

Return of Organization Exempt From Income Tax

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form sections B through M: B Check if applicable, C Name of organization (HELEN KELLER INTERNATIONAL), D Employer identification number (13-5562162), E Telephone number (212-532-0544), G Gross receipts (\$128,805,622), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status, J Website (WWW.HELENKELLERINTL.ORG), K Form of organization, L Year of formation (1915), M State of legal domicile (NY)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature and preparer information: Sign Here (JOYCE NGUGI, CHIEF FIN & OPERATING OFFICER), Paid (HARRISON PEREIRA), Preparer Use Only (TAIT, WELLER & BAKER LLP)

May the IRS discuss this return with the preparer shown above? See instructions [X] 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:
GUIDED BY HER REMARKABLE LEGACY OF ITS CO-FOUNDER, HELEN KELLER, HELEN KELLER INTL PARTNERS WITH COMMUNITIES THAT ARE STRIVING TO OVERCOME LONGSTANDING CYCLES OF POVERTY. BY DELIVERING THE ESSENTIAL BUILDING BLOCKS OF GOOD HEALTH, SOUND NUTRITION, AND CLEAR VISION, WE HELP

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

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

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

4a (Code:) (Expenses \$ 4,328,459. including grants of \$) (Revenue \$ 2,164,377.)
EYEHEALTH: CURRENTLY 1 IN 7 PEOPLE WORLDWIDE ARE BLIND OR LIVING WITH SOME FORM OF VISION LOSS, YET A STAGGERING 90% OF VISION LOSS IS PREVENTABLE OR TREATABLE. VISION LOSS CAN HAVE AN INCREDIBLE IMPACT ON PEOPLE'S QUALITY OF LIFE, IMPACTING CHILDREN AND FAMILY MEMBERS' ABILITY TO LEARN, FORM FRIENDSHIPS, EARN A LIVING, AND TO REMAIN SAFE. IT CAN EVEN SET THEM ON A COURSE FOR GENERATIONS OF POVERTY. TO PROTECT VISION, HELEN KELLER INTL PARTNERS WITH COMMUNITIES AND LOCAL HEALTH NETWORKS TO IMPROVE THEIR ABILITY TO PROVIDE HIGH-QUALITY EYE HEALTH SERVICES TO CHILDREN AND ADULTS WHO DON'T HAVE ACCESS TO ADEQUATE, AFFORDABLE CARE. IN AFRICA AND ASIA, WE TRAIN, EQUIP, AND PROVIDE ONGOING SUPPORT TO CLINICIANS HELPING THEM TREAT PEOPLE WITH CATARACT, REFRACTIVE ERROR, AND DIABETIC RETINOPATHY. IN THE UNITED

4b (Code:) (Expenses \$ 76,889,685. including grants of \$ 16,846,918.) (Revenue \$)
NUTRITION: TODAY AS MANY AS 318 MILLION FACE ACUTE LEVELS OF FOOD INSECURITY. ONGOING STRESSORS INCLUDING CLIMATE CHANGE, RISING INFLATION, AND INSTABILITY AND CONFLICTS AROUND THE WORLD HAVE MADE NUTRITIOUS FOOD UNAFFORDABLE OR INACCESSIBLE TO MILLIONS OF CHILDREN AND FAMILIES AT GREATEST RISK. TO REDUCE MALNUTRITION, HELEN KELLER INTL PARTNERS WITH GOVERNMENTS, COMMUNITIES, COMMUNITY HEALTH WORKERS, AND COMMUNITY ORGANIZATIONS IN AFRICA AND ASIA TO REACH INFANTS, CHILDREN, MOTHERS, AND FAMILIES WITH CLIMATE-SMART FARMING TRAINING, BREASTFEEDING SUPPORT, ASSESSMENT AND TREATMENT OF MALNUTRITION, COMPLEMENTARY HIGH-NUTRIENT FOODS, AND CRITICAL VITAMINS AND NUTRIENTS LIKE IMMUNE-BUILDING VITAMIN A. LAST YEAR, HELEN KELLER PARTNERED WITH 14 AFRICAN GOVERNMENTS TO REACH OVER

4c (Code:) (Expenses \$ 13,112,320. including grants of \$ 3,686,783.) (Revenue \$)
NEGLECTED TROPICAL DISEASES: NEGLECTED TROPICAL DISEASES INCLUDING BLINDING TRACHOMA, LYMPHATIC FILARIASIS, RIVER BLINDNESS, SCHISTOSOMIASIS, AND INTESTINAL WORMS IMPACT MORE THAN 1 BILLION PEOPLE GLOBALLY. THESE MAINLY PARASITIC, VIRAL, OR BACTERIAL DISEASES THAT CAN CAUSE A HOST OF PAINFUL PHYSICAL DISABILITIES, LOST ECONOMIC OPPORTUNITIES, AND SOCIAL STIGMA ARE MOST PREVALENT IN LOWER INCOME COUNTRIES THAT LACK ADEQUATE HEALTHCARE. HELEN KELLER INTL PARTNERS WITH MINISTRIES OF HEALTH, LOCAL LEADERS, AND COMMUNITIES TO PREVENT, TREAT, AND ELIMINATE THESE NEGLECTED DISEASES. A CORNERSTONE OF THE WORK INVOLVES MASS DRUG ADMINISTRATION EVENTS WHERE COMMUNITY HEALTH WORKERS DISTRIBUTE CRITICAL MEDICATIONS TO BOTH TREAT AND CURB THE SPREAD OF THESE DISEASES. DURING 2025 ALONE,

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

4e Total program service expenses 94,330,464.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

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 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 30		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
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, 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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
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 on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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 on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		
16b			

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
JOYCE NGUGI – CHIEF FIN & OPERATING OFFICER – 212-532-0544
P.O. BOX 14195-00800, NAIROBI KENYA

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH BOUCHIE PRESIDENT & CEO - CURRENT	60.53 1.00			X				425,000.	0.	25,270.
(2) JAMES D. COX CHIEF OPERATING OFFICER - UNTIL SEP	44.65			X				276,092.	0.	30,559.
(3) SUSAN KOTCHER VP, EXTERNAL RELATIONS	47.98			X				270,783.	0.	31,149.
(4) PATRICIA MANYARI CHIEF FINANCIAL OFFICER	51.79 1.00			X				267,997.	0.	32,630.
(5) SHAWN BAKER CHIEF PROGRAM OFFICER	61.40			X				265,200.	0.	32,971.
(6) SATISH RAJ PANDEY REGIONAL DIRECTOR, ASIA	43.12					X		242,842.	0.	27,906.
(7) MAURA T. FITZGERALD CHIEF PEOPLE & CULTURE OFF-UNTIL DEC	47.04			X				247,179.	0.	16,650.
(8) DAVID DOLEDEC PROGRAM DIRECTOR, VITAMIN A SUPPLEME	40.77					X		238,408.	0.	22,564.
(9) RIC PLAISANCE VP, INFO & OPS SYSTEMS	52.64			X				223,333.	0.	30,324.
(10) SOBANA PRASAD VP, FINANCE & ACCT - UNTIL MARCH 202	50.26					X		222,970.	0.	30,068.
(11) ANGELA M. WEAVER HEAD - CENTER FOR PROGRAM IMPACT	44.86			X				215,885.	0.	36,756.
(12) TREENA BISHOP CHIEF OF PARTY, BANI - UNTIL AUG 202	44.27					X		229,405.	0.	21,119.
(13) THOMAS VAN MOURIK GLOBAL FOOD SYSTEMS ADVISO	39.88					X		221,045.	0.	21,923.
(14) ROLF KLEMM VICE PRESIDENT - NUTRITION	47.98			X				216,008.	0.	16,535.
(15) KRISTINE GARN NUTRITION ADVISOR & COORDINATOR, AFR	42.36					X		197,986.	0.	22,909.
(16) VOLKAN CAKIR HEAD - CENTER FOR STRATEGIC PARTNERS	40.62			X				181,123.	0.	21,860.
(17) NICHOLAS KOURGIALIS VICE PRESIDENT - EYEHEALTH FORMER	40.61						X	183,745.	0.	9,634.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM TOPPETA CHAIRMAN	8.00 1.00	X		X				0.	0.	0.
(19) HENRY C. BARKHORN VICE CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(20) DESMOND G. FITZGERALD VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(21) PEIRCE MOSER SECRETARY	1.00 1.00	X		X				0.	0.	0.
(22) DAVID M. GLASSMAN TREASURER	3.00 1.00	X		X				0.	0.	0.
(23) MARK J. MENTING BOARD MEMBER	1.00	X						0.	0.	0.
(24) ANTHONY DORMENT BOARD MEMBER	1.00	X						0.	0.	0.
(25) JOHN E. LINVILLE BOARD MEMBER	1.00	X						0.	0.	0.
(26) CARLA HALL BOARD MEMBER - UNTIL DEC 2024	1.00	X						0.	0.	0.
1b Subtotal								4,125,001.	0.	430,827.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,125,001.	0.	430,827.

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 82

	Yes	No
3 Did the organization list any former officer, director, 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
FUSE FUNDRAISING GROUP, LLC, 12355 SUNRISE VALLEY DRIVE, STE 240, RESTON, VA 20191	FUNDRAISER	437,429.
WIDAD A. VALME 4150 KINGS HIGHWAY, BROOKLYN, NY 11234	OPTICIAN	150,219.
ERLICH EYE ASSOCIATES, LLC 53 VAN BUREN AVENUE, TEANECK, NJ 07666	OPTICIAN	131,062.
TAIT, WELLER & BAKER LLP, TWO LIBERTY PL, 50 S. 16TH ST, STE 2900, PHILADELPHIA, PA	AUDIT SERVICES	110,850.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part 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) DIANA FONG BOARD MEMBER	1.00	X					0.	0.	0.	
(28) GIGI JORISSEN BOARD MEMBER	1.00	X					0.	0.	0.	
(29) CHANTAL PIANI BOARD MEMBER	1.00	X					0.	0.	0.	
(30) JAMES TIELSCH BOARD MEMBER	1.00	X					0.	0.	0.	
(31) BARBARA WALL BOARD MEMBER	1.00	X					0.	0.	0.	
(32) WENDY D. LEE BOARD MEMBER	1.00	X					0.	0.	0.	
(33) JAMES D. GAFFEY BOARD MEMBER	1.00	X					0.	0.	0.	
(34) JANINE LUKE BOARD MEMBER	1.00	X					0.	0.	0.	
(35) EUNICE S. REDDICK BOARD MEMBER	1.00	X					0.	0.	0.	
(36) JEAN TREBEK BOARD MEMBER	1.00	X					0.	0.	0.	
(37) CHRISTINE HA BOARD MEMBER	1.00	X					0.	0.	0.	
(38) SERGIO DUPLAN BOARD MEMBER - UNTIL JAN 2025	1.00	X					0.	0.	0.	
(39) MARGARET BAKER BOARD MEMBER	1.00	X					0.	0.	0.	
(40) BROOK BETTS BOARD MEMBER	1.00	X					0.	0.	0.	
(41) KENDAL TYRE BOARD MEMBER	1.00	X					0.	0.	0.	
(42) MARIA MORRIS BOARD MEMBER	1.00	X					0.	0.	0.	
(43) KAREN HARRIS BOARD MEMBER	1.00	X					0.	0.	0.	
(44) CLAIRE PETERSON BOARD MEMBER	1.00	X					0.	0.	0.	
(45) MICHELE HAYES BOARD MEMBER	1.00	X					0.	0.	0.	
(46) DONALD WHINFREY BOARD MEMBER	1.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	20,327,644.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	94,398,721.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 352,906.			
	h	Total. Add lines 1a-1f		114,726,365.			
Program Service Revenue	2 a	US VISION PROGRAM	Business Code				
			624100	2,164,377.	2,164,377.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		2,164,377.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,031,331.		2031331.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	8,580,571.	0.		
	c	Gain or (loss)	7c	1,163,429.	38,083.		
	d	Net gain or (loss)		1,201,512.		1201512.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code	900099	101,466.	101,466.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		101,466.			
12	Total revenue. See instructions		120,225,051.	2,164,377.	0.	333,4309.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,714,542.	1,714,542.		
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	18,819,159.	18,819,159.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,573,451.	481,401.	1,677,954.	414,096.
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	31,860,627.	22,204,281.	8,135,997.	1,520,349.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,544,307.	2,921,250.	526,335.	96,722.
9 Other employee benefits	6,922,695.	5,398,722.	1,251,371.	272,602.
10 Payroll taxes	1,279,024.	380,272.	750,767.	147,985.
11 Fees for services (nonemployees):				
a Management				
b Legal	169,570.	112,803.	56,746.	21.
c Accounting	192,284.	118,895.	73,360.	29.
d Lobbying	13,258.		13,258.	
e Professional fundraising services. See Part IV, line 17	792,555.			792,555.
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.)	8,830,874.	7,616,659.	916,737.	297,478.
12 Advertising and promotion	413,014.	205,528.	24,964.	182,522.
13 Office expenses	1,069,823.	952,244.	107,529.	10,050.
14 Information technology				
15 Royalties				
16 Occupancy	2,078,540.	1,544,497.	533,704.	339.
17 Travel	17,286,178.	16,614,806.	619,540.	51,832.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,044,947.	2,982,808.	53,043.	9,096.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	826,968.	798,172.	28,796.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	5,592,543.	5,592,543.		
b EQUIPMENT & MAINTENANCE	2,945,865.	1,832,502.	977,812.	135,551.
c VEHICLES & MAINTENANCE	2,269,077.	2,258,931.	10,133.	13.
d _____				
e All other expenses _____	3,104,226.	1,780,449.	615,388.	708,389.
25 Total functional expenses. Add lines 1 through 24e	115,343,527.	94,330,464.	16,373,434.	4,639,629.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	15,047,607.	1	13,104,289.	
	2 Savings and temporary cash investments	46,971,228.	2	43,109,380.	
	3 Pledges and grants receivable, net	29,373,263.	3	29,731,986.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,958,421.			
	b Less: accumulated depreciation	10b 6,683,870.	1,451,714.	10c	1,274,551.
	11 Investments - publicly traded securities	61,149,965.	11	74,817,332.	
	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	3,854,903.	15	4,217,995.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	157,848,680.	16	166,255,533.		
Liabilities	17 Accounts payable and accrued expenses	8,775,433.	17	10,002,743.	
	18 Grants payable		18		
	19 Deferred revenue	28,675,569.	19	29,653,796.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,086,433.	25	2,839,982.	
	26 Total liabilities. Add lines 17 through 25	39,537,435.	26	42,496,521.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	21,077,792.	27	25,383,818.	
	28 Net assets with donor restrictions	97,233,453.	28	98,375,194.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	118,311,245.	32	123,759,012.	
	33 Total liabilities and net assets/fund balances	157,848,680.	33	166,255,533.	

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	120,225,051.
2	Total expenses (must equal Part IX, column (A), line 25)	2	115,343,527.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,881,524.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	118,311,245.
5	Net unrealized gains (losses) on investments	5	482,725.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	83,518.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	123,759,012.

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 on 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			
2b	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			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88855364.	118977866	142172263	70902171.	114726365	535634029
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	88855364.	118977866	142172263	70902171.	114726365	535634029
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11954082.
6 Public support. Subtract line 5 from line 4.						523679947

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	88855364.	118977866	142172263	70902171.	114726365	535634029
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	116,802.	49,830.	574,211.	847,303.	2031331.	3619477.
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.)	101,887.	27,991.	15,920.	1,206.	101,466.	248,470.
11 Total support. Add lines 7 through 10						539501976
12 Gross receipts from related activities, etc. (see instructions)					12	9,151,245.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	97.07 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	95.56 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

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

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

2020 AMOUNT: \$ 101,887.
 2021 AMOUNT: \$ 27,991.
 2022 AMOUNT: \$ 15,920.
 2023 AMOUNT: \$ 1,206.
 2024 AMOUNT: \$ 101,466.

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 (EIN) 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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	15,891.													
c Total lobbying expenditures (add lines 1a and 1b)	15,891.													
d Other exempt purpose expenditures	115327636.													
e Total exempt purpose expenditures (add lines 1c and 1d)	115343527.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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	13,000.	17,097.	18,154.	15,891.	64,142.
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) 2024

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)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments, and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

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.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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 (for example, 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,669,374.	1,571,759.	1,530,952.	1,789,820.	1,050,530.
b Contributions					500,000.
c Net investment earnings, gains, and losses	98,462.	97,615.	40,807.	-258,868.	239,290.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,767,836.	1,669,374.	1,571,759.	1,530,952.	1,789,820.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
- b** Permanent endowment 100 %
- c** Term endowment 0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		18,998.	17,811.	1,187.
d Equipment		7,939,423.	6,666,059.	1,273,364.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,274,551.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SEVERANCE ACCRUAL - FIELD OFFICES	2,571,891.
(3) OPERATING LEASE LIABILITY	268,091.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,839,982.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	131,246,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	482,725.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	10,538,535.	
e	Add lines 2a through 2d	2e		11,021,260.
3	Subtract line 2e from line 1		3	120,225,051.
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	120,225,051.

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	125,882,062.
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	10,538,535.	
e	Add lines 2a through 2d	2e		10,538,535.
3	Subtract line 2e from line 1		3	115,343,527.
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	115,343,527.

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 (2022-2024) OR EXPECTED TO BE TAKEN IN HKI'S FISCAL 2025 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 STATEMENTS 10,538,535.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY DISTRIBUTIONS REPORTED ON FINANCIAL STATEMENTS 10,538,535.

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)
		SUBSAHARAN AFRICA	AZYTHROMYCIN PROJECT	72,819.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	199,742.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	AZYTHROMYCIN PROJECT	217,599.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	122,522.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	67,097.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	226,014.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	AZYTHROMYCIN PROJECT	167,511.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	13,756.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **147**

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	20,386.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TRANSFORMING LIVES THROUGH NUTRITION	57,420.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TRANSFORMING LIVES THROUGH NUTRITION	10,132.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	TRANSFORMING LIVES THROUGH NUTRITION	50,682.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	127,843.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	123,422.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	492,599.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	91,964.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	246,904.	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)								
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)
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	257,333.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	164,483.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	245,282.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	58,566.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	108,863.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	197,852.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	167,950.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	11,359.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	183,767.	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)
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	147,411.4	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	116,654.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRANSFORMING LIVES THROUGH NUTRITION	462,684.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRANSFORMING LIVES THROUGH NUTRITION	926,898.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	169,469.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	220,163.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	251,674.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRANSFORMING LIVES THROUGH NUTRITION	752,027.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	343,625.	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)
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	96,927.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	184,504.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	208,322.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	101,050.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	161,481.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	147,754.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	28,736.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	237,881.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	150,220.	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)
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	56,569.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	24,737.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	107,876.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	105,939.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	229,272.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	86,333.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	162,857.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	31,079.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	304,902.	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)
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	22,521.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	35,264.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	26,079.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	20,915.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	31,831.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	43,127.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	62,830.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	33,444.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	17,460.	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)
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	45,334.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	14,924.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	5,584.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	6,965.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ELIMINATION OF LYMPHATIC PHILARIASIS	555,251.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	371,646.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	404,444.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	60,543.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	86,930.	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)
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	143,247.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRACHOMA ELIMINATION	360,154.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRACHOMA ELIMINATION	409,008.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	104,816.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRACHOMA ELIMINATION	560,222.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	386,303.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRACHOMA ELIMINATION	585,260.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	154,986.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	29,231.	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)
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	28,895.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	42,934.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRACHOMA ELIMINATION	236,858.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	5,398.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRANSFORMING LIVES THROUGH NUTRITION	34,511.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	5,352.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	6,560.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	7,110.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	8,043.	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)
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	6,959.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	19,176.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	6,110.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	8,354.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	15,882.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	8,272.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	11,796.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	6,110.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	6,222.	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)
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	8,272.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	10,627.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	8,452.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	10,616.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	11,995.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	6,167.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	TRANSFORMING LIVES THROUGH NUTRITION	30,236.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NTD (NEGLECTED TROPICAL DISEASE)	123,110.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	9,611.	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)
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	8,272.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	6,110.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	6,241.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NUTRITION SENSITIVE AND CLIMATE SMART AGRICULTURE PRACTICE	19,086.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ACCESS TO PRIMARY HEALTH CARE SERVICES	6,110.	WIRE TRANSFER	0.		
		SOUTH ASIA	TRANSFORMING LIVES THROUGH NUTRITION	110,939.	WIRE TRANSFER	0.		
		SOUTH ASIA	TRANSFORMING LIVES THROUGH NUTRITION	145,176.	WIRE TRANSFER	0.		
		SOUTH ASIA	INTEGRATED NUTRITION ACTION	173,725.	WIRE TRANSFER	0.		
		SOUTH ASIA	TRANSFORMING LIVES THROUGH NUTRITION	68,993.	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 ACTION	53,979.	WIRE TRANSFER	0.		
		SOUTH ASIA	INTEGRATED NUTRITION ACTION	5,604.	WIRE TRANSFER	0.		
		SOUTH ASIA	TRANSFORMING LIVES THROUGH NUTRITION	154,858.	WIRE TRANSFER	0.		
		SOUTH ASIA	BANI (BANDARBAN AGRICULTURE AND NUTRITION INITIATIVE	308,807.	WIRE TRANSFER	0.		
		SOUTH ASIA	TRANSFORMING LIVES THROUGH NUTRITION	140,731.	WIRE TRANSFER	0.		
		SOUTH ASIA	INTEGRATED NUTRITION ACTION	149,949.	WIRE TRANSFER	0.		
		SOUTH ASIA	TRANSFORMING LIVES THROUGH NUTRITION	213,319.	WIRE TRANSFER	0.		
		SOUTH ASIA	INTEGRATED NUTRITION ACTION	8,073.	WIRE TRANSFER	0.		
		SOUTH ASIA	BANI (BANDARBAN AGRICULTURE AND NUTRITION INITIATIVE	472,396.	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)
		SUBSAHARAN AFRICA	NUTRITION SENSITIVE AND CLIMATE SMART AGRICULTURE PRACTICE	64,873.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VITAMIN A SUPPLEMENTATION PROJECT	58,087.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	LARGE SCALE FOOD FORTIFICATION	86,199.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	LARGE SCALE FOOD FORTIFICATION	107,354.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	GENDER-TRANSFORMATIVE FOOD AND NUTRITION SECURITY PROJECT IN SOFALA PROVINCE	12,441.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	ORGANIZE A WORKSHOP WITH KEY STAKEHOLDERS FOR THE PREPARATION OF A PROPOSAL TO	8,459.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NEGLECTED TROPICAL DISEASES	11,278.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	NEGLECTED TROPICAL DISEASES	129,910.	WIRE TRANSFER	0.		
		SUBSAHARAN AFRICA	VAS CAMPAIGNS	169,393.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

HELEN KELLER INTL MONITORS THE USE OF GRANT FUNDS OUTSIDE THE U.S. THROUGH THE COMBINATION OF PRE-AWARD ASSESSMENTS OF SYSTEMS & CONTROLS; MONITORING VISITS; DESKTOP AND INTERNAL AUDITS; REVIEW OF EXTERNAL AUDIT REPORTS WHEN REQUIRED AND REVIEW OF PERIODIC FINANCIAL AND PROGRAMMATIC REPORTS SUBMITTED AS SPECIFIED IN THE DONOR AGREEMENT.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

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
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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			
FUSE FUNDRAISING GROUP LLC - 12355 SUNRISE VALLEY DRIVE, THE STELTER COMPANY - 10435 NEW YORK AVENUE, DES MOINES, INTERACTIVE STRATEGIES, LLC - 1133 CONNECTICUT AVE,	DIRECT MAILING PROGRAM		X	1,016,441.	617,575.	398,866.
	DIRECT MAILING PROGRAM		X	47,680.	105,580.	-57,900.
	DIRECT MAILING PROGRAM		X	13,718.	69,400.	-55,682.
Total				1,077,839.	792,555.	285,284.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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.

Revenue		(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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

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

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

Name _____

Address _____

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

(I) ADDRESS OF FUNDRAISER:

12355 SUNRISE VALLEY DRIVE, SUITE 240, RESTON, VA 20191

(I) NAME OF FUNDRAISER: THE STELTER COMPANY

(I) ADDRESS OF FUNDRAISER: 10435 NEW YORK AVENUE, DES MOINES, IA 50322

(I) NAME OF FUNDRAISER: INTERACTIVE STRATEGIES, LLC

(I) ADDRESS OF FUNDRAISER: 1133 CONNECTICUT AVE, WASHINGTON, DC 20036

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD BALTIMORE, MD 21211	52-0595110	501(C)(3)	76,438.	0.			SUPPORT FOR NUTRITION PROGRAM
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVE DAVIS, CA 95616	94-6036494	501(C)(3)	1,168,916.	0.			SUPPORT FOR NUTRITION PROGRAM
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143	94-6036494	501(C)(3)	267,857.	0.			SUPPORT OF AMR MONITORING AND MORTALITY RESEARCH
UNIVERSITY OF SOUTH CAROLINA (USC) 1600 HAMPTON STREET COLUMBIA, SC 29208	57-6001533	501(C)(3)	21,637.	0.			SUPPORT FOR NUTRITION PROGRAM
FAMILY HEALTH INTERNATIONAL (FHI360) - 1825 CONNECTICUT AVE, NW - WASHINGTON, DC 20009-5721	45-3735754	501(C)(3)	179,695.	0.			SUPPORT FOR NUTRITION PROGRAM

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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 PRE-AWARD ASSESSMENTS OF SYSTEMS & CONTROLS; MONITORING VISITS; DESKTOP AND INTERNAL AUDITS; REVIEW OF EXTERNAL AUDIT REPORTS WHEN REQUIRED AND REVIEW OF PERIODIC FINANCIAL AND PROGRAMMATIC REPORTS SUBMITTED AS SPECIFIED IN THE DONOR AGREEMENT.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

HELEN KELLER INTERNATIONAL

Employer identification number

13-5562162

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 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.

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.

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.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC 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) SARAH BOUCHIE PRESIDENT & CEO - CURRENT	(i)	425,000.	0.	0.	21,250.	4,020.	450,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES D. COX CHIEF OPERATING OFFICER - UNTIL SEP	(i)	276,092.	0.	0.	10,088.	20,471.	306,651.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN KOTCHER VP, EXTERNAL RELATIONS	(i)	270,783.	0.	0.	13,539.	17,610.	301,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PATRICIA MANYARI CHIEF FINANCIAL OFFICER	(i)	267,997.	0.	0.	26,067.	6,563.	300,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHAWN BAKER CHIEF PROGRAM OFFICER	(i)	265,200.	0.	0.	13,260.	19,711.	298,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SATISH RAJ PANDEY REGIONAL DIRECTOR, ASIA	(i)	242,842.	0.	0.	10,200.	17,706.	270,748.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAURA T. FITZGERALD CHIEF PEOPLE & CULTURE OFF-UNTIL DEC	(i)	247,179.	0.	0.	12,359.	4,291.	263,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID DOLEDEC PROGRAM DIRECTOR, VITAMIN A SUPPLEME	(i)	238,408.	0.	0.	6,398.	16,166.	260,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RIC PLAISANCE VP, INFO & OPS SYSTEMS	(i)	223,333.	0.	0.	11,167.	19,157.	253,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SOBANA PRASAD VP, FINANCE & ACCT - UNTIL MARCH 202	(i)	222,970.	0.	0.	11,024.	19,044.	253,038.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANGELA M. WEAVER HEAD - CENTER FOR PROGRAM IMPACT	(i)	215,885.	0.	0.	10,794.	25,962.	252,641.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) TREENA BISHOP CHIEF OF PARTY, BANI - UNTIL AUG 202	(i)	229,405.	0.	0.	5,558.	15,561.	250,524.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) THOMAS VAN MOURIK GLOBAL FOOD SYSTEMS ADVISO	(i)	221,045.	0.	0.	6,777.	15,146.	242,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ROLF KLEMM VICE PRESIDENT - NUTRITION	(i)	216,008.	0.	0.	10,707.	5,828.	232,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KRISTINE GARN NUTRITION ADVISOR & COORDINATOR, AFR	(i)	197,986.	0.	0.	6,783.	16,126.	220,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) VOLKAN CAKIR HEAD - CENTER FOR STRATEGIC PARTNERS	(i)	181,123.	0.	0.	9,056.	12,804.	202,983.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 and/or 1099-NEC 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				
(17) NICHOLAS KOURGIALIS VICE PRESIDENT - EYEHEALTH FORMER	(i)	183,745.	0.	0.	3,703.	5,931.	193,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, LINE 1A

SATISH RAJ PANDEY RECEIVED AN EDUCATIONAL ALLOWANCE.

DAVID DOLEDEC RECEIVED A HOUSING ALLOWANCE, EDUCATIONAL ALLOWANCE,
FIELD SALARY TAXES, HOME LEAVE TRAVEL

TREENA BISHOP RECEIVED AN EDUCATION ALLOWANCE, HOUSING ALLOWANCE AND
STORAGE ALLOWANCE

THOMAS VAN MOURIK RECEIVED AN EDUCATIONAL ALLOWANCE.

KRISTINE GARN RECEIVED AN EDUCATIONAL ALLOWANCE, RELOCATION ALLOWANCE

SCHEDULE J, PART II

SOME OF THE EMPLOYEES REPORTED IN SCHEDULE J, PART II ARE NON-US
CITIZENS WHO PERFORM SERVICES OUTSIDE OF THE UNITED STATES AND ARE NOT
SUBJECT TO U.S. INCOME TAX WITHHOLDING; THEREFORE, FORMS W-2 ARE NOT
ISSUED. REPORTED COMPENSATION MAY INCLUDE EMPLOYER-PAID BENEFITS SUCH
AS LIFE INSURANCE, GROUP HEALTH INSURANCE, AND HOUSING ALLOWANCES AS
APPLICABLE AND IN ACCORDANCE WITH THE ORGANIZATION'S COMPENSATION
POLICIES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I	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	X	3	2,950.	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	22	349,956.	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				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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.

SCHEDULE M, PART I, LINE 32B:

HELEN KELLER INTERNATIONAL CONTRACTED WITH A NON-PROFIT ENTITY TO SELL
DONATED VEHICLES

Lined area for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

HELEN KELLER INTERNATIONAL

Employer identification number

13-5562162

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MILLIONS OF PEOPLE CREATE LASTING CHANGE IN THEIR OWN LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MILLIONS OF PEOPLE CREATE LASTING CHANGE IN THEIR OWN LIVES. WORKING IN
20 COUNTRIES WITH NEARLY 1,000 STAFF ACROSS AFRICA, ASIA, EUROPE, AND
THE UNITED STATES, AND TOGETHER WITH A GLOBAL COMMUNITY OF SUPPORTERS,
WE HELP ENSURE EVERY PERSON HAS THE OPPORTUNITY AS HELEN DID TO REACH
THEIR TRUE POTENTIAL.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
STATES, WE PARTNER WITH SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS TO
PROVIDE VISION SCREENINGS, EYE EXAMS, AND PRESCRIPTION GLASSES FOR
VULNERABLE CHILDREN AND ADULTS. LAST YEAR WE SUPPORTED VISIONS
SCREENINGS FOR MORE THAN 136,000 STUDENTS AND ADULTS GLOBALLY, OF WHICH
119,600 RESIDED IN THE UNITED STATES, AND PROVIDED FREE EYEGLASSES TO
OVER 31,600 (OR 78%) OF THOSE DIAGNOSED WITH REFRACTIVE ERROR. IN 14
COUNTRIES AROUND THE WORLD, HELEN KELLER IS DELIVERING
VISION-PROTECTING VITAMIN A TO MILLIONS OF CHILDREN, STAVING OFF
BLINDNESS AND BUILDING IMMUNE SYSTEMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
47 MILLION CHILDREN UNDER THE AGE OF FIVE WITH TWO DOSES OF VITAMIN A
SUPPLEMENTATION. WE ALSO CONTINUED OUR SUPPORT TO GOVERNMENTS AND
PRIVATE SECTOR COMPANIES IN LARGE SCALE FOOD FORTIFICATION IN SEVERAL
COUNTRIES ACROSS AFRICA (BURKINA FASO, NIGERIA, AND SENEGAL) TO EXPLORE
FORTIFICATION OF BOUILLON CUBES. WE ESTIMATE HAVING REACHED MORE THAN
2.2 MILLION FAMILIES WITH BETTER ACCESS TO MICRONUTRIENT-RICH FOODS
SINCE WE FIRST BEGAN SUPPORTING THESE APPROACHES MORE THAN THREE
DECADES AGO.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
WE WORKED WITH MINISTRIES OF HEALTH TO TREAT MORE THAN 32.3 MILLION
INDIVIDUALS FOR AT LEAST ONE OF THESE FIVE DISEASES IN SEVEN AFRICAN
COUNTRIES (BURKINA FASO, CAMEROON, GUINEA, MALI, NIGER, NIGERIA AND
SIERRA LEONE), CONTRIBUTING GREATLY TO NATIONAL EFFORTS TOWARDS THEIR
CONTROL AND ELIMINATION. HELEN KELLER IS ALSO INVOLVED IN MORBIDITY
MANAGEMENT AND DISABILITY PREVENTION RELATED SPECIFICALLY TO TRACHOMA
AND LYMPHATIC FILARIASIS AND IS WORKING TO BUILD THE CAPACITY OF
NATIONAL GOVERNMENT AND PARTNER ORGANIZATIONS IN THIS AREA IN FIVE
AFRICAN COUNTRIES (MALI, NIGER, NIGERIA, SIERRA LEONE AND TANZANIA). IN
2025, WE SCREENED MORE THAN 1.6 MILLION INDIVIDUALS FOR TRACHOMA AND
SUPPORTED SURGERY FOR OVER 2,400 PEOPLE AFFECTED BY A BLINDING
CONDITION RESULTING FROM TRACHOMA (TRICHIASIS). THE COMBINATION OF
THESE HELEN KELLER-SUPPORTED EFFORTS HAS LED TO THE GREAT SUCCESS OF
MALI ELIMINATING TRACHOMA AS A PUBLIC HEALTH PROBLEM IN 2023 AND NIGER
ELIMINATING ONCHOCERCIASIS IN 2025; OTHER COUNTRIES CONTINUE TO MAKE
PROGRESS IN THIS DIRECTION WITH TRACHOMA, LYMPHATIC FILARIASIS AND
ONCHOCERCIASIS

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
BANGLADESH, BURKINA FASO, CAMBODIA, CAMEROON,

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	HELEN KELLER INTERNATIONAL	Employer identification number	13-5562162
COTE D IVOIRE, GUINEA, MALI, MOZAMBIQUE, NEPAL, NIGER, NIGERIA, PHILIPPINES, SENEGAL, SIERRA LEONE, TANZANIA, VIETNAM, KENYA, BURMA, CONGO, DEM REP			

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

THE FORM 990 IS PREPARED BY TAIT, WELLER & BAKER LLP BASED ON INFORMATION RECEIVED FROM THE FINANCE TEAM AT HELEN KELLER INTL. THE SENIOR DIRECTOR OF FINANCE AND ACCOUNTING CONDUCTS THE INITIAL REVIEW OF THE RETURN WITH THE CFO. THE BOARD OF DIRECTORS EXERCISES OVERSIGHT OF THE FORM 990 THROUGH A STRUCTURED REVIEW PROCESS. THE FINANCE COMMITTEE CHAIR REVIEWS THE RETURN BEFORE SUBMITTING IT TO THE BOARD. EVERY BOARD MEMBER RECEIVES THE FINAL DRAFT FORM 990, ACCOMPANIED BY AN EXECUTIVE SUMMARY HIGHLIGHTING MATERIAL CHANGE FROM PRIOR FILINGS, FOR REVIEW, COMMENT, AND ENDORSEMENT BEFORE FILING. TO ENSURE CONTINUED BOARD OVERSIGHT, A FORMAL BOARD-LEVEL REVIEW AND APPROVAL IS CONDUCTED AS PART OF THE ORGANIZATION'S ANNUAL GOVERNANCE AND OVERSIGHT PROCESS.

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

HELEN KELLER INTL HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES HELEN KELLER INTL'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 HAVE BEEN COMPLETED AND SUBMITTED AND 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.

FORM 990, PART VI, SECTION C, LINE 19:

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

FORM 990, PART IX

TOTAL NUMBER OF INDIVIDUALS EMPLOYED IN CALENDAR YEAR 2024 (PART V, LINE 2A), REPRESENT U.S. STAFF ONLY. TOTAL HELEN KELLER INTL. STAFF ACROSS 20 COUNTRIES IS 1005. PART IX, COLUMN (A), LINES 5-10 REPRESENT

Name of the organization HELEN KELLER INTERNATIONAL	Employer identification number 13-5562162
SALARY, OTHER COMPENSATION, AND EMPLOYEE BENEFITS FOR FULL GLOBAL STAFF COUNT OF 1005.	

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN PERPETUAL AND RESTRICTED TRUSTS **83,518.**

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HKI SUPPORT, INC. - 26-4676791 ONE DAG HAMMARSKJOLD PLAZA, FLOOR 2 NEW YORK, NY 10017	TO SUPPORT THE PRIMARY PURPOSE OF HELEN KELLER INTERNATIONAL	NEW YORK	501(C)(3)	LINE 12A, I	HELEN KELLER INTERNATIONAL	X	
HKI - KENYA LAVINGTON BRAESIDE GARDENS OFF MUTHANGARI RO NAIROBI, KENYA		KENYA			HELEN KELLER INTERNATIONAL	X	
HKI - TANZANIA 153 HAILLE SELASSIE ROAD, PO BOX 34424 DAR ES SALAAM, TANZANIA		TANZANIA			HELEN KELLER INTERNATIONAL	X	
HKI - NIGERIA NO 18, THOMAS SANKARA STREET, ASOKORO ABUJA, NIGERIA		NIGERIA			HELEN KELLER INTERNATIONAL	X	

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

Schedule R (Form 990) (Rev. 1-2025)

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.

SCHEDULE R, PART II

CERTAIN ORGANIZATIONS IN KENYA, NIGERIA AND TANZANIA LISTED ON SCHEDULE R ARE CONTROLLED BY HELEN KELLER INTL THROUGH ECONOMIC INTEREST AND/OR THEIR BOARD OF DIRECTORS.

Multiple horizontal lines for supplemental information.