 41,170. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,046,328. | 981,749. | 1,055,390. | 1,126,198. | 1,032,151. |

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? | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 43,099. | 39,082. | 4,017. |
| d Equipment | | 6,168,359. | 4,173,662. | 1,994,697. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,998,714. |

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 | 1,095,976. |
| (2) SECURITY DEPOSITS AND OTHER ASSETS | 1,453,607. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 2,549,583. | |

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 | 1,137,934. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,137,934. | |

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 | 225,092,604. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | 49,710. |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | 147,117,000. |
| e | Add lines 2a through 2d | 2e | | 147,166,710. |
| 3 | Subtract line 2e from line 1 | 3 | | 77,925,894. |
| 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 | | 77,925,894. |

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 | 222,397,180. |
| 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 | | 147,117,000. |
| e | Add lines 2a through 2d | 2e | | 147,117,000. |
| 3 | Subtract line 2e from line 1 | 3 | | 75,280,180. |
| 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 | | 75,280,180. |

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 (2014-2016) OR EXPECTED TO BE TAKEN IN HKI'S FISCAL 2017 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 147,117,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY DISTRIBUTIONS REPORTED ON FINANCIAL

STATEMENTS 147,117,000.

**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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

HELEN KELLER INTERNATIONAL

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 | 107 | PROGRAM SERVICES | EYE HEALTH AND NUTRITION PROGRAMS | 3,927,489. |
| SOUTH ASIA | 3 | 288 | PROGRAM SERVICES | EYE HEALTH AND NUTRITION PROGRAMS | 20,140,413. |
| SUB-SAHARAN AFRICA | 14 | 437 | PROGRAM SERVICES | EYE HEALTH AND NUTRITION PROGRAMS | 30,930,391. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 22 | 832 | | | 54,998,293. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 22 | 832 | | | 54,998,293. |

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

Schedule F (Form 990) 2016

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 | REDUCING UNDER NUTRITION IN YOUNG CHILD THROUGH AN INTEGRATED | 33,201 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | REDUCING UNDER NUTRITION IN YOUNG CHILD THROUGH AN INTEGRATED | 67,986 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | TO IMPROVE FOOD INSECURITY AND MALNUTRITION IN THE CHT | 772,041 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | TO INCREASE INCOME GENERATING ACTIVITIES AND NUTRITIONAL STATUS OF HOUSEHOLDS | 14,047 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | TO REDUCE UNDERNUTRITION LEADING TO STUNTING IN CHILDREN | 124,054 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 72,822 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 69,198 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 64,860 | 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 **255**

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

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 | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 66,355. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 60,823. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 86,894. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 69,587. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 57,671. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 69,866. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 68,051. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 58,405. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 67,481. | 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 | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 81,461. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 54,685. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 60,508. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 41,649. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 54,705. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 63,264. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 71,267. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 46,692. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 64,994. | 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 | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 77,296. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 59,298. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 67,919. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 59,917. | WIRE TRANSFER | 0. | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 54,065. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NUTRITION ACTIVITIES | 20,903. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 42,372. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 42,692. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 8,199. | 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 | NEGLECTED TROPICAL DISEASES | 35,342. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MMDP | 22,547. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 15,708. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MMDP | 68,685. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 127,780. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 10,818. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 109,934. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 170,598. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 94,490. | 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 | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 146,372. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 186,027. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 12,026. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 69,049. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 12,626. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ANALYSIS TO ESTIMATE THE PREVALENCE OF GENETIC CAUSES OF ANEMIA | 9,451. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | PROJECT IMPLEMENTATION | 34,480. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | PROJECT IMPLEMENTATION | 72,401. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | IMPROVE THE HEALTH, NUTRITION AND LIVELIHOOD STATUS OF VULNERABLE WOMEN AND | 44,231. | WIRE | 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 | IMPROVED FOOD SECURITY, NUTRITION, GENDER EMPOWERMENT AND INCOMES OF POOR | 33,143. | WIRE | 0. | | | |
| | | | EAST ASIA AND THE PACIFIC | IMPROVED FOOD SECURITY, NUTRITION, GENDER EMPOWERMENT AND INCOMES OF POOR | 36,916. | WIRE TRANSFER | 0. | | | |
| | | | EAST ASIA AND THE PACIFIC | IMPROVED FOOD SECURITY, NUTRITION, GENDER EMPOWERMENT AND INCOMES OF POOR | 23,439. | WIRE TRANSFER | 0. | | | |
| | | | EAST ASIA AND THE PACIFIC | EYE HEALTH | 185,643. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 107,879. | TRANSFER | 0. | | | |
| | | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 98,238. | TRANSFER | 0. | | | |
| | | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 72,306. | WIRE TRANSFER | 0. | | | |
| | | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 63,909. | TRANSFER | 0. | | | |
| | | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 78,693. | TRANSFER | 0. | | | |

| 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 | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 59,379 | TRANSFER | 0 | | |
| | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 34,094 | TRANSFER | 0 | | |
| | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 19,871 | TRANSFER | 0 | | |
| | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 21,875 | TRANSFER | 0 | | |
| | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 32,798 | TRANSFER | 0 | | |
| | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 44,108 | TRANSFER | 0 | | |
| | | SOUTH ASIA | NUTRITION-COMMUNITY RESILIENCE PROGRAM | 42,358 | TRANSFER | 0 | | |
| | | SOUTH ASIA | A BIRTH COHORT STUDY IN NEPAL UNDER THE FEED THE FUTURE INNOVATION LAB FOR | 8,534 | TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAHARA) | 68,980 | 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 | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 450,333 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 580,363 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 950,301 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 53,412 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 62,759 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 44,398 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 65,160 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 31,964 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUAAHARA) | 41,728 | 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) |
|-------------------------------|--|------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUA AHARA) | 51,649 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUA AHARA) | 56,173 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUA AHARA) | 62,912 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUA AHARA) | 49,212 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUA AHARA) | 59,115 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUA AHARA) | 54,200 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | INTEGRATED NUTRITION PROJECT (SUA AHARA) | 95,223 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | TO REDUCE UNDERNUTRITION LEADING TO STUNTING IN CHILDREN | 136,339 | WIRE TRANSFER | 0 | | |
| | | SOUTH ASIA | TO REDUCE UNDERNUTRITION LEADING TO STUNTING IN CHILDREN | 128,829 | 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 | TESTING AN INTEGRATED AND INNOVATIVE WOMEN-CENTERED HOMESTEAD FOOD | 41,890. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | NUTRITION | 17,198. | WIRE TRANSFER | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SIGHT FOR CHILDREN AND PEOPLE AGE OVER 50 IN MEKONG DELTA | 14,088. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MMDP | 5,112. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 85,543. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 5,598. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 96,540. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 9,413. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 98,371. | 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 | MMDP | 8,610 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MMDP | 25,290 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MMDP | 6,494 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MMDP | 12,992 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 258,446 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 581,226 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 97,974 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 70,342 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 42,800 | 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 | NEGLECTED TROPICAL DISEASES | 73,034. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 91,696. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 173,805. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 93,284. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 116,743. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 30,027. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 64,636. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES | 29,837. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | CIDA - NUTRITION | 22,223. | 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)

| (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 | PILOTING THE PROMOTION AND CONSUMPTION OF ORANGE FLESHED SWEET | 17,238 | TRANSFER & CHECK | 0 | | |
| | | SUB-SAHARAN AFRICA | CONTROL OF NEGLECTED TROPICAL DISEASES (NTDS) | 57,126 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | CONTROL OF NEGLECTED TROPICAL DISEASES (NTDS) | 110,080 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | CONTROL OF NEGLECTED TROPICAL DISEASES (NTDS) | 73,147 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | CONTROL OF NEGLECTED TROPICAL DISEASES (NTDS) | 245,264 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | CONTROL OF NEGLECTED TROPICAL DISEASES (NTDS) | 37,594 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | TOMS SHOES FOR COMMUNITY DRUG DISTRIBUTORS IN SIERRA LEONE | 26,935 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | SUPPORTIVE SUPERVISION, END TERM EVALUATION OF SIX MONTH CONTACT POINT | 22,915 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | PROJECT IMPLEMENTATION | 19,183 | 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 | 6,689. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 119,847. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 79,824. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 113,496. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 126,283. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 40,592. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 34,441. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 28,704. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 24,535. | 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 | 87,677 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 8,107 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 27,381 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 18,574 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 39,829 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 74,726 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 83,588 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 7,977 | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 64,557 | 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 | 5,624. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 12,062. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 5,130. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 5,107. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 5,459. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 12,272. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 5,327. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 12,080. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 5,829. | 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 | 6,576. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 12,063. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 9,854. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 21,540. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 24,031. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 9,505. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 14,272. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 11,140. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MASS DRUG ADMINISTRATION | 16,552. | 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)

| (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 | 7,765. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 12,359. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 6,699. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 5,236. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 33,146. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 17,740. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 26,001. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 12,677. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 7,295. | 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 | MDA | 140,625. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 21,285. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 19,370. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 40,224. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 5,036. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 75,027. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 6,133. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 59,881. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MDA | 110,472. | 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 | MDA | 56,206 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 55,249 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 30,589 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 77,678 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 42,248 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 129,669 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 120,263 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 107,579 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 136,081 | 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 | MDA | 84,439 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 46,524 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 13,041 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | MDA | 110,226 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 5,857 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 18,464 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 8,854 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 9,516 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 9,053 | 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)

| (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 | 7,182. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 8,259. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | TRACHOMA | 9,319. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 5,062. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 9,590. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 12,764. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 8,327. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 20,845. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 12,227. | 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)

| (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 | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 5,065 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 6,644 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 9,269 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 58,748 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 48,606 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 63,634 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 81,242 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 51,681 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 77,790 | 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 | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 52,993 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 141,942 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 40,379 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 38,769 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 87,327 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 35,956 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 34,965 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 56,890 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 41,492 | 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 | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 47,906 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 48,847 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 26,700 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 20,232 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 12,890 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 23,633 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 35,483 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 13,709 | WIRE TRANSFER | 0 | | |
| | | SUB-SAHARAN AFRICA | NEGLECTED TROPICAL DISEASES (NTD) CONTROL | 12,737 | 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 | MACF - NUTRITION - CMAM ACUTE MALNUTRITION - AFRICA | 24,601. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MACF - NUTRITION - CMAM ACUTE MALNUTRITION - AFRICA | 69,699. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MACF - NUTRITION - CMAM ACUTE MALNUTRITION - AFRICA | 20,912. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 195,283. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 44,044. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 54,490. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 33,243. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 336,510. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 63,904. | 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)

| (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 | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 53,431. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 107,772. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 28,046. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 63,464. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 56,229. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | ASSIST PROGRAM AND MINISTRY OF HEALTH TO CONDUCT NTD MDA CAMPAIGN | 156,377. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND | 10,617. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND | 71,961. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND | 45,787. | 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 | MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND | 54,226. | WIRE TRANSFER | 0. | | |
| | | SUB-SAHARAN AFRICA | MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND | 18,190. | CHECK | 0. | | |
| | | SUB-SAHARAN AFRICA | MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND | 23,837. | CHECK | 0. | | |
| | | SUB-SAHARAN AFRICA | MORBIDITY MANAGEMENT AND DISABILITY PREVENTION FOR BLINDING TRACHOMA AND | 65,589. | CHECK | 0. | | |
| | | SUB-SAHARAN AFRICA | CARRY OUT /CONDUCT LNS DISTRIBUTION TO THE CHILDREN FROM 6 TO 23 MONTHS AND | 12,305. | CHECK | 0. | | |
| | | SUB-SAHARAN AFRICA | CARRY OUT /CONDUCT LNS DISTRIBUTION TO THE CHILDREN FROM 6 TO 23 MONTHS AND | 30,509. | CHECK | 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; do not 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; do not 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.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations e Solicitation of non-government grants
b Internet and email solicitations f Solicitation of government grants
c Phone solicitations g Special fundraising events
d In-person solicitations
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------------------------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| ADVANCE NYC INC - 850 SEVENTH AVENUE, PH-B, NEW YORK, NY | ASSISTED IN FUNDRAISING SPECIAL EVENT | | X | 1,030,853. | 55,500. | 975,353. |
| TRIFI CONSULTING, LLC - 226 TULIP AVENUE, FLORAL PARK, NY | DIRECT MAILING PROGRAM | | X | 572,115. | 75,000. | 497,115. |
| STAGECOACH DIGITAL - 44 BOOTH STREET, BURLINGTON, VT 05401 | DIRECT MAILING PROGRAM | | X | 286,058. | 36,400. | 249,658. |
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| | | | | | | |
| Total | | | | 1,889,026. | 166,900. | 1,722,126. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
AL, AK, AZ, AR, CA, CO, CT, DE, 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, DC

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 | 1,030,853. | | 1,030,853. |
| | 2 | Less: Contributions | 758,206. | | 758,206. |
| | 3 | Gross income (line 1 minus line 2) | 272,647. | | 272,647. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 272,647. | | 272,647. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 272,647. |
| 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:

| | | |
|------------|--|---|
| 13a | | % |
| 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: ADVANCE NYC INC

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

(I) NAME OF FUNDRAISER: TRIPI CONSULTING, LLC

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

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HELEN KELLER INTERNATIONAL

Part I General Information on Grants and Assistance

Employer identification number
13-5562162

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 non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|--|
| INTERNATIONAL CENTER FOR RESEARCH ON WOMEN - 1120 20TH STREET, NW SUITE 500N - WASHINGTON, DC 20036 | 52-1081455 | 501(C)(3) | 11,995. | 0. | | | ADVISE AND TRAIN ON GENDER INCLUSION |
| RESEARCH TRIANGLE INSTITUTE P.O. BOX 900002 RALEIGH, NC 27675-9000 | 56-0686338 | 501(C)(3) | 2,517,482. | 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) | 239,448. | 0. | | | SUPPORT FOR NUTRITION PROGRAM |
| WAKE FOREST UNIVERSITY MEDICAL CENTER BOULEVARD WINSTON-SALEM, NC 27157 | 56-0532138 | 501(C)(3) | 20,561. | 0. | | | SUPPORT TRACHOMA ACTIVITIES |
| FAMILY HEALTH INTERNATIONAL 1825 CONNECTICUT AVE, N.W WASHINGTON, DC 20009-5721 | 45-3735754 | 501(C)(3) | 941,775. | 0. | | | SUPPORT MOH AND GOVT TO SCALE UP INTEGRATED CONTROL PROGRAMS AND DELIVERY OF PREV CHEMO |
| CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE, MD 21201 | 13-5563422 | 501(C)(3) | 301,501. | 0. | | | AN INTEGRATED SUSTAINABLE APPROACH TO ADDRESS ALL THREE TYPES OF FOOD INSECURITY (CHRONIC |

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

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

7

0

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

| (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 non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE - 151 ELLIS STREET, NE - ATLANTA, GA 30303 | 13-1685039 | 501(C)(3) | 247,687. | 0. | | | PROMOTE ADOPTION OF IMPROVED HEALTH, NUTRITION, WASH, GENDER AND LIVELIHOODS |
| | | | | | | | |
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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

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTH INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT MOH AND GOVT TO SCALE UP INTEGRATED CONTROL PROGRAMS AND DELIVERY OF PREV CHEMO FOR LF, SCHISTOSOMIASIS, TRACHOMA, ONCHO AND 3 SOIL-TRANSMITTED HELMINTHES

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC RELIEF SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: AN INTEGRATED SUSTAINABLE APPROACH TO ADDRESS ALL THREE TYPES OF FOOD INSECURITY (CHRONIC, SEASONAL, AND TRANSITORY) SIMULTANEOUSLY.

NAME OF ORGANIZATION OR GOVERNMENT:

COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE ADOPTION OF IMPROVED HEALTH, NUTRITION, WASH, GENDER AND LIVELIHOODS PRACTICES/HARANDE

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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 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

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |

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?

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

| | | |
|-----------|---|---|
| 4a | | X |
| 4b | X | |
| 4c | | X |

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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

| | | |
|-----------|--|---|
| 5a | | X |
| 5b | | X |

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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

| | | |
|-----------|--|---|
| 6a | | X |
| 6b | | X |

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 | | X |
|----------|--|---|

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 | | X |
|----------|--|---|

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | | |
|----------|--|--|
| 9 | | |
|----------|--|--|

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

Schedule J (Form 990) 2016

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) 378,900. (ii) 0. | 0. | 0. | 31,250. | 11,494. | 421,644. | 0. |
| (2) VICTORIA J. QUINN-WILLIAMS SENIOR VP - PROGRAMS | (i) 245,240. (ii) 0. | 0. | 0. | 12,150. | 4,675. | 262,065. | 0. |
| (3) NICHOLAS KOURGIALIS VICE PRESIDENT - EYEHEALTH | (i) 199,635. (ii) 0. | 0. | 0. | 10,303. | 20,775. | 230,713. | 0. |
| (4) PATRICIA MANYARI CHIEF FINANCIAL OFFICER | (i) 248,804. (ii) 0. | 0. | 0. | 12,669. | 4,163. | 265,636. | 0. |
| (5) NANCY HASELOW VP, ASIA PACIFIC | (i) 183,392. (ii) 0. | 0. | 0. | 8,432. | 12,109. | 203,933. | 0. |
| (6) RIC PLAISANCE VP, INFO & OPS SYSTEMS | (i) 189,019. (ii) 0. | 0. | 0. | 9,900. | 19,840. | 218,759. | 0. |
| (7) MAURA T. FITZGERALD VP, HUMAN RESOURCES | (i) 178,681. (ii) 0. | 0. | 0. | 9,063. | 2,805. | 190,549. | 0. |
| (8) NANCY HAITCH VP, EXTERNAL RELATIONS | (i) 242,046. (ii) 0. | 0. | 0. | 12,356. | 16,660. | 271,062. | 0. |
| (9) METTE KINOTI VP, AFRICA | (i) 166,939. (ii) 0. | 0. | 0. | 7,825. | 11,068. | 185,832. | 0. |
| (10) FREDRICK GRANT REGIONAL NUTRITION POLICY CONTROLLER | (i) 177,529. (ii) 0. | 0. | 0. | 1,455. | 15,376. | 194,360. | 0. |
| (11) SOBANA PRASAD CONTROLLER | (i) 165,686. (ii) 0. | 0. | 0. | 8,540. | 15,238. | 189,464. | 0. |
| (12) ROLF KLEMM VP, NUTRITION | (i) 179,029. (ii) 0. | 0. | 0. | 8,974. | 3,384. | 191,387. | 0. |
| (13) CHRISTOPHER LANDRY CHIEF OF PARTY, SUAAHARA | (i) 175,439. (ii) 0. | 0. | 0. | 5,707. | 12,618. | 193,764. | 0. |
| (14) JOSEPH AMON VP, NEGLECTED TROPICAL DISEASES | (i) 158,958. (ii) 0. | 0. | 0. | 8,446. | 18,376. | 185,780. | 0. |
| | (i) 0. (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) 0. (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) 0. (ii) 0. | 0. | 0. | 0. | 0. | 0. | 0. |

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, METTE
KINOTI, FREDRICK GRANT AND CHRISTOPHER LANDRY ARE ON FIELD ASSIGNMENTS
AND RECEIVE A HOUSING ALLOWANCE. FREDRICK GRANT AND CHRISTOPHER LANDRY
RECEIVED AN EDUCATIONAL ALLOWANCE.

SCHEDULE J, COLUMN B(I)

CALENDAR YEAR 2016 COMPENSATION NUMBERS ARE HIGHER THAN THE ANNUAL
COMPENSATION OF THE EMPLOYEES LISTED. FOR THAT CALENDAR YEAR HKI
IMPLEMENTED A BI-WEEKLY PAYROLL PROCESS AND SINCE DURING 2016 THERE
WERE 27 PAY PERIODS INSTEAD OF THE USUAL 26 PERIODS, THIS CREATED ONE
EXTRA PAY FOR THE EMPLOYEES. FOR ORGANIZATIONS THAT USE THE BI-WEEKLY
PAYROLL PROCESS THIS OCCURS EVERY 11 YEARS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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 | 11 | 156,830 | 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 | 3 | 415,251 | FMV |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (SHOES) | X | 2 | 220,260 | FMV |
| 26 Other (SOFTWARE LICE) | X | 1 | 29,400 | FMV |
| 27 Other (FUNDRAISING S) | X | 1 | 23,400 | FMV |
| 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

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?

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |
| 33 | | |

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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) (2016)

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.

Lined area 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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 AND NEGLECTED TROPICAL DISEASES INCLUDING ONCHOCERCIASIS (RIVER BLINDNESS), TRACHOMA, INTESTINAL WORMS AND LYMPHATIC FILARIASIS. HKI OPERATES IN THREE REGIONS (AFRICA, ASIA AND THE AMERICAS), ENCOMPASSING APPROXIMATELY TWENTY-TWO 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:

THOSE REQUIRING CARE. OVER THE PAST THREE YEARS, APPROXIMATELY 33,000 PEOPLE WERE SCREENED AND OVER 3,000 RECEIVED TREATMENT IN BANGLADESH ALONE. REFRACTIVE ERROR THREATENS THE QUALITY OF LIFE OF COUNTLESS CHILDREN, 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 THE US "BRINGS EDUCATION INTO FOCUS" FOR DISADVANTAGED STUDENTS. THIS PROGRAM PROVIDES FREE VISION SCREENINGS, REFRACTIONS, EYEGLASSES, AND REFERRALS TO OTHER NECESSARY EYE CARE. IN THE UNITED STATES, DURING THE LAST YEAR CLOSE TO 65,809 STUDENTS HAD THEIR VISION SCREENED AND OVER 16,364 RECEIVED FREE EYEGLASSES AT OUR FIVE PROGRAM SITES ACROSS THE COUNTRY.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

HELEN KELLER INTERNATIONAL

Employer identification number

13-5562162

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

HKI'S HOMESTEAD FOOD PRODUCTION PROGRAMS, WHICH OFTEN TARGET WOMEN FARMERS, CONTINUED TO BE ACTIVE IN 6 ASIA PACIFIC COUNTRIES. AS A RESULT, WE ESTIMATE TO HAVE REACHED A CUMULATIVE TOTAL OF MORE THAN 1.4 MILLION FAMILIES WITH BETTER ACCESS TO NUTRITIOUS FRUITS, VEGETABLES, EGGS AND FISH SINCE THIS FIELD PROGRAM STARTED MORE THAN TWO DECADES AGO.

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

DISABILITY PREVENTION RELATED SPECIFICALLY TO TRACHOMA AND LYMPHATIC FILARIASIS AND IS WORKING WITH GOVERNMENT PARTNERS IN BURKINA, CAMEROON, ETHIOPIA, MALI, NIGER, NIGERIA AND TANZANIA TO BUILD NATIONAL CAPACITY TO ADDRESS THESE PROBLEMS.

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

BANGLADESH, BURKINA FASO, CAMBODIA, CAMEROON,
CHINA, COTE D IVOIRE, CONGO, DEM REP, 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

Name of the organization

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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 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.

Name of the organization

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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.

PART VII, SECTION A, COLUMN (D)

CALENDAR YEAR 2016 W2 COMPENSATION NUMBERS ARE HIGHER THAN THE ANNUAL COMPENSATION OF THE EMPLOYEES LISTED. FOR THAT CALENDAR YEAR HKI IMPLEMENTED A BI-WEEKLY PAYROLL PROCESS AND SINCE DURING 2016 THERE WERE 27 PAY PERIODS INSTEAD OF THE USUAL 26 PERIODS, THIS CREATED ONE EXTRA PAY FOR THE EMPLOYEES. FOR ORGANIZATIONS THAT USE THE BI-WEEKLY PAYROLL PROCESS THIS OCCURS EVERY 11 YEARS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PERPETUAL AND RESTRICTED TRUSTS 70,013.

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.

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?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | 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.

Lined area for supplemental information.

State of New York
Department of State

} ss:

I hereby certify, that the Certificate of Incorporation of HELEN KELLER INTERNATIONAL was filed on 10/29/1919, under the name of PERMANENT BLIND RELIEF WAR FUND FOR SOLDIERS & SAILORS OF THE ALLIES, INCORPORATED, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment PERMANENT BLIND RELIEF WAR FUND FOR SOLDIERS & SAILORS OF THE ALLIES, INCORPORATED, changing its name to AMERICAN BRAILLE PRESS FOR WAR AND CIVILIAN BLIND INCORPORATED, was filed 08/03/1925.

A Certificate of Amendment AMERICAN BRAILLE PRESS FOR WAR AND CIVILIAN BLIND INCORPORATED, changing its name to AMERICAN FOUNDATION FOR OVERSEAS BLIND, INC., was filed 02/07/1946.

A Certificate of Amendment AMERICAN FOUNDATION FOR OVERSEAS BLIND, INC., changing its name to HELEN KELLER INTERNATIONAL, INCORPORATED, was filed 07/08/1976.

A Certificate of Amendment HELEN KELLER INTERNATIONAL, INCORPORATED, changing its name to HELEN KELLER WORLDWIDE, was filed 03/27/2003.

A Certificate of Amendment HELEN KELLER WORLDWIDE, changing its name to HELEN KELLER INTERNATIONAL, was filed 01/13/2004.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of May two
thousand and seven.*



Special Deputy Secretary of State