990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2020

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2020 calendar year, or tax year beginning 2020, and ending 20 В C Name of organizatiorHelvetas USA Check if applicable: D Employer identification number Address change Doing business as 47-2569247 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 101 Connecticut Ave NW (240)743-0023 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return Washington, DC 20036-4300 6,045,379 Application pending Name and address of principal officer. H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? Yes **X** 501(c)(3) Tax-exempt status: 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Website: helvetasusa.org H(c) Group exemption number X Corporation Trust Form of organization: Association L Year of formation: M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: To support poor and disadvantaged women, men and communities in developing countries in their efforts to improve living conditions. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 4 Total number of volunteers (estimate if necessary) 6 1 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Current Year Prior Year** 8 3,562,232 6,044,034 Revenue 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 30 1,345 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 3,562,262 6,045,379 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,840,492 5,372,746 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 355,473 464.452 Expenses Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 225,287 147,200 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,984,398 3,421,252 19 Revenue less expenses. Subtract line 18 from line 12 141,010 60,981 Net Assets or Fund Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 259,870 300,790 21 Total liabilities (Part X, line 26) 33,180 13,119 22 226,690 287,671 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Christian Steiner Sign Signature of office Here Christian Steiner, CEO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check

02-10-2021

self-employed

Firm's EIN

Phone no.

Mullins,

John Mullins

7625 Wisconsin Avenue

Bethesda MD 20814

John Mullins

Firm's name

Firm's address

P01429307

Paid

Preparer

Use Only

5,644,804

Total program service expenses

4e

Form 990 (2020) 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 See instructions?	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		х
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		х
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		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	110		
h		11a		Х
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		Х
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
_	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? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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	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? 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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ــــــــــــــــــــــــــــــــــــ		
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		•
10	Part VIII, lines 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," complete Schedule G, Part III	19		v
20 a		20a		X X
zu a b	Temperature to the control of the co	20a		
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

Form 990 (2020) Helvetas USA 47-2569247 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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 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 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?....... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a х 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? 25b Х 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х Х **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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. 38 x Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 3 **b** Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Part V

20) Helvetas USA
Statements Regarding Other IRS Filings and Tax Compliance (continued) 47-2569247

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?••••••••••••••••••••••••••••••••••••	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
С	Enter the amount of reserves on hand			
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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Ves " complete Form 4720, Schedule, O			

Part VI

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

	Check if Schedule O contains a response or note to any line in this Part VI			. 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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	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		Х
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?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	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	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?•••	12b		_ X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.0	describe in Schedule O how this was done	12c		_ X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
460	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	100		
	, , ,	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
Sec	organization's exempt status with respect to such arrangements?	16b		
17				
17	List the states with which a copy of this Form 990 is required to be filed Minnesota, New York Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule 0)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
13	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	The Organization (240)743 0023 1101 Companies and Western DG 20036			

Form 990 (2020) Helvetas USA 47-2569247 Page 7

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.

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

See instructions for the order in which to list the persons above.

				((C)					
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average	١,				han one s both a		Reportable	Reportable	Estimated amount
	hours					/trustee		compensation	compensation	of other
	per week		org		from the organization	from related organizations	compensation from the			
	(list any hours for	Ind or c	Inst	Officer	Ke)	Hig em	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional trustee	cer	Key employee	hest ploy	mer			related organizations
	organizations	al tru tor	onal		ploy	con				
	below	uste	trust		ee	npen				
	dotted line)	U	ee			Highest compensated employee				
						۵				
(1) Christian Steiner	40.00									
CEO				Х				213,578	0	0
(2) Joerg Frieden	10.00									
Director		х						0	0	0
(3) Michael Huber	10.00									
Director		х						0	0	00
(4) Clare Ignatowski	10.00									
Director		х						0	0	0
(5) Sarina Prabasi	10.00									
Director		х						0	0	0
(6) Cynthia Hartley	10.00									
Director		х						0	0	0
(7) Raghuveer Vinukollu	10.00									
Director		х						0	0	0
(8) Avery Louise Bang	10.00									
Director		х						0	0	0
(9) Mark Way	10.00									
Diretor		х						0	0	0
(10)Lance Pierce	10.00									
Director		х						0	0	0
(11)Melchior Lengsfeld	10.00									
Chairperson		х		х				0	0	0
(12)Stefan Stolle	10.00									
Secretary		х		х				0	0	0
(13)Rudolf Laager	10.00									
Treasurer		х		х				0	0	0
(14)										
				_						

Fait	Section A. Officers, Directors, Trustees	s, key Empi	oyees	, and	a Hi	gnes	st Con	ıper	isated Employees	(continue	ea)			
	(A) Name and title		(B) Average hours per week (C) Position (do not check more than one box, unless person is both a officer and a director/trustee per week					n	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amoun of other compensation from the		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-i		orga	rom tne nization d organi:	and
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
(24)														
<u>(25)</u>														
1b	Subtotal							•						
С	Total from continuation sheets to Part VII, Sec	tion A .												
d	Total (add lines 1b and 1c)								213,578		0			0
2	Total number of individuals (including but not limit	ed to those I	isted a	bove	e) wl	ho re	eceive	d mo	ore than \$100,000	of	•			
	reportable compensation from the organization	•												1
													Yes	No
3	Did the organization list any former officer, direct	or, trustee, k	ey emp	oloye	e, o	r hig	jhest c	omp	ensated					
	employee on line 1a? If "Yes," complete Schedule											3		Х
4	For any individual listed on line 1a, is the sum of r	-												
	organization and related organizations greater tha											4		
_	individual											4	Х	
5	for services rendered to the organization? If "Yes,								zauon or individual			5		.,
Secti	on B. Independent Contractors	, complete c	oci i c ut	iie J	101 3	sucii	perso	''			· · · · ·	J		Х
1	Complete this table for your five highest compens	ated indeper	ndent o	contr	acto	ors th	nat rec	eive	d more than \$100	000 of				
	compensation from the organization. Report comp										tax year.			
	(A)						Ĭ		(B)			(C)		
	Name and business addres	ss							Description of service	es		Compens	ation	
	Total number of independent and the state of the least	a but set !!···	itod to	th a	II:	to d	ob sv. ·	\ , L						
2	Total number of independent contractors (including received more than \$100,000 of compensation from the contractors of the cont	-			• IIS	i c u	above	, wil	U					

Part VIII

Sta	tom	ont	Ωf	Day	/enu	$\overline{}$

		Check if Schedule O contains a response	onse or n	ote to any line in thi	is Part VIII			[
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
rvice Contributions, Giffs, Grants e and Other Similar Amounts	1a b c d e f g h		1b 1c 1d 1e 1f 1g	Business Code	6,044,034			sections 512–514
Program Service Revenue	c d e f g	All other program service revenue Total. Add lines 2a-2f						
	4 5 6a b	other similar amounts)	ond proc	eeds	1,345			1,345
evenue	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) 7c	urities	(ii) Other				
Other Rev	8a b c 9a b	Net gain or (loss)	. 8a . 8b ents 9a . 9b					
	b	Gross sales of inventory, less returns and allowances	. 10k					
Miscellanous Revenue	c d e	All other revenue	···					
	12	Total revenue. See instructions			6,045,379	l 0	0	1,345

Page 10

20) Helvetas USA Statement of Functional Expenses Part IX

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

	Check if Schedule O contains a response or note to				
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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 individuals. See Part IV, lines 15 and 16	5,372,746	5,372,746		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	213,578	91,947	65,425	56,206
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	191,122	82,279	58,546	50,297
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	13,935	5,999	4,268	3,668
10	Payroll taxes	45,817	19,725	14,035	12,057
11	Fees for services (nonemployees):				
а	Management				
b	Legal	880	378	270	232
С	Accounting	9,915	4,269	3,037	2,609
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	21,075	9,073	6,456	5,546
12	Advertising and promotion	15,342	15,342		
13	Office expenses	22,792	9,812	6,982	5,998
14	Information technology				
15	Royalties				
16	Occupancy	9,209	3,965	2,821	2,423
17	Travel	4,101	1,766	1,256	1,079
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,313	12,189	8,673	7,451
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,554	669	476	409
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Dues and Subscriptions	34,019	14,645	10,421	8,953
b		•		•	•
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,984,398	5,644,804	182,666	156,928
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet Part X

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	158,159	1	112,610
	2	Savings and temporary cash investments	84,719	2	187,235
	3	Pledges and grants receivable, net	15,000	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,992	9	945
	10a	Land, buildings, and equipment: cost or other	_		
		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, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	259,870	16	300,790
	17	Accounts payable and accrued expenses	33,180	17	13,119
	18	Grants payable	_	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	33,180	26	13,119
		Organizations that follow FASB ASC 958, check here	·		·
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	226,690	27	287,671
3ali	28	Net assets with donor restrictions	_	28	
ρ		Organizations that do not follow FASB ASC 958, check here			
μ̈		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	226,690	32	287,671
Ž	33	Total liabilities and net assets/fund balances	259,870	33	300,790
			=== , = . •		F 200 (0000)

Page **11**

orm	1990 (2020) Helvetas USA	17-25 6	59247		Pa	age 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		6,	045,	379
2	Total expenses (must equal Part IX, column (A), line 25)				984,	
3	Revenue less expenses. Subtract line 2 from line 1				60,	981
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4			226,	
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)					0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10			287,	671
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 Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Ī			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		İ			
	separate basis, consolidated basis, or both:					
	X 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 audit, 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 on		Ī			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		f			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
EA	, , ,,,,,,,,				990 (2	2020)
					(-	/

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	ne of the organization Employer identification number										
		as USA					47-256924				
Pa	rt I	Reason for Public Charit	y Status. (All o	rganizations must	complete	this par	t.) See instruction	S.			
The	orga	nization is not a private foundation bed	ause it is: (For line	s 1 through 12, check or	nly one box)					
1		A church, convention of churches, or	association of chur	ches described in section	on 170(b)(1	1)(A)(i).					
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)						
3		A hospital or a cooperative hospital s	ervice organization	described in section 17	'0(b)(1)(A)((iii).					
4		A medical research organization oper	ated in conjunction	with a hospital describe	d in sectio	n 170(b)(1)(A)(iii). Enter the				
		hospital's name, city, and state:									
5		An organization operated for the bene	efit of a college or ι	university owned or oper	ated by a g	jovernmen	tal unit described in				
		section 170(b)(1)(A)(iv). (Complete I	Part II.)								
6		A federal, state, or local government	or governmental un	nit described in section 1	170(b)(1)(A)(v).					
7	X	An organization that normally receive	s a substantial part	t of its support from a go	vernmenta	l unit or fro	m the general public				
		described in section 170(b)(1)(A)(vi)	. (Complete Part II.)							
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organization	described in section	on 170(b)(1)(A)(ix) opera	ated in con	junction wi	th a land-grant college				
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:									
10		An organization that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gross				
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ions; and (2	2) no more	than 33 1/3% of its				
		support from gross investment incom	e and unrelated bu	siness taxable income (less section	n 511 tax) f	rom businesses				
		acquired by the organization after Jur	ne 30, 1975. See s e	ection 509(a)(2). (Comp	lete Part III	.)					
11		An organization organized and opera	ted exclusively to te	est for public safety. See	section 5	09(a)(4).					
12		An organization organized and opera	ted exclusively for	the benefit of, to perform	the function	ons of, or to	carry out the purpose	S			
		of one or more publicly supported org	anizations describe	ed in section 509(a)(1) o	or section !	509(a)(2). S	See section 509(a)(3).				
		Check the box in lines 12a through 13	2d that describes th	ne type of supporting org	janization a	and comple	ete lines 12e, 12f, and 1	2g.			
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	supported c	organizatio	n(s), typically by giving				
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the d	irectors or	trustees of the				
		supporting organization. You mu	st complete Part l	V, Sections A and B.							
	b	Type II. A supporting organization	n supervised or cor	ntrolled in connection wit	h its suppo	rted organi	zation(s), by having				
		control or management of the su	pporting organization	on vested in the same pe	ersons that	control or	manage the supported				
		organization(s). You must comp	lete Part IV, Section	ons A and C.							
	С	Type III functionally integrated.	. A supporting orga	nization operated in con	nection with	n, and func	tionally integrated with,				
		its supported organization(s) (see	e instructions). You	must complete Part IV	, Sections	A, D, and	E.				
	d	Type III non-functionally integr	ated. A supporting	organization operated in	connection	n with its su	upported organization(s	3)			
		that is not functionally integrated.	The organization of	generally must satisfy a	distribution	requireme	nt and an attentiveness	3			
		requirement (see instructions). Ye	ou must complete	Part IV, Sections A an	d D, and P	art V.					
	е	Check this box if the organization	received a written	determination from the	IRS that it i	s a Type I,	Type II, Type III				
		functionally integrated, or Type III	non-functionally in	tegrated supporting orga	anization.						
	f	Enter the number of supported organ	izations								
	g	Provide the following information abo	ut the supported or	ganization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))	listed in you docum	ir governing	support (see instructions)	other support (see			
				above (see ilistructions))	docum	lent?	ilisti uctions)	instructions)			
					Yes	No					
(A)											
(<u>^</u>)											
(B)											
(D)											
(C)											
(
(D)											
(0)											
(E)											
(<u>-</u>)											
Tota	ı										

Part II

47-2569247

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 192,415 749,969 1,720,244 3,562,232 6,044,034 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 192,415 749,969 1,720,244 3,562,232 6,044,034 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) 1,796,741 6 Public support. Subtract line 5 from line 4 10,472,153 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4 192,415 749,969 1,720,244 3,562,232 6,044,034 12,268,894 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 30 1,345 1,375 Net income from unrelated business activities, whether or not the business **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... 12,270,269 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ Section C. Computation of Public Support Percentage 85.35 [%] 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2019 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this \mathbf{x} b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check П 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported П b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization gualifies as a publicly supported П 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

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

90 or 990-EZ) 2020 Helvetas USA
Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 -						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
	ction B. Total Support			1	1		
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)				-		
ıJ	and 12.)						
11	First 5 years. If the Form 990 is for the orga	nization's first	socond third	fourth or fifth	tay year as a		2)
14	organization, check this box and stop here				•	` , `	,
50	ction C. Computation of Public Suppo			<u> </u>	<u> </u>	<u> </u>	· · · · · ·
	Public support percentage for 2020 (line 8, c			column (f))		15	<u>%</u>
	Public support percentage from 2019 Sched					16	
	ction D. Computation of Investment In					10	
	Investment income percentage for 2020 (line			line 13 colum	n (f))	17	%
	Investment income percentage from 2020 (line		• •			18	
	33 1/3% support tests - 2020. If the organiz						
130	17 is not more than 33 1/3%, check this box						
h	33 1/3% support tests - 2019. If the organiz	-	-	-	•		
D	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	-	_	-	-		- =
	i ilvate ibulitation. Il the organization did il	iot officer a bu	л ∪п ппс т ч , Т	Ja, Oi 13D, OH	on ting box and	a 500 mistrautitui	

 Schedule A (Form 990 or 990-EZ) 2020
 Helvetas USA
 47-2569247
 Page

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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.

- 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

		Yes	No
	1		
	2		
	3a		
	26		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9c		
	30		
	10a		
	10b		
(Eo		or 990 E	7) 2020

	le A (Form 990 or 990-EZ) 2020		Р	age 5
Pai	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion 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			
<u> </u>	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations	\neg	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	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).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	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		
	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 year (see in.	struc	tions).
a	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 			
b	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (</i>	saa ii	netruic	tions
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	300 11	Yes	No.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
_	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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			
		2a		
b	Did the activities described in line 2a, above, 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			
	j	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
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? If "Yes" or "No," 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.

 Schedule A (Form 990 or 990-EZ) 2020
 Helvetas USA
 47-2569247
 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explair	in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izatior	ns must complete Sections	s A through E.
Sect	tion 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	tion 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		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	\Box		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	y integ	rated Type III supporting	organization

EEA Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

	ule A (Form 990 or 990-EZ) 2020 Helvetas USA			<u> 2569</u>	247 Page				
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	ed)					
Sec	tion D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1					
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	tions	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	e organization is respons	sive						
	(provide details in Part VI). See instructions.			8					
9_	Distributable amount for 2020 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount	1	(**)	10	/···›				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020				
	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020								
	(reasonable cause required - explain in Part VI). See								
	instructions.			_					
	Excess distributions carryover, if any, to 2020								
	From 2015								
	From 2016								
	From 2017								
	From 2018								
	From 2019								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years			_					
	Applied to 2020 distributable amount								
<u> </u>	Carryover from 2015 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from								
	Section D, line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2020 distributable amount Remainder. Subtract lines 4a and 4b from line 4.								
	Remaining underdistributions for years prior to 2020, if								
3	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI . See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
9	and 4b from line 1. For result greater than zero, <i>explain in</i>								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3								
•	and 4c.								
8	Breakdown of line 7:								
	Excess from 2016								
	Excess from 2017								

c Excess from 2018 d Excess from 2019 e Excess from 2020

. . . .

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)
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

OMB No. 1545-0047

2020

Open to Public Inspection

Name	Name of the organization Employer identification number					
Hel	retas USA		47-2569247			
Pa	TI Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or Acc	ounts.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised				
	funds are the organization's property, subject to the organization	on's exclusive legal control?				
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be use	d			
	only for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose				
	conferring impermissible private benefit?					
Pa	t II Conservation Easements.					
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).				
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a c	conservation			
	easement on the last day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the			
	tax year					
4	Number of states where property subject to conservation ease	ment is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it l	nolds?				
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, and enforcing conserva	ation easements during the year			
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation	·				
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statements	that describes the			
Da	organization's accounting for conservation easements.	of Aut Historical Transcruss on A	Other Cimiler Accets			
Pa	organizations Maintaining Collections		Other Similar Assets.			
	Complete if the organization answered "Yes" o					
та	If the organization elected, as permitted under FASB ASC 958	•				
	of art, historical treasures, or other similar assets held for publications are vide in Part VIII the tout of the feature to its finance.		erance of public			
L	service, provide, in Part XIII the text of the footnote to its financial the agraphical plantad as possitted under FASB ASC 059		non about works of			
b	If the organization elected, as permitted under FASB ASC 958	•				
	art, historical treasures, or other similar assets held for public	animinon, education, or research in futtnera	ilice of public service,			
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		▶ ¢			
	(ii) Assets included in Form 990, Part X					
2						
2	If the organization received or held works of art, historical trea		πιι, ριονίαε μιε			
•	following amounts required to be reported under FASB ASC 9: Revenue included on Form 990, Part VIII, line 1	G	> \$			
a b	Assets included in Form 990, Part X		> \$			

 Schedule D (Form 990) 2020
 Helvetas USA
 47-2569247
 Page 2

Pa	rt III Organizations Maintaining	Collec	ctions of	Art, His	torical	Treasures	s, or O	ther Similar	Assets	(conti	nued)
3	Using the organization's acquisition, accession	n, and ot	her records	s, check an	y of the fol	lowing that m	nake sigr	ificant use of its			
	collection items (check all that apply):										
а	Public exhibition			d	Loan o	or exchange	program	S			
b	Scholarly research			е	Other						
С	Preservation for future generations										_
4	Provide a description of the organization's coll	lections a	and explain	how they f	urther the	organization'	's exemp	t purpose in Part	t		
	XIII.										
5	During the year, did the organization solicit or	receive of	donations o	f art, histor	ical treasu	res, or other	similar				
	assets to be sold to raise funds rather than to	be maint	tained as pa	art of the o	ganization	's collection?	?		🗌 <u>\</u>	es [No
Pa	rt IV Escrow and Custodial Arra										
	Complete if the organization a	answer	ed "Yes"	on Form	1 990, Pa	art IV, line	9, or re	eported an ar	mount o	n Forr	n
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodia	n or othe	er intermedi	ary for con	ributions c	r other asse	ts not				
	included on Form 990, Part X?								🗌 ነ	'es [No
b	If "Yes," explain the arrangement in Part XIII a	and comp	lete the foll	lowing table) :						
								А	mount		
С	Beginning balance							:			
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e	1			
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo	rm 990, l	Part X, line	21, for esc	row or cus	todial accour	nt liability	?	۱ 🗌	es [No
b	If "Yes," explain the arrangement in Part XIII.	Check he	ere if the ex	planation h	as been pi	rovided on P	art XIII			[
Pa	rt V Endowment Funds.										
	Complete if the organization a	answer	ed "Yes"	on Form	1 990, Pa	art IV, line	10.				
		(a) Cu	rrent year	(b) Pri	or year	(c) Two year	s back	(d) Three years bad	ck (e) F	our years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year e	end balance	e (line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment • %	6									
С	Term endowment • %										
	The percentages on lines 2a, 2b, and 2c should	ıld equal	100%.								
3a	Are there endowment funds not in the possess	sion of th	ne organiza	tion that are	e held and	administere	d for the				
	organization by:									Yes	No
	(i) Unrelated organizations								3a	i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizate		•						3t	<u> </u>	
4	Describe in Part XIII the intended uses of the		tion's endo	wment fund	s.						
Pa	rt VI Land, Buildings, and Equip								_		
	Complete if the organization a	answer	ed "Yes"	on Form	1 990, Pa	art IV, line	<u>11a. S</u>	ee Form 990	, Part X	line '	10.
	Description of property		(a) Cost or oth	ner basis	(b) Cost o	r other basis	(c)	Accumulated	(d) B	ook value	9
			(investm	nent)	(0	other)	de	epreciation			
1a	Land	· · _									
b	Buildings										
С	Leasehold improvements	[
d	Equipment	[
<u>e</u>	Other										
	1 4 11 1 4 10 1 1 1 1		200 5		(D) II (_			

Schedule D (Form 990) 2020	Helvetas USA	47-2569247	Page 3

Schedule D (Form					47	-2569247	Page 3
Part VII	Investments - Other Securities.	o" on Eor	m 000 Dor	t IV/ lin	o 11h Soo Eor	~ 000 Bort \	/ line 12
	Complete if the organization answered "Yes	S OII FOI					
	(a) Description of security or category (including name of security)		(b) Book va	lue		(c) Method of valuati or end-of-year marke	
(1) Financial	, , ,				0001	or one or your marke	· value
` ,	eld equity interests						
(3) Other	and equity interests						
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶					
Part VIII	Investments - Program Related.		000 5		0 =	000 5 ()	, II 40
	Complete if the organization answered "Yes	s" on For	m 990, Par	t IV, lin	e 11c. See Forr	n 990, Part X	K, line 13.
	(a) Description of investment		(b) Book va	lue		(c) Method of valuati or end-of-year marke	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	•					
Part IX	Complete if the organization answered "Yes	o" on For	m 000 Bor	t IV / lin	a 11d Saa Ear	~ 000 Part \	/ line 15
			III 990, Fai	LIV, IIII	e Tiu. See Foii		
(4)	(a) Description	l				(b) E	Book value
<u>(1)</u> (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 15.)						
Part X	Other Liabilities.					•	
	Complete if the organization answered "Yes line 25.	s" on For	m 990, Par	t IV, lin	e 11e or 11f. Se	ee Form 990,	Part X,
1.	(a) Description of liability	(b) Book v	alue				
	ncome taxes	(-, =					
(2)							
(3)							
(4)							

(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020 Helvetas USA 47-2569247 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 6,045,379 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2c d Other (Describe in Part XIII.) 2d 3 3 6,045,379 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c 6,045,379 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,984,398 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2b 2c **d** Other (Describe in Part XIII.) 2d 3 3 5,984,398 Amounts included on Form 990 Part IX line 25 but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4c 5,984,398 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. 01. Footnote for uncertain tax position under FIN 48 (Part X) The Organization requires that a tax position be recognized or derecognized based on a "morelikely-than-not" threshold. This applies to positions taken or expected to be taken in a tax return. The Organization does not believe its financial statements include, or reflect, and uncertain tax positions.

EEA Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Helvetas USA 47-2569247 Page 5

Part XIII Supplemental Information (continued)	_
01. Footnote for uncertain tax position under FIN 48 (Part X)	
The accounting standard on accounting for uncertainty in income taxes addresses the determination	o£
whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the	
financial statements. Under that guidance, the Organization may recognize the tax benefit from an	
uncertain tax position only if it is more likely than not that the tax position will be sustained	on
examination by taxing authorities based on the technical merits of the position.	
Examples of tax positions include the tax-exempt status of the Organization and various positions	
related to the potential sources of unrelated business taxable income (UBIT). The tax benefits	
recognized in the financial statements from such a position are measured based on the largest	
benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There	
were no unrecognized tax benefits identified or recorded as liabilities for at year end.	
The Organization's policy would be to recognize interest and penalties, if any, on tax positions	
related to its unrecognized tax benefits in income tax expense in the financial statements. No	
interest and penalties were assessed or recorded during the year.	
	—

EEA Schedule D (Form 990) 2020

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

	lvetas USA 47-2569247							
Par	General Information of Form 990, Part IV, line		Outside the	United States. Complete if	the organization answered	"Yes" on		
1	For grantmakers. Does the orga		tain records to su	ubstantiate the amount of its grai	nts and			
-	other assistance, the grantees' e							
	award the grants or assistance?					☐ Yes ☐ No		
	award the grants of assistance:					165 140		
2	For grantmakers. Describe in P	art V the orgar	nization's proced	ures for monitoring the use of its	grants and other assistance			
	outside the United States.							
3	Activities per Region. (The follow	ving Part I, line	3 table can be o	luplicated if additional space is r	needed.)			
	(a) Region	(b) Number	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total		
		of offices in the region	employees, agents, and	region (by type) (such as, fundraising, program services,	a program service, describe specific type of	expenditures for and investments		
		and region	independent	investments, grants to recipients	service(s) in the region	in the region		
			contractors in the region	located in the region)				
-								
(1)								
(2)								
(3)								
(3)								
(4)								
(5)								
(6)								
(7)				+				
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
<u>(14)</u>								
(15)								
<u>(16)</u>								
(17)								
3a	Subtotal							
b	Total from continuation							
_	sheets to Part I							
C	LOTAIS LAND LINES 39 AND 30)	1	i					

Schedule F (Form 990) 2020 Helvetas USA 47-2569247 Page 2

Part II			Organizations or Entities no received more than \$5,0					ed "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
			Europe (including						
(1)			Iceland and Greenland	dWater and Sa	5,372,746				
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Er			above that are recognized as chari				•		•
		-	;						

Helvetas USA 47-2569247

Schedule F (Form 990) 2020 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 Part III can be duplicated if additional space is needed.

	sistance	(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)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
10)								
11)								
10)								
13)								
14)								
15)								
16)								
17)								
18)								

Schedule F (Form 990) 2020 Helvetas USA
Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	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

EEA Schedule F (Form 990) 2020 Schedule F (Form 990) 2020 Page **5**

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.
	mormation. See instructions.

EEA Schedule F (Form 990) 2020

SCHEDULE J (Form 990)

Department of the Treasury

Compensation committee

Form 990 of other organizations

Independent compensation consultant

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 47-2569247 Helvetas USA **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2

x Written employment contract

Compensation survey or study

Approval by the board or compensation committee

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

Indicate which, if any, of the following the organization used to establish the compensation of the

organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

compensation contingent on the net earnings of:

If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

5a	х
5b	х

6a

6b

7

х

х

Х

x

х

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Christian Steiner	(i)	205,446	0	8,132	0	0	213,578	0
1 CEO	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
_4	(ii)							
-	(i)							
5	(ii)							
6	(i) (ii)							
8	(i)							
7	(ii)							
•	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Helvetas USA

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

Name of the organization Employer identification number 47-2569247

01. Form 990 governing body review (Part VI, line 11) The Board of Directors reviews Form 990 at the board meetings prior to filing. 02. Governing documents, etc, available to public (Part VI, line 19) The Organization makes its governing documents and financial statements available on its website and upon request.