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GOVERNMENT COPY

PRESTI & NAEGELE 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001 212-736-0055

MARCH 7, 2018

GISELA KELLER 358 7TH AVENUE, PMB 120 BROOKLYN, NY 11215

DEAR GISELA,

ENCLOSED IS THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORTS ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

MINNESOTA ANNUAL REPORT:

THE MINNESOTA ANNUAL REPORT SHOULD BE MAILED ON OR BEFORE JULY 16, 2018 TO:

MINNESOTA ATTORNEY GENERALS OFFICE CHARITIES DIVISION 445 MINNESOTA STREET, SUITE 1200 ST. PAUL, MN 55101-2130

ENCLOSE A CHECK OR MONEY ORDER FOR \$25.00, PAYABLE TO STATE OF MINNESOTA.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500:

THE NEW YORK FORM CHAR500 SHOULD BE MAILED ON OR BEFORE MAY 15, 2018 TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271

ENCLOSE A CHECK OR MONEY ORDER FOR \$125.00, PAYABLE TO DEPARTMENT OF LAW.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

ANNEMARIE AGUANNO, CPA

PRESTI & NAEGELE 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001 212-736-0055

MARCH 7, 2018

GISELA KELLER HELVETAS USA 358 7TH AVENUE, PMB 120 BROOKLYN, NY 11215

DEAR GISELA:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2017 FORM 990

2017 MINNESOTA ANNUAL REPORT

2017 NEW YORK FORM CHAR500

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

ANNEMARIE AGUANNO, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	GISELA KELLER HELVETAS USA 358 7TH AVENUE, PMB 120 BROOKLYN, NY 11215
Prepared by	PRESTI & NAEGELE 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2018.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service For calendar year 2017, or fiscal year beginning ______, 2017, and ending ______ ▶ Do not send to the IRS. Keep for your records. ▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

Name of exempt organization

47-2569247

20

HELVETAS USA

Name and title of of	ticer
MELCHIOR	LENGSFELD
PRESIDENT	C

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

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	749,969.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize PRESTI & NAEGELE	to enter my PIN	12345
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within t is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating cha program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature Date Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN. 26497154322 Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for th confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Mel e-file Providers for Business Returns.		
ERO's signature Date Date	/07/18	
ERO Must Retain This Form - See Instructions		
Do Not Submit This Form to the IRS Unless Requested To Do	o So	
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2017)
723051 10-11-17		

2017.03040 HELVETAS USA

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

HELVETAS USA 358 7TH AVENUE, PMB 120 BROOKLYN, NY 11215

> MINNESOTA ATTORNEY GENERALS OFFICE CHARITIES DIVISION 445 MINNESOTA STREET, SUITE 1200 ST. PAUL, MN 55101-2130

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	GISELA KELLER HELVETAS USA 358 7TH AVENUE, PMB 120 BROOKLYN, NY 11215
Prepared by	PRESTI & NAEGELE 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001
Amount due or refund	BALANCE DUE OF \$25.00
Make check payable to	STATE OF MINNESOTA
Mail tax return and check (if applicable) to	MINNESOTA ATTORNEY GENERALS OFFICE CHARITIES DIVISION 445 MINNESOTA STREET, SUITE 1200 ST. PAUL, MN 55101-2130
Return must be mailed on or before	JULY 16, 2018
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address: www.ag.state.mn.us/charity

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization HELVETAS USA				
Federal EIN: <u>47-2569247</u>	Fiscal Year-End: <u>12312017</u> mm/dd/yyyy			
	Did the organization's fiscal year-end change? Yes X No			
Mailing Address:	Physical Address: GISELA KELLER			
Contact Person 358 7TH AVENUE, PMB 120	Contact Person 358 7TH AVENUE, PMB 120			
Street Address BROOKLYN, NY 11215	Street Address BROOKLYN, NY 11215			
City, State, and ZIP Code 646-643-0390	City, State, and ZIP Code 646-643-0390			
Phone Number GISELA.KELLER@HELVETAS.ORG	Phone Number GISELA.KELLER@HELVETAS.ORG			
Email Address	Email Address			
 Organization's website: <u>HELVETASUSA.ORG</u> List all of the organization's alternate and former names (attach list if m List all names under which the organization solicits contributions (attach list) 	Alternate Former			
 Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Total amount of contributions the organization received from Minnesot 	Yes X No			
5. Total amount of contributions the organization received norm minnesot				
 Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation. 				
 7. Has the organization significantly changed its purpose(s) or program(s) Yes X No If yes, attach explanation. 	?			

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14000307 758202 A10404

C2

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or gove \square Yes \boxed{X} No If yes, attach explanation.	ernment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? \Box Yes X No	consultant) to	
	If yes, provide the following information for each (attach list if more space is needed):		
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Cod	e
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached Note: An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or donated food to a nonprofit food shelf may be excluded from the total revenue if the for subsequent distribution at no charge and is not resold.	LPA. The value of	
11.	Do any directors, officers, or employees of the organization or its related organization(s compensation* of more than $100,000$? Yes X No If yes, provide the following information for the five highest paid individuals:	s) receive total	
	Name and title	Compensation*	Other compensation
	GISELA KELLER	150 000	0

150,900.	0.
	150,900.

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)

issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. \S 317A.011 for definitions.

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C2

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME		
1. Contributions Received	\$	7 49,969. 1
2. Government Grants	\$	2
3. Program Service Revenue	\$	3
4. Other Revenue	\$	4
5. TOTAL INCOME	\$	749,969.5
EXPENSES		
6. Program Expenses	\$	264,829. ₆
7. Management & General Expenses	\$	16,145. ₇
8. Fund-raising Expenses	\$	8
9. TOTAL EXPENSES	\$	280,974. ₉
10. EXCESS or DEFICIT	\$	468,995.10
(Line 5 minus Line 9)		
ASSETS		
11. Cash	\$	61,745. ₁₁
12. Land, Buildings & Equipment	\$	12
13. Other Assets	\$	406,304. 13
14. TOTAL ASSETS	\$	468,049. 14
LIABILITIES		
15. Accounts Payable	\$	7,339. ₁₅
16. Grants Payable	\$	16
17. Other Liabilities	\$	17
18. TOTAL LIABILITIES	\$	7,339. 18
FUND BALANCE/NET WORTH	\$	460,710.
(Line 14 minus Line 18)	·	

785473 04-01-17

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colu	mns B, C, and D must equal Column A. The amou	nt on Line 25, Column A	must match Line 17 of I	RS Form 990-EZ or Line	26 of IRS Form 990-PF.
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	59,283.	59,283.		
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees	150,900.	135,810.	15,090.	
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				
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes	10,563.	9,508.	1,055.	
11.	Fees for services (non-employees):				
a.	Management				
b.	Legal	820.	820.		
	Accounting	14,688.	14,688.		
d.	Lobbying				
e.	Professional fundraising services				
	Investment management fees				
	Other	300.	300.		
12.	Advertising and promotion				
13.	Office expenses	676.	676.		
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel	30,706.	30,706.		
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings	542.	542.		
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance	989.	989.		
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.	BANK CHARGES				
	LICENSES AND PERMITS				
	SUPPORT				
	ALL OTHER EXPENSE STMT 1				
25.	Total functional expenses. Add lines 1 through 24d	269,467.	253,322.	16,145.	
26.	Joint costs. Check here	,	, . =	- , = - • •	
	SOP 98-2. Complete this line only if the organi-				
	zation reported in Column B joint costs from a				
	combined educational campaign and fundraising solicitation				
L					

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CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowled	gment							
The form must be executed pursuant to a resolution of the board of director	s, trustees, or managing group and							
must be signed by two officers of the organization. See Minn. Stat. $\S309.52$	nust be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.							
We, the undersigned, state and acknowledge that we are duly constitut	ed officers of this organization, being the							
(Title) and	(Title) respectively, and							
that we execute this document on behalf of the organization pursuant to the	e resolution of the							
(Board o	f Directors, Trustees, or Managing Group) adopted on the							
day of, 20, approving the contents of the docume	ent, and do hereby certify that the							
(Board o	f Directors, Trustees, or Managing Group) has assumed, and will continue							
to assume, responsibility for determining matters of policy, and have superv	ised, and will continue to supervise, the operations and finances of the							
organization. We further state that the information supplied is true, correct a	nd complete to the best of our knowledge.							
MELCHIOR LENGSFELD								
Name (Print)	Name (Print)							
Signature	Signature							
PRESIDENT								
Title	Title							
Date	Date							

C2

ANNUAL REPORT	ALL	OTHER EX		FOR ATEME		AL EXPEN	SE	STATEMENT	1
DESCRIPTION		TOTAL		PROGRAM M		MANAGEMENT		FUNDRAISING	
OPERATIONS			0.		0.		0.		0.
PAYROLL PROCESSING	FEES		0.		0.		0.		0.
TOTAL TO LINE 24D OF STATEMENT OF FUNCTIONAL EXPENSE			0.		0.		0.		0.

Department of the Treasury

Internal Revenue Service

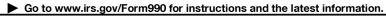
Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Inspection

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



AF	or th	e 2017 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre	HELVETAS USA			
	Name chang	e Doing business as		47-2	569247
	Initial return	, , , , , , , , , , , , , , , , , , , ,	Room/suite		
	Final			646-	643-0390
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	749,969.
	Amen	BROOKLIN, NI 11215		H(a) Is this a group re	
	Applie tion pendi			for subordinates	? Yes X No
	-	406 /TH AVE, #5, BROOKLYN, NY 11215		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)
		te: HELVETASUSA.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other ►	L Year	of formation: 2014	State of legal domicile: MN
Pa	rt I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities:	ETAS (JSA IS ORGAN	
anc				COMMUNITIES	IN
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net as	
Š	3				9
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		0	
ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		1	
Activities &	6	Total number of volunteers (estimate if necessary)		6	0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		193,365.	749,969.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		193,365.	749,969.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	59,283.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		• •	0.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		113,175.	161,463.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ц.		Total fundraising expenses (Part IX, column (D), line 25)	0.	40 1 6 4	<u> </u>
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		40,164.	60,228.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		153,339.	280,974.
	19	Revenue less expenses. Subtract line 18 from line 12		40,026.	468,995.
s or nces			B	eginning of Current Year	End of Year
Assets - Balanc		Total assets (Part X, line 16)		57,109.	481,565.
et A: nd E	21	Total liabilities (Part X, line 26)		51,878.	7,339.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		5,231.	474,226.
Pa	irt II	Signature Block			

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

Sign Here	Signature of officer <u>MELCHIOR LENGSFELD, PR</u> Type or print name and title	ESIDENT	Date
Paid	Print/Type preparer's name ANNEMARIE AGUANNO, CPA	Preparer's signature	Date Check PTIN 03/07/18 if self-employed P00734346
Preparer	Firm's name ▶ PRESTI & NAEGELE		Firm's EIN 11-2965470
Use Only	Firm's address 225 WEST 35TH ST NEW YORK, NY 100	•	Phone no. 212 - 736 - 0055
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
732001 11-2		<i>i</i>	Form 990 (2017)
5	SEE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CONTINUATION
1400030	7 758202 A10404 203	17.03040 HELVETAS US	A A10404_1

Form	1990 (2017) HELVETAS USA	47-2569247 Page	2						
	rt III Statement of Program Service Accomplishments	×							
	Check if Schedule O contains a response or note to any line in this Part III		5						
1	Briefly describe the organization's mission:								
	HELVETAS USA IS ORGANIZED TO SUPPORT POOR AND								
	AND COMMUNITIES IN DEVELOPING COUNTRIES IN THE								
	LIVING CONDITIONS, PRIMARILY BY RAISING PUBLIC								
	STATES OF HELVETAS SWISS INTERCOOPERATION AND	ITS GLOBAL PROGRAMS							
2	Did the organization undertake any significant program services during the year which were								
	prior Form 990 or 990-EZ?	Yes X N	o						
	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 N	o						
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest p	rogram 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, a								
	revenue, if any, for each program service reported.								
4a	(Code:) (Expenses \$ 264,829 • including grants of \$ 59	9,283.) (Revenue \$)						
	TO STRENGTHEN RELATIONSHIPS BETWEEN THE SWISS		-						
	INTERCOOPERATION AND STRATEGIC PARTNERS IN THE	UNITED STATES.							
			_						
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>						
10			- '						
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)						
4d	Other program services (Describe in Schedule O.)								
		venue \$)							
4e	Total program service expenses 264,829.								
		Form 990 (20	17)						
732002	2 11-28-17								
	10								

14000307 758202 A10404 2017.03040 HELVETAS USA

Form	990	(2017))

HELVETAS USA Part IV Checklist of Required Schedules

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	Х				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for						
	public office? If "Yes," complete Schedule C, Part I	3		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect						
	during the tax year? If "Yes," complete Schedule C, Part II	4		X			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or						
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for						
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?						
	If "Yes," complete Schedule D, Part IV	9		X			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent						
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X						
	as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x			
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x			
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in						
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI and XII	12a		X			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?						
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,						
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000						
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X			
15			v				
		15	Х				
16				v			
		16		X			
17		4-		v			
40		17		X			
18		40		x			
10		18		- 22			
19		19		x			
	 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 						

Form **990** (2017)

732003 11-28-17

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Form	990	(2017)

HELVETAS USA Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31		31		x
32	It "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31		
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017)

732004 11-28-17

Form	990 (2017) HELVETAS USA 47-2569	247	Р	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
Lu	filed for the calendar year ending with or within the year covered by this return 2a 1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
5	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
τu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	та		
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		<u> </u>
Uu	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Uu		
5	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>
Ū	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Form **990** (2017)

732005 11-28-17

						age
Pa		-		"No" r	espor	ise
						X
200			<u></u>			
Jec	Part VI Governance, Management, and Disclosure for each "Ves" response to lines 2 through 7b below, and for a " to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check 15 Schedule O. See instructions. Check 15 Schedule O contains a response or note to any line in this Part VI Image: Check 15 Schedule O. See instructions. Table A. Governing Body and Management Image: Check 15 Schedule O. See instructions. Image: Check 15 Schedule O. See instructions. 1a Enter the number of voting members of the governing body, at the end of the tax year			Yes	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9		103	
b		1b	0			
2		ip with any other				
				2		X
3						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed? \dots		4		X
5				5		X
6				6		X
7a						
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or				
				7b		X
					37	
а	The governing body?			8a	X	
				8b	Х	
9				•		x
				9		
ec	tion D. Policies (This Section B requests information about policies not required by the internal P	evenue Code.)			Yes	
0-	Did the organization have local chapters, branches, or affiliate?		ſ	10a	res	No X
			r	10a		
b				10b		
1a				11a	x	
		before ming the		114		
				12a		X
				12b		
				12c		
3	Did the organization have a written whistleblower policy?			13		X
4				14		X
5						
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participatior	1 I			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's				
			<u></u>	16b		
ec						
17	Yill Gavernance, Management, and Disclosure For each "ver regionse to line 3 through 7b below, and for a "Mole to line 8, 8, 80, 01 to below, describe the circumstance, processes, or changes in Schedule O. See instructions. Due de 8, 8, 80, or 10b below, describe the circumstance, processes, or changes in Schedule O. See instructions. Due de 8, 80, or 10b below, describe the circumstance, processes, or changes in Schedule O. The Coverning Body and Management. Enter the number of voting members of the governing body at the end of the tax year. In the rear enable differences in voting rights among members of the governing body. or the governing body or under the direct supervision of the organization delegate control over management duties customally performed by or under the direct supervision of the organization bave members or stocholders, or exponents on the person? Did the organization bave members or stocholders, or other persons who had the power to elect or appoint one or nore members of the governing body? 7 Ver any officer, director, trustence, the yemployee site an management during to year by the introvers, stocholders, or exponence members of the governing body? 7 Ver and the organization have members, stockholders, or exponence stocholders, or exponence stocholders, or exponence stocholders, or					
18		T (Section 501(c)(3)s only) a	vailab	le	
19		onflict of interest p	olicy, and	finan	cial	
20		ooks and records:	▶			
		01				
				Form	990	(201
200					1000	(201
00				A1()40	4 1
-					-	

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	box offic	not c , unle	Pos heck ss pe	ition more rson i	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	st any big to the organization elated entry in the elated entry in			organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) AVERY LOUISE BANG	10.00	v						0.	0.	0.
BOARD MEMBER (2) DR. ERIK BUTLER	10.00	X						0.	0.	0.
(2) DR. ERIK BUTLER BOARD MEMBER	10.00	x						0.	0.	0.
(3) JOHN D. HOLM	10.00							0.		0.
BOARD MEMBER	10.00	x						0.	0.	0.
(4) RUDOLF LAAGER	10.00	<u> </u>								
BOARD MEMBER		x						0.	0.	0.
(5) LANCE PIERCE	10.00	<u> </u>								
BOARD MEMBER		x						0.	0.	0.
(6) STEFAN STOLLE	10.00									
BOARD MEMBER		x						0.	0.	0.
(7) MARK WAY	10.00									
BOARD MEMBER		X						0.	0.	0.
(8) MELCHIOR LENGSFIELD	10.00									
PRESIDENT				Х				0.	0.	0.
(9) PIERRE-ETIENNE WEBER	10.00									_
TREASURER				Х				0.	0.	0.
(10) GISELA KELLER	10.00									
MANAGING DIRECTOR						X		150,900.	0.	0.
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732007 11-28-17

	990 (2017) HELVETAS	USA								47-2	569	247	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	itior ^{more} rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	n	am	(F) timate ount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fro orga and	oensa om the anizati d relate nizatie	e ion ed
	Sub-total								150,900.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	le		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J for s</i>								highest compensated e			3	103	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	le co " <i>co</i>	omp mple	ensa ete S	atior Sche	n and edule	d otl ə <i>J f</i>	her compensation from for such individual	the organization		4	x	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for (A) Name and business			ONE					(B) Description of s		C	(C omper		n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li: 0	stec	d above) who received n	nore than		Form \$		0017)

732008 11-28-17

Form	n 990 ((2017) HELVE	TAS USA				47-2569	247 Page 9
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, (Am	с	Fundraising events	1c					
Gif	d	Related organizations	1d					
ns,		Government grants (contribut						
er S	f	All other contributions, gifts, gran						
ĘĘ		similar amounts not included abo	ve 1f	749,969.				
ont	-	Noncash contributions included in lines						
<u>ה</u> 0	h	Total. Add lines 1a-1f			749,969.			
	-			Business Code				
Program Service Revenue	2 a							
Ser	b							
E Ser	с С							
gra Re	d e							
Pro	f	All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of ta						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
		Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		▶				
Other Revenue	8 a	Gross income from fundraisin	•					
ver		including \$ contributions reported on line						
Å		Part IV, line 18	,					
the	ь	Less: direct expenses						
Ó		Net income or (loss) from fund		>				
		Gross income from gaming ad						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		►				
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	IE	Business Code				
	11 a							
	b							
	с с	All other revenue						
	d e	All other revenue						
	12	Total revenue. See instructions.			749,969.	0.	0.	0.
73200	9 11-28			F	•	I	-	Form 990 (2017)

HELVETAS USA

Part IX Statement of Functional Expenses

7b, 8 1	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B)	(C)	(D)
i	Grants and other assistance to domestic organizations expenses		Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		·		•
2	and domestic governments. See Part IV, line 21 \dots				
-	Grants and other assistance to domestic				
i	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	59,283.	59,283.		
4	Benefits paid to or for members				
	Compensation of current officers, directors,	1 - 0 0 0 0	105 010	1 - 000	
	trustees, and key employees	150,900.	135,810.	15,090.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	10 5 6 0	0 500	1 055	
	Payroll taxes	10,563.	9,508.	1,055.	
11	Fees for services (non-employees):				
	Management	0.0.0	000		
	Legal	820.	820.		
	Accounting	14,688.	14,688.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	200	200		
	column (A) amount, list line 11g expenses on Sch 0.)	300.	300.		
	Advertising and promotion	676.	676		
	Office expenses	0/0.	676.		
	Information technology				
	Royalties				
		30,706.	30,706.		
		30,700.	30,700.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	542.	542.		
	Conferences, conventions, and meetings	J42.	J42.		
	Payments to affiliates				
	Depreciation, depletion, and amortization	989.	989.		
	Insurance	• 6 0 6	. 606		
i	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) SUPPORT EXPENSES	7,792.	7,792.		
	DUES AND SUBSCRIPTIONS	2,099.	2,099.		
	PAYROLL PROCESSING FEES	1,039.	1,039.		
	BANK SERVICE CHARGES	363.	363.		
•	All other expenses	214.	214.		
	Total functional expenses. Add lines 1 through 24e	280,974.	264,829.	16,145.	C
	Joint costs. Complete this line only if the organization		_01,025.		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Finite following SOP 98-2 (ASC 958-720)				

732010 11-28-17

14000307 758202 A10404

Form **990** (2017)

101 433013		· · · · · · · · · · · · · · · · · · ·		
d net assets				
o not follow SFAS 1	17 (ASC 958), check	here 🕨 🗌		
0 through 34.				
orincipal, or current f	unds			
	, or equipment fund			
dowment, accumula	ted income, or other fu	unds		
d balances				5,23
	es			57,10
		19		
404	2017.03040	HELVETAS	USA	

orm 990 (Part X	(2017) HELVETAS USA Balance Sheet				569247 Page 1
	Check if Schedule O contains a response or I	note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		57,109.	1	61,745
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	13,516
4	Accounts receivable, net		4	405,000	
5	Loans and other receivables from current and				
	trustees, key employees, and highest compe	nsated employees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqu				
	section 4958(f)(1)), persons described in sect	ion 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of s	ection 501(c)(9) voluntary			
ß	employees' beneficiary organizations (see ins	tr). Complete Part II of Sch L		6	
Siesels	Notes and loans receivable, net			7	
≮ 8	Inventories for sale or use		8		
9	Prepaid expenses and deferred charges			9	1,304
10a	Land, buildings, and equipment: cost or othe	r			
	basis. Complete Part VI of Schedule D	10a			
b	Less: accumulated depreciation	. 10b		10c	
11	Investments - publicly traded securities		11		
12	Investments - other securities. See Part IV, lin		12		
13	Investments - program-related. See Part IV, lir		13		
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must e	qual line 34)	57,109.	16	481,565
17	Accounts payable and accrued expenses	51,878.	17	7,339	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
າງ 22	Loans and other payables to current and forr				
	key employees, highest compensated employ				
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to un	E CONTRACTOR E C		23	
24	Unsecured notes and loans payable to unrela	ited third parties		24	
25	Other liabilities (including federal income tax,				
	parties, and other liabilities not included on lin	nes 17-24). Complete Part X of			
			F1 070	25	
26	Total liabilities. Add lines 17 through 25		51,878.	26	7,339
	Organizations that follow SFAS 117 (ASC 9				
Ses	complete lines 27 through 29, and lines 33		F 001		CO 200
27	Unrestricted net assets		5,231.	27	69,226
	Temporarily restricted net assets		0.	28	405,000
29				29	
	Organizations that do not follow SFAS 117	(ASC 958), check here ▶ □			
	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current fun			30	
ğ 31	Paid-in or capital surplus, or land, building, or			31	
Net Assets of Fund balances 25 2 1 05 65 82 25 26 2 1 05 65 82 25 27 2 1 05 65 82 25 28 2 25 10 10 10 10 10 10 10 10 10 10 10 10 10	Retained earnings, endowment, accumulated	· · · · · · · · · · · · · · · · · · ·	F 004	32	
33	Total net assets or fund balances		5,231.	33	474,226
34	Total liabilities and net assets/fund balances		57,109.	34	481,565

Form **990** (2017)

A10404_1

Form	990 (2017) HELVETAS USA	47-	2569247	Pa	ge 12
Pa	rt 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			69.
2	Total expenses (must equal Part IX, column (A), line 25)	2			74.
3	Revenue less expenses. Subtract line 2 from line 1	3			95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,2	31.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	474	1,2	26.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			200	

Form **990** (2017)

732012 11-28-17

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2017
Open to Public Inspection
identification number

Name	of the organization							identification number		
	HELV	ETAS USA					4	7-2569247		
Part	I Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.			
The org	ganization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.)					
1	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
з 🗌	A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).				
4	A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	oed in		
	section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6 🗌	A federal, state, or local go	vernment or governn	mental unit described in a	section 17	70(b)(1)(A)	(v).				
7 🖸	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (C	section 170(b)(1)(A)(vi). (Complete Part II.)								
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or		
	university:									
10 🗌	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	and gross receipts from		
	activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment		
	income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.		
	See section 509(a)(2). (Con	mplete Part III.)								
11 🗋	An organization organized a	and operated exclus	ively to test for public sa	lfety. See	section 50)9(a)(4).				
12 🗌	An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2). S	See section	509(a)(3). 🤇	Check the box in		
	lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.			
a	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving		
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting		
	organization. You must c	complete Part IV, Se	ections A and B.							
b	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s supporte	ed organizatio	on(s), by ha	aving		
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported		
	organization(s). You mus	t complete Part IV,	Sections A and C.							
с	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,		
	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)		
	that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
	requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III			
	functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.					
fΕ	inter the number of supported of	organizations								
g P	Provide the following information	1								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o		(vi) Amount of other		
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 21

Schedule A (Form 990 or 990 EZ) 2017 HELVETAS USA

47-2569247 Page 2

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.)

Calendar year (or fiscal year beginning in) begin (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total membership fees received. (Do not include any "unusual grants.") 800. 193, 365. 749, 969. 944, 134. 800. 193, 365. 749, 969. 944, 134. Tax revenues leviel for the organization without charge 4 Total. Add lines 1 through 3 800. 193, 365. 749, 969. 944, 134. Total Add lines 1 through 3 800. 193, 365. 749, 969. 944, 134. 800. 193, 365. 749, 969. 944, 134. 800. 193, 365. 749, 969. 944, 134. 944, 134. 800. 193, 365. 749, 969. 944, 134. 944, 134. 800. 193, 365. 749, 969. 944, 134. 944, 134. 800. 193, 365. 749, 969. 944, 134. 944, 1	Sec	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants.") 800.193,365.749,969.944,134. 2 Tax revenues levied for the organ- izations benefit and ether paid to or expended in its behalf 800.193,365.749,969.944,134. 3 The value of services or facilities fumished by a governmental unit to the organization without charge 800.193,365.749,969.944,134. 4 Total. Add lines 1 through 3 800.193,365.749,969.944,134. 5 The portion of total contributions by each person (ofter than a government) unit or publicly supported organization (block amount shown on line 11, column (f) 944,134. 6 Public support. Sense time 5 them test diverses of the amount shown on line 11, column (f) 944,134. 7 Amounts from line 4 800.193,365.749,969.944,134. 8 Collideary set (finest) year beginning in) (h) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (o) 2017 (f) Total government on the stale sources activities, whether or not the business is regularly carried on sacutiles loans, nots, royalise, and income from similar sources activities, whether or not the business is regularly carried on ascutiles total support. Add lines 7 through 10 12 1 Total support. Add lines 7 through 10 12 944,134. 1 Total support. Add lines 7 through 10 12 14 100.00 % 10 Other income from similar sources sources (Explain in Part VI) 14 100.00 % 10 Other income from similar sources sources the fact and civruinstance of the count in 13,	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
include any 'unusual grants.') 800. 193,365. 749,969. 944,134. 2 Tax revenues levied for the organization and the paid to or expended on its behalf 944,134. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 800. 193,365. 749,969. 944,134. 4 Total. Add lines 1 through 3 800. 193,365. 749,969. 944,134. 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 944,134. 6 Public support. Buterative is non-ine 4 944,134. 8 Gross income from interest, dividends, payments received on securities losings. rest, rypiles, and lines is non-ine 4 800. 193,365. 749,969. 944,134. 8 Gross income from interest, dividends, payments received on securities losings. rest, rypiles, and lines is through 10 92013 (c) 2015 (d) 2016 (e) 2017 (f) Total support 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 12 944,134. 12 Gross receipts from related activities, etc. (see instructions) 12 944,134. 12 Gross receipts from related activities, etc. (see instructions) 12 13 100.00 5 13 Total support. Adding ain part VI). 14 1000.00 5 14	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization is benefit and either paid to or expended on its behalf Image: constraint of the organization without charge 3 The value of services or facilities functions by each person (other than a growernmertal unit to the organization without charge 800. 193,365. 749,969. 944,134. 4 Total. Add lines 1 through 3 800. 193,365. 749,969. 944,134. 5 The portion of total contributions by each person (other than a growernmertal unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 944,134. 6 Public support. Buthard time 5 ton line 4. 944,134. Section B. Total Support (g) 2016 (e) 2017 (f) Total 7 A mounts from line 4 800. 193,365. 749,969. 944,134. 944,134. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalliss, and income from similar sources. 944,134. 9 Net income from unrelated business activities, whether on not the usel of capital assets (Explain in Part VI). 12 11 Total support. Add times 7 through 10 12 944,134. 12 Cross receits from related challes 2% 10 14 100.00 100.00 56 12 Cross receits from related challes 2% 10 14 100.00 56 100.00 56 100.00 56 100.00		membership fees received. (Do not						
icrosessential constructions icrosessential constructions 3 The value of services or facilities furnished by a governmental unit to the expansition without charge icrosessential constructions 4 Total. Add lines 1 through 3 800.193,365.749,969.944,134. 5 The portion of total contributions by each person (other than a governmental unit to publicly supported comparization (included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 944,134. 6 Public support, exceeds 1% of the amount shown on line 11, column (f) icrosessential variable priming in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 8 droses income from interst, dividends, payments received on securities loans, rents, royalities, and income from similar sources icrosessential constructions 12 (f) Total 9 Net income from interest, dividends, payments received on securities loans, rents, royalities, activities, whether or not the business is regularly carried on or loas from line 4 said orcipital assets (Explain in Part VI) icrosessential icrosessential assets (Explain in Part VI) 944,134. 11 Total support, add lines 7 through 10 icroses income, check this box and stop here. icrosessential icrosessential constructions, single icrosessential icrosessential constructions, single icrosessential assets (Explain in Part VI) icrosessential constructions, icrosessential icrosessential constructions, single icrosessential icrosessential constructions, icrosessential icrosessential constructions		include any "unusual grants.")			800.	193,365.	749,969.	944,134.
ar expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization included on line 1 that exceede 32% of the amount shown on line 11, column (f) 6 Public support. Autward line's term line 4 9 44, 134. Section B. Total Support Calendar ysaf (organization) (h) (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities toans, rents, royallies, and income from interest, dividends, payments received on securities toans, rents, royallies, and income from interest, dividends, payments received on securities toans, rents, royallies, and income from interest, dividends, payments received on securities toans, rents, royallies, and income from interest, dividends, and through 10 2 Gross received from selled calvities, etc. (see instructions) 12 3 First twy earse. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization payments received on securities to and stop here. Section C. Computation of Public Support Percentage 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	2	Tax revenues levied for the organ-						
3 The value of services or facilities turnished by a governmental unit to the organization introduct farge in through 3 800.193,365.749,969.944,134. 4 Total. Add lines 1 through 3 800.193,365.749,969.944,134. 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) 944,134. 6 Public support. Subsettime 5 hom line 4. 944,134. Section B. Total Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 7 Amounts from line 4 800.193,365.749,969.944,134. 800.9193,365.749,969.944,134. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources and income from interest, dividends, payments received on securities loans, rents, royatties, and income sale of capital assets (Explain In Part VI) 1 944,134. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI) 12 1 1 13 First five years. If the Form 900 is for the organization if inst, second, third, fourth, or fifth tax year as a section 501cl(3) organization, incheck this box and stop here. 1 1 1 1 0.000.00 6 14 Public support percentage form 2016 Schedule A, Part II, line 14 14 100.000.96 1 <t< th=""><td></td><td>ization's benefit and either paid to</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 800.193,365.749,969.944,134. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25% of the amount shown on line 11, column (f) 944,134. Celedar year (or fiseal year beginning in)> 7 A mounts from line 4 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 4800.193,365.749,969.944,134. Section B. Total Support Celedar year (or fiseal year beginning in)> (a) 2013 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 4.134. Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources activities, whether or not the business is regularly carried on in or loss from the sale of capital assets (Explain in Part V) 944,134. 13 First five years. If the Form 900 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. 12 9 Fublic support precentage from 2016 Schedule A, Part II, line 14. 14 100.00 9 45 19 Jobies support terestage from 2016 Schedule A, Part II, line 14. 15 100.00 9 50 12 19 Fublic support precentage from 2016 Schedule A, Part II, line 14. 15 100.00 9 50 12 100.00 <td></td> <td>or expended on its behalf</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		or expended on its behalf						
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	b		-	-				
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organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		· · ·						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18							s 🕨

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990 EZ) 2017 HELVETAS USA

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.)

Sec	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
F	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						
	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.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a secti	ion 501(c)(3) or	ganization,
	check this box and stop here						>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2017 (line 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage)			
17	Investment income percentage for 20)17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box a						►
b	33 1/3% support tests - 2016. If the						
00	line 18 is not more than 33 1/3%, che			•		•	
	Private foundation. If the organization	n ala not check a	LUOX ON LINE 14, 19	a, or 19b, check t			
73202	23 10-06-17			23	Sci	neaule A (Forr	n 990 or 990-EZ) 2017

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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 9c

 9c

 10a

 0

 10b

 Schedule A (Form 990 or 990-EZ) 2017

			Vee	Na
	Lies the experimetion accounted a city or contribution from any of the following persons (Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion b. Type i Supporting Organizations		Vee	Na
	Did the diverters two terms or more barrelin of one or more comparing the device the provided		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9		0-EZ	2017

Schedule A (Form 990 or 990 EZ) 2017 HELVETAS USA

Part V		Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
1		Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All
		other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	nt,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-funct	ionally integrate	d Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

1	V Type III Non-Functionally Integrated 509 on D - Distributions		· /	
				Current Year
	Amounts paid to supported organizations to accomplish exe			
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2018. Add lines 3j and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 HELVETAS USA

(See instructio	s 5, 6, and 8; and Part \ ns.)	, OCCUUITE, IIII (S 2, 3, 2	ind o. Also complete	this part for any aut		
2028 10-06-17			28	Sche	dule A (Form 990 o	r 990-EZ
00307 758202	A10/0/	2017.03040		τταλ	л	1040

SCHEDULE	F
(Form 990)	

Department of the Treasury

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047
2017
Open to Public

Internal Revenue Service Name of the organization

47-	2569247	

Employer identification number

HELVETAS USA

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Region.	The following Part I,	line 3 table can be du	plicated if additional s	pace is needed.)
---	------------------------	-----------------------	------------------------	--------------------------	------------------

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
2.0	Sub-total	0	0			0.
	Total from continuation					•.
J	sheets to Part I	0	o			0.
с	Totals (add lines 3a					
-	and 3b)	o	0			٥.

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

Schedule F (Form 990) 2017

732071 10-06-17

HELVETAS USA

Page 2

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)		(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)
			TO PROPOSE GREEN					
		EUROPE (INCLUDING ICELAND &	GROWTH BUSINESS OPPORTUNITIES TO					
			ALTHEIA ECOSPHERE VIA	59,283.		0.		
				, - · · ·				
2 Entoy total sumbra of	reginight currentiant's			foreign sources		Vernet		
			recognized as charities by the tion 501(c)(3) equivalency letter					
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2017

	Part in can be duplicated if additional space is needed.							
	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
-								
-								
-								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Page 3

Schedule F (Form 990) 2017

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

Schedule F (Form 990) 2017

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 II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TO PROPOSE GREEN GROWTH BUSINESS OPPORTUNITIES TO

ALTHEIA ECOSPHERE VIA CI MADAGASCAR.

732075 10-06-17

SCHEDULE J					OMB No. 1545-0047				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	17	,			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20					
Dena	tment of the Treasury	Attach to Form 990.		Open to					
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection				
Nan	e of the organizatio				tification number				
		HELVETAS USA	47-2	256924	7				
Ра	rt I Question	s Regarding Compensation							
	o				Yes	No			
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel								
	Travel for com								
		cation and gross-up payments Health or social club dues or initiation fee							
		spending account Personal services (such as, maid, chauffe	ur, cnet)						
h	If any of the bayes	on line to are abacked, did the exercitation follow a written policy reporting powerst ar							
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16					
2		provision of all of the expenses described above? If "No," complete Part III to explain		1 b					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2					
	trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked on line 1a?							
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's						
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the organizat							
		ation of the CEO/Executive Director, but explain in Part III.							
	·	compensation consultant							
		ther organizations X Approval by the board or compensation of	committee						
			Johnnittee						
4	During the year did	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
•	organization or a re								
а	•	ce payment or change-of-control payment?		4a		x			
b		ceive payment from, a supplemental nonqualified retirement plan?				X			
		ceive payment from, an equity-based compensation arrangement?				X			
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on						
	contingent on the r								
а	The organization?					X			
		zation?				X			
		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 compensati	on						
	contingent on the r	net earnings of:							
а	The organization?			6a		Х			
		zation?				Х			
		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 payment	S						
		nes 5 and 6? If "Yes," describe in Part III		7		Х			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to							
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9	If "Yes" on line 8, c	id the organization also follow the rebuttable presumption procedure described in							
	Regulations section	n 53.4958-6(c)?		9					
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990) 2017			

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	
		(i) Base (ii) Bonus & compensation incentive compensation		(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) GISELA KELLER	(i)	150,900.	0.	0.	0.	0.	150,900.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(ii)							
	(ii)							
	(i)							
	(ii)							

47-2569247

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 (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

HELVETAS USA

47-2569247

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

DEVELOPING COUNTRIES IN THEIR EFFORTS TO IMPROVE LIVING CONDITIONS,

PRIMARILY BY RAISING PUBLIC AWARENESS IN THE UNITED STATES OF HELVETAS

SWISS INTERCOOPERATION AND ITS GLOBAL PROGRAMS AIMED AT SUCH PURPOSES,

AND TO RAISE FUNDS AND MAKE GRANTS IN FURTHERANCE OF SUCH PURPOSES.

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

AIMED AT SUCH PURPOSES, AND TO RAISE FUNDS AND MAKE GRANTS IN

FURTHERANCE OF SUCH PURPOSES.

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

THE BOARD OF DIRECTORS REVIEW FORM 990 AT THE BOARD MEETINGS WHEN TIME TO

FILE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

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

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

HELVETAS USA 358 7TH AVENUE, PMB 120 BROOKLYN, NY 11215

> NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271

> > FORM CHAR500

726340 04-01-17

1 14000307 758202 A10404 2017.03040 HELVETAS USA

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	GISELA KELLER HELVETAS USA 358 7TH AVENUE, PMB 120 BROOKLYN, NY 11215
Prepared by	PRESTI & NAEGELE 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001
Amount due or refund	BALANCE DUE OF \$125.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	MAY 15, 2018
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion					
For Fiscal Year Beginning	g (mm/dd/yyy	/y) 01/01/	2017 and Ending (r	mm/dd/yyyy) 12/31/	2017	
Check if Applicable: Address Change	Name of Org HELVE	ganization: FAS USA			Employer Identification Number (EIN): $47 - 2569247$	
Name Change	Mailing Add		, PMB 120		NY Registration Number: $45-62-64$	
Final Filing	City / State BROOKI		11215		Telephone: 646 643 0390	
Reg ID Pending	Website: HELVE	TASUSA.OR	G		Email: GISELA.KELLER@HELVE	
Check your organization's	S					
registration category:		nly EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .	
2. Certification						
See instructions for certif	ication requir	ements. Improper	r certification is a violation	of law that may be subject	t to penalties.	
				of the State of New York a		
President or Authorized	Officer:			MELCHIOR L PRESIDENT	ENGSFELD	
Chief Financial Officer o	Treasurer:	Signature	ignature Print Name and Title Date PIERRE-ETIENNE WEBER TREASURER			
	Treasurer.	Signature		Print Name	e and Title Date	
3. Annual Reporting	g Exempti	on				
Check the exemption(s) t	hat apply to y	your filing. If your	organization is claiming an	exemption under one cate	egory (7A or EPTL only filers) or both	
categories (DUAL filers) tl	hat apply to y	our registration, o	complete only parts 1, 2, a	nd 3, and submit the certif	ied Char500. No fee, schedules, or	
additional attachments a	re required. If	you cannot claim	an exemption or are a DL	IAL filer that claims only or	ne exemption, you must file applicable	
schedules and attachme	nts and pay a	pplicable fees.				
exceed \$2	5,000 <u>and</u> th	e organization did	not engage a profession		overnment agencies, etc. did not raising counsel (FRC) to solicit ee instructions).	
	3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and A	ttachmen	ts				
See the following page for a checklist of Schedules and attachments to						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filin	g fee:	EPTL filing fee:	Total fee:	Make a single check or money order	
next page to calculate yo					payable to:	
fee(s). Indicate fee(s) you are submitting here:	\$	25.	\$ <u>100.</u>	\$ <u>125.</u>	"Department of Law"	
L	.					

768451 03-29-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2017)

HELVETAS USA



Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- L If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, s	ubmit the applicable independent Certified Public Accountant's Review or Audit Report:

- X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- _____ \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> **Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

⁷⁶⁸⁴⁶¹ ⁰³⁻²⁹⁻¹⁸ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated December 2017)

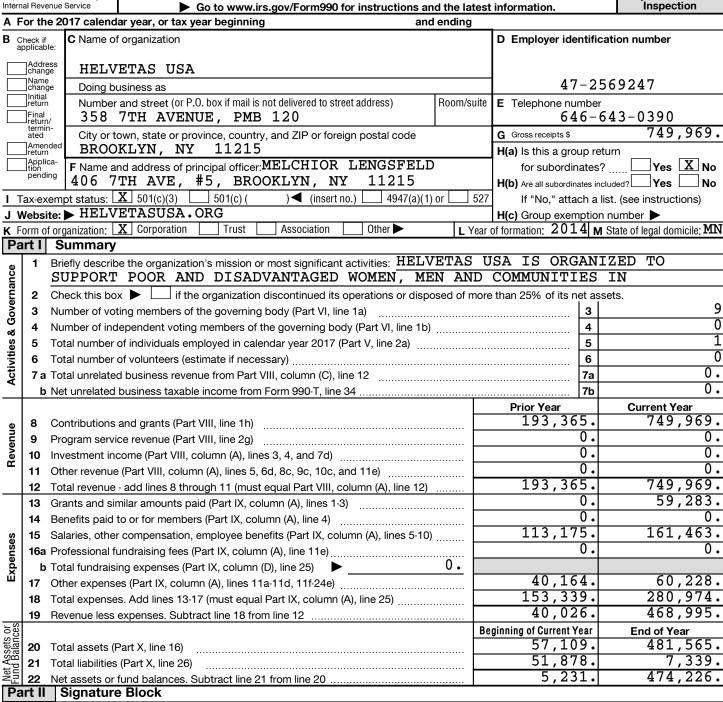
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



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

Sign Here	Signature of officer MELCHIOR LENGSFELD, PR Type or print name and title	Date					
Paid	Print/Type preparer's name ANNEMARIE AGUANNO, CPA	Preparer's signature	Date 03/07/18	Check PTIN			
Preparer	Firm's name 🕒 PRESTI & NAEGELE		Firm's	sEIN 11-2965470			
Use Only	y Firm's address 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001 Phone no.212-736-0055						
May the IRS discuss this return with the preparer shown above? (see instructions)							
	32001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

OMB No. 1545-0047

Open to Public

Form	1990 (2017) HELVETAS USA	47-2569247	Page 2
Pa	rt 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: HELVETAS USA IS ORGANIZED TO SUPPORT POOR AND DISADVA	NTAGED WOMEN,	MEN
	AND COMMUNITIES IN DEVELOPING COUNTRIES IN THEIR EFFO	RTS TO IMPROVE	
	LIVING CONDITIONS, PRIMARILY BY RAISING PUBLIC AWAREN		TED
	STATES OF HELVETAS SWISS INTERCOOPERATION AND ITS GLO	BAL PROGRAMS	
2	Did the organization undertake any significant program services during the year which were not listed on th prior Form 990 or 990-EZ?		XNo
	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 servic If "Yes," describe these changes on Schedule O.	es? Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program service	s as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$264,829. including grants of \$59,283.) (F		<u> </u>
чa	TO STRENGTHEN RELATIONSHIPS BETWEEN THE SWISS NGO HEL	VETAS SWISS)
	INTERCOOPERATION AND STRATEGIC PARTNERS IN THE UNITED		
4b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
4c	(Code:) (Expenses \$) (F	Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 264,829.)	
<u>4e</u>	Total program service expenses ► 264,829.	Earm 0	90 (2017)
732002	2 11-28-17	Form	JU (2017)

-	~~~	(0047)
⊢orm	990	(2017)

HELVETAS USA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
_	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.0		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G. Part III	19		I X I

Form **990** (2017)

Form	aan	(2017)
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HELVETAS USA Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2017)

1a Enter the number optional Box 3 of Form 1096. Enter 0-If not applicable 11 10 10 b Enter the number of Form W2 GB included in line 1a. Enter 0-If not applicable 11 10 10 c Data the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withings to prize withners? 2a 1 2a Enter the number of employses reported on form V3. Transmittal of Wage and Tax Statements, 2a 1 2a Enter the number of employses reported on form V3. Transmittal of Wage and Tax Statements, 2a 1 2a Enter the number of employses reported on form V3. Transmittal of Wage and Tax Statements, 2a 1 3b The sum of lines 1a and 2a is greater than 250, your may be required to <i>e</i> -file (see instructions) 3a X 3b Dit the organization have united business gross income of S1 is 00.00 rmore during the sysa? 3a X 3c Max the uning the calendar year. did the organization have an interest in, or a signature or other autonity over, a transactia account in a toringo country (such as beat account, sourthis account, or other financial account's (FBAF). 5a X 3c Max the organization neural gross receipts that are normally greater than 3 t00,000, and did the organization neural gross receipts that are normally great	Form	990 (2017) HELVETAS USA 47-2569	247	Р	age 5
1a Enter the number reported in Box 3 of Form 1086. Enter 0- if not applicable 1a 6 1b Enter the number of Forms W26 included in line 1a. Enter 0- if not applicable 1b 0 c Deter the number of Forms W26 included in line 1a. Enter 0- if not applicable 1b 0 2a Enter the number of entry winners? 1c 1c 2a Enter the number of entry winners? 2a 1 3a Dd the organization nomp with value winners? 2a 1 4a team of the star and 2a is greater than 250, your may be required to efficie less instructions? 3a 3a 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b If 'Yes, 'Inter the name of the origin country? INo? 10 line 20, provide an egipatization favore, a financial account? 3b 3b If 'Yes, 'Inter the name of the origin country? INO? 10 line 20, provide an egipatization approximation approximatin approximation approximatin approximatin approximatio	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number expected in Box 3 of Form 1006. Enter-0- if not applicable 11 10 10 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to price vinners? 10<		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-20 included in line 1a. Enter 0-f not applicable 10 10 10 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1 2a Enter the number of employees reported on form W-3. Transmittal of Wage and Tax Statements. 2a 1 b If at least one is reported on line 2a, did the organization file al required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Dif "ves", return the name of the foreign country (such as a bank account, so rouge matcation in Schedulo 0. 3b X 3b Dif "ves", return the name of the foreign country (such as a bank account, so rouge partice) thannolia account in a foreign country (such as a bank account, so rouge partice) to a part to a prohibited tax shelter transaction? 5a X 3c Mark the organization in a part to a prohibited tax shelter transaction? 5b X 3c Mark the organization in a part to a prohibited tax shelter transaction? 5a X 3c Mark the organization in a part so a combibition and party for prohibited tax shelter transaction? 5b X 3c Mark				Yes	No
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The defendence of the calendary year ending with or within the year covered by this return Image: Cale Cale Cale Cale Cale Cale Cale Cale		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required to e-file (see instructions) 2b X Nobe. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 390.7 for this year? If "No, 1 line 3b, provide an explanation in Schedule O 3b c If "Yes," has it filed a Form 390.7 for this year? If "No, 1 line 3b, provide an explanator on the authority over, a 4a d At any time during the calendary year, dit the organization have an interest, in, or a signature or other authority over, a 4a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross receives that an anormaly greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5a X 6a X If "Yes," did the organization netwy solicitation an express statement that such contributions orgits were not tax deductible out the during the year of 55. did put networks and any tor a prohibed tax sheller transaction? 6b 7 Organization necke apment in excess of 55. made put n's a contribution and puty for goods and services provided to the payor? 7a X b If 'Yes,' did the organization neckew apmentin excess of 55. file adp un's a contribution sing any	2a				
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3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has if field a Form 990-T for this year? If "No," to line 3b, provide an explenation in Schedule 0 3b X b If "Yes," that if field a Form 990-T for this year? If "No," to line 3b, provide an explenation in Schedule 0 3b X b If "Yes," that field a Form 990-T for this year? If "No," to line 3b, provide an explenation in Schedule 0 4a X b If "Yes," their the name of the foreign country ▶ x x x See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 5a Was the organization aparty to a prohibited tax shelter transaction 7 Sb X 5b Was the organization have annual gross recipits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Sb X 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and partly for goods and services provided? Ca X 7b To To To To To To To To To	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 X c If "Yes," to line 5a or 5b, did the organization male anual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 56 X 6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 66 X 7 Organization stat as contributions 77 78 X 6 Did the organization necelve a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X 7 Organization andity the donor of the value of the goods or services provided? 7b C 0 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 10 the organization neceived a contribution of qualified intellectual property, did the organization modes any taxeds during the year. 7d 7d 7d 1 Did the organization meedive any taxed actified turing the year? 7d 7d 7d 7d 1 Total the organization neceive a contribution of qualified intellectual property, did the organization file Form					37
c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 5c G Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6a X 7 Organizations that may receive deductible contributions under section 170(c). 6b 6a X did the organization neceive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X f To construction self. 7a X did the organization neceive a payment in excess of \$75 made parity as a contribution and parity for which it was required to file Form 8282? 7c X did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d 7d f Did the organization neceived a contribution of cars, bast, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7d f H the organization make any taxabie distributions under section 4966? 9a 9b 9b Sponsoring organization make any taxabie distributions under					
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organization is licensed to issue qualified health plans					
	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
		organization is licensed to issue qualified health plans			
	с	Enter the amount of reserves on hand 13c			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	990	(2017
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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?	6		Х
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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
	Did the organization have a written conflict of interest policy? If "No," go to line 13			X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>			
	in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?			A X
14	Did the organization have a written document retention and destruction policy?	14		
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?	45		v
	The organization's CEO, Executive Director, or top management official			X X
a	Other officers or key employees of the organization	15b		
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayable aptituduring the year?	40-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 23
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) availah		
10	for public inspection. Indicate how you made these available. Check all that apply.) availat		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
15	statements available to the public during the tax year.	na man	Jan	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	PRESTI & NAEGELE - 212-736-0055			
	225 WEST 35TH STREET, 5TH FLOOR, NEW YORK, NY 10001			
732006	3 11-28-17	Form	990	(2017)
			-	. ,

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47-2569247 Page 6

Form 990 (2	2017)	HELVETAS	USA			47	/-256924	.7	Page
Part VI	Governance,	Management,	and Disclosure For each	"Yes	" response to lines 2 throug	h 7b below	, and for a "No	" res	ponse

Form 990 (2017)

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average			(Pos	C) ition	 1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss pe	rson	than is bot pr/trus	h an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AVERY LOUISE BANG BOARD MEMBER	10.00	x						0.	0.	0.
(2) DR. ERIK BUTLER	10.00									
BOARD MEMBER		x						0.	0.	0.
(3) JOHN D. HOLM	10.00									
BOARD MEMBER		x						0.	0.	0.
(4) RUDOLF LAAGER	10.00									
BOARD MEMBER		Х						0.	0.	0.
(5) LANCE PIERCE	10.00									-
BOARD MEMBER		x						0.	0.	0.
(6) STEFAN STOLLE	10.00								0	•
BOARD MEMBER	10.00	X						0.	0.	0.
(7) MARK WAY	10.00								0	0
BOARD MEMBER	10.00	X						0.	0.	0.
(8) MELCHIOR LENGSFIELD PRESIDENT	10.00			x				0.	0.	0.
(9) PIERRE-ETIENNE WEBER	10.00							0.	0.	0.
TREASURER	10.00			x				0.	0.	0.
(10) GISELA KELLER	10.00									
MANAGING DIRECTOR						x		150,900.	0.	0.
		<u> </u>								
	•	-								

732007 11-28-17

Form 990 (2017)

		AS USA								47-25	5692	247	P	age 8
Par	t VII Section A. Officers, Directors,		ploy	ees,			ghes	t C			r			
	(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not ch unles er an	ss per	tion nore f son is rector	than o s both r/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizations (W-2/1099-MIS	in I S	am com fre	(F) timate nount other pensa om th	of ation e
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	anizat d relat Inizati	ed
	Sub-total Total from continuation sheets to P	art VII. Section A		I	I	I			150,900.		0.			0.
	Total (add lines 1b and 1c)								150,900.		0.			0.
2	Total number of individuals (including compensation from the organization		iose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportabl	e			1
	compondation non the organization	-											Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule</i> .				-	• •			highest compensated e			3		x
4	For any individual listed on line 1a, is t and related organizations greater thar		le co	mpe	ensa	tion	and	otl	her compensation from			4	X	
5	Did any person listed on line 1a receiv rendered to the organization? If "Yes,	ve or accrue comper	nsati	on fi	rom	any	unre	elat	ed organization or indiv	idual for services		5		x
Sec	tion B. Independent Contractors	complete ochedak		51 30		5013	011					5		
1	Complete this table for your five higher the organization. Report compensation										ipensa	ation f	rom	
	(A Name and bus	<i>l</i>)		ONE	<u> </u>				(B) Description of s		C	(C omper		n
2	Total number of independent contract \$100,000 of compensation from the o		ot lir	niteo	d to	thos C		ted	d above) who received n	nore than			2000	
											I	Form 9	990 ()	2017)

Form	n 990	(2017) HELVE	ETAS USA				47-2569	247 Page 9
Ра	rt VI	III Statement of Reve	nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	b Membership dues	1b					
ts, (Am	c	c Fundraising events	1c					
Gif	c	d Related organizations	1d					
ns,		e Government grants (contribut						
er S	f	F All other contributions, gifts, gran						
Oth		similar amounts not included abo	ve 1f	749,969.				
onti nd (g Noncash contributions included in lines			740 000			
δē	ł	h Total. Add lines 1a-1f			749,969.			
				Business Code				
vice	2 4							
Servier		0						
ven S								
gra Re		d						
Program Service Revenue		e f All other program service reve						
_		f All other program service reve g Total. Add lines 2a-2f						
	3	Investment income (including						
	5	other similar amounts)						
	4	Income from investment of ta						
	5	Royalties						
	•		(i) Real	(ii) Personal				
	6 a	a Gross rents	()	(1) 1 0 0 0 1 0				
	k	b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)		►				
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	k	b Less: cost or other basis						
		and sales expenses						
	c	c Gain or (loss)						
	c	d Net gain or (loss)		····· ►				
Other Revenue	8 a	 Gross income from fundraisin including \$ 	•					
leve		contributions reported on line						
erF		Part IV, line 18	а					
Oth		b Less: direct expenses						
		c Net income or (loss) from fund		▶				
	9 a	a Gross income from gaming ad						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gan	-	▶				
	10 a	a Gross sales of inventory, less						
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11 a							
		a b						
		c						
		d All other revenue						
	e	e Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			749,969.	0.	0.	0.
73200	9 11-2							Form 990 (2017)

HELVETAS USA

Part IX Statement of Functional Expenses

D -	Check if Schedule O contains a respons	e or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	50 000	F0 000		
	individuals. See Part IV, lines 15 and 16	59,283.	59,283.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 000	125 010	15 000	
	trustees, and key employees	150,900.	135,810.	15,090.	
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10 562	9,508.	1 055	
10	Payroll taxes	10,563.	9,500.	1,055.	
11	Fees for services (non-employees):				
a		820.	820.		
b	Legal	14,688.	14,688.		
с	Accounting	14,000.	14,000.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	300.	300.		
	column (A) amount, list line 11g expenses on Sch 0.)	500.	500•		
12	Advertising and promotion	676.	676.		
13	Office expenses	070.	070.		
14	Information technology				
15	Royalties				
16 17		30,706.	30,706.		
17 10	Travel	50,700.	50,700.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	542.	542.		
19 20	Conferences, conventions, and meetings	5120	5120		
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22 23		989.	989.		
23 24	Other expenses. Itemize expenses not covered				
-7	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPORT EXPENSES	7,792.	7,792.		
h	DUES AND SUBSCRIPTIONS	2,099.	2,099.		
c	PAYROLL PROCESSING FEES	1,039.	1,039.		
d	BANK SERVICE CHARGES	363.	363.		
u e	All other expenses	214.	214.		
25 25	Total functional expenses. Add lines 1 through 24e	280,974.	264,829.	16,145.	0
26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here \blacktriangleright if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

Form 990 (2017)
Part X Balance Sheet

HELVETAS USA

47-2569247 Page 11

		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		57,109.	1	61,745.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	13,516.
	4	Accounts receivable, net			4	405,000.
	5	Loans and other receivables from current and form				
		trustees, key employees, and highest compensate	ed employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifie	d persons (as defined under			
		section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). C	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	[7	
Ř	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	1,304.
	10a	Land, buildings, and equipment: cost or other	Ī			
		basis. Complete Part VI of Schedule D	10a			
	b		10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		57,109.	16	481,565.
	17	Accounts payable and accrued expenses		51,878.	17	7,339.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa			21	
S	22	Loans and other payables to current and former o				
Liabilities		key employees, highest compensated employees,				
abi		Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated t	F		24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		51,878.	26	7,339.
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and	34.			
nc	27	Unrestricted net assets		5,231.	27	69,226.
3ale	28	Temporarily restricted net assets		0.	28	405,000.
Ыd	29	Permanently restricted net assets			29	
Fur		Organizations that do not follow SFAS 117 (ASC	C 958), check here 🕨 📃			
ğ		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds \dots			30	
Ass	31	Paid-in or capital surplus, or land, building, or equi	pment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco			32	
Ż	33	Total net assets or fund balances		5,231.	33	474,226.
	34	Total liabilities and net assets/fund balances		57,109.	34	481,565.
						Form 990 (2017)

Form **990** (2017)

	1990 (2017) HELVETAS USA	47-256	9247	Pa	ge 12
Pa	rt 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			69.
2	Total expenses (must equal Part IX, column (A), line 25)	2			74.
3	Revenue less expenses. Subtract line 2 from line 1	3			95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	5,2	31.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_	
	column (B))	10	474	.,2	26.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	

Form **990** (2017)

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Nam	Name of the organization Employer identification number								
		HELV	ETAS USA					4	7-2569247
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative					ii).		
4		A medical research organiz					•)(iiii). Enter	the hospital's name.
-		city, and state:		· · · · · · · · · · · · · · · · · · ·				<i>X1-</i>	·····,
5		An organization operated for	or the benefit of a co	lleae or university owned	d or operat	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C		5 ,	I	, ,			
6		A federal, state, or local gov	. ,	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					he general	public described in
-		section 170(b)(1)(A)(vi). (C		····· [·· - ·· - - ···				J	
8		A community trust describe		1)(A)(vi), (Complete Parl	: II.)				
9	\square	An agricultural research org				ed in coniu	inction with a	land-grant	college
•		or university or a non-land-	-			-		-	-
		university:					,,		
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons member	shin fees a	ind aross receipts from
		activities related to its exen	•					-	•
		income and unrelated busir							-
		See section 509(a)(2). (Cor				0000 4090		gamzation	
11		An organization organized a		ively to test for public sa	fetv See	section 50	9(a)(4)		
12		An organization organized a	-	•	•			arry out the	nurnoses of one or
		more publicly supported or	•	•	•		-		• •
		lines 12a through 12d that	-						
а		Type I. A supporting orga				-		-	aivina
ŭ		the supported organization	-	-	•				
		organization. You must c		• • • •	i majority (apporting
b		Type II. A supporting org	-		tion with it	s sunnorti	ed organizati	n(s) hy ha	wina
		control or management o	-				•		-
		organization(s). You mus						ago trio oup	ported
с		Type III functionally inte			in connec	tion with a	and functiona	Illy integrat	ed with
Ŭ		its supported organization						iny intograti	
d		Type III non-functionally						rted organi	ization(s)
u		that is not functionally int						-	
		requirement (see instruct	0	v ,	•		•	a an attorn	
е		Check this box if the orga						II Type III	
		functionally integrated, or					, i jpe i, i jpe	, , , , , po m	
f	Ente	er the number of supported of		nany integrated cappoint	ng organi	Lation			
		vide the following information	•	d organization(s)					· .
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)
				above (see instructions))					
Tota	1								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990 EZ) 2017 HELVETAS USA

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.)

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			800.	193,365.	749,969.	944,134.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ſ					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ſ					
4	Total. Add lines 1 through 3			800.	193,365.	749,969.	944,134.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						944,134.
	ction B. Total Support						_ , _
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(u) 2010	(10) 2011	800.	193,365.	749,969.	944,134.
	Gross income from interest,	1			/	- ,	_ , _
Ũ	dividends, payments received on	ſ					
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the	ſ					
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ſ					
	assets (Explain in Part VI.)						944,134.
	Total support. Add lines 7 through 10	ata (asa inaturuati				10	J44,134•
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-			-		
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage			<u></u>	
						44	100.00 %
	Public support percentage for 2017 (1 0 0 0 0
	Public support percentage from 2016						
108	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2016. If the c						
4-	and stop here . The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
-	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17b		nd see instruction	

Schedule A (Form 990 or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990 EZ) 2017 HELVETAS USA

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) c	organization,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2017 (li	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage)			
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			
7320	23 10-06-17				Sch	nedule A (For	m 990 or 990-EZ) 2017

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

732024 10-06-17

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Schedule A (Form 9	90 or 99	0-EZ	2017	

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		165	NU
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	L		
000			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017

Schedule A (Form 990 or 990 EZ) 2017 HELVETAS USA Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Part V

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Chack here if the ourrent year is the organization's first as a new functional	vintogra	tod Type III ourserting or	-

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <u>(continued)</u>	
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 HELVETAS USA

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.)
732028 10-06-	17 Schedule A (Form 990 or 990-EZ) 2017

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

47	1-2	56	92	47

Name of the organization

HELVETAS	USA
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Organization type (check one):				
Section:				
X 501(c)(3) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
527 political organization				
501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Part I

HELVETAS USA

Employer identification number

47-2569247

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HELVETAS SWITZERLAND WEINBERGSTRASSE 22A PO BOX 8021 ZURICH, SWITZERLAND 11215	\$ <u>255,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

noncash contributions.)

723452 11-01-17

A10404_1

2017.03040 HELVETAS USA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
Name of organization

HELVETAS USA

Employer identification number

47-2569247

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723453 11-01-17

14000307 758202 A10404

2017.03040 HELVETAS USA

lame of orga	inization			Employer identification number			
IELVET.	AS USA			47-2569247			
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co	olumns (a) through (e) and the foll	lowing line entry. For organization	or (10) that total more than \$1,000 for			
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. on	ce.) ► \$			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
.							
·							
		(e) Transfer of g	jift				
	Transferee's name, address, and	d ZIP + 4	Relationship of tr	ansferor to transferee			
Γ.							
-							
-							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I		(, 0					
-		(e) Transfer of g	l l				
-	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee			
-							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
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	(e) Transfer of gift						
	Transferee's name, address, and	d ZIP + 4	Relationship of tr	ansferor to transferee			
Γ.		[
-							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
.							
	(e) Transfer of gift						
	Transferee's name, address, and	d ZIP + 4	Relationship of tr	ansferor to transferee			
-							

723454 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

14000307 758202 A10404

2017.03040 HELVETAS USA

SCHEDULE	F
(Form 990)	

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047
2017
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

N	lame	of	the	organ	izat	ion
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47-2569247

Employer identification number

HELVETAS USA

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Region.	The following Part I,	line 3 table can be duplicated	if additional space is needed.)
---	------------------------	-----------------------	--------------------------------	---------------------------------

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Sub-total	0	0			٥.
b Total from continuation					
sheets to Part I	0	0			٥.
c Totals (add lines 3a	0	0			0.
and 3b)	1 0	0			ı 0.

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

Schedule F (Form 990) 2017

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HELVETAS USA

Page 2

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.

	(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)
			TO PROPOSE GREEN					
		EUROPE (INCLUDING	GROWTH BUSINESS					
		ICELAND &	OPPORTUNITIES TO					
		GREENLAND)	ALTHEIA ECOSPHERE VIA	59,283.		0.		
					<u> </u>			
			recognized as charities by the					
3 Enter total number of o			tion 501(c)(3) equivalency lette					

. .

HELVETAS USA Schedule F (Form 990) 2017 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement _

			ıle F (Form 990) 2017

47-2569247

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

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

Schedule F (Form 990) 2017

Schedule F (Form	990) 2017	HELVETAS	USA
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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 II, COLUMN (D):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(D) PURPOSE OF GRANT: TO PROPOSE GREEN GROWTH BUSINESS OPPORTUNITIES TO

ALTHEIA ECOSPHERE VIA CI MADAGASCAR.

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Schedule F (Form 990) 2017

sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2017		/	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20			
Dena	tment of the Treasury	Attach to Form 990.		Open to			
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nan	e of the organizatio			identificatio		mber	
		HELVETAS USA	47-2	256924	7		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	°					
	Travel for com						
		cation and gross-up payments					
		spending account Personal services (such as, maid, chauffe	eur, chet)				
h	If any of the bayes	on line to are abacked, did the exercitation follow a written policy recording perment or					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46			
2		provision of all of the expenses described above? If "No," complete Part III to explain n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1b			
2	•	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	trustees, and onice			2			
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's				
Ũ		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	compensation consultant					
		ther organizations X Approval by the board or compensation of	committee				
			50111111111000				
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 re						
а	Receive a severand	ce payment or change-of-control payment?		4a		Х	
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?				X	
с		ceive payment from, an equity-based compensation arrangement?				X	
		nes 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 compensat	ion				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
		ation?				X	
	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 compensat	ion				
	contingent on the r	net earnings of:					
						X	
	Any related organiz	ation?				X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990) 2017	

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)		
(1) GISELA KELLER	(i)	150,900.	0.	0.	0.	0.		0.	
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								

47-2569247

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 (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

HELVETAS USA

47-2569247

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

DEVELOPING COUNTRIES IN THEIR EFFORTS TO IMPROVE LIVING CONDITIONS,

PRIMARILY BY RAISING PUBLIC AWARENESS IN THE UNITED STATES OF HELVETAS

SWISS INTERCOOPERATION AND ITS GLOBAL PROGRAMS AIMED AT SUCH PURPOSES,

AND TO RAISE FUNDS AND MAKE GRANTS IN FURTHERANCE OF SUCH PURPOSES.

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

AIMED AT SUCH PURPOSES, AND TO RAISE FUNDS AND MAKE GRANTS IN

FURTHERANCE OF SUCH PURPOSES.

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

THE BOARD OF DIRECTORS REVIEW FORM 990 AT THE BOARD MEETINGS WHEN TIME TO

FILE.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST.

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

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