Department of the Treasury Do not enter social s						-		-		-		Open to Public	c
		ue Service			-	v/Form990 to	or instructions a					Inspection	
_				tax year beg				, 2023, 1	and end	ing		, 20	
	heck if a ddress c	pplicable: hange	C Name of or Doing busi		Helvetas	USA					D Emplo	over identification numbe 47-2569247	r
<u></u> N	ame cha	inge	Number ar	nd street (or P.O.	box if mail is no	ot delivered to stre	eet address)		Room/su	ite	E Teleph	one number	
n In	itial retu	rn	1101	Connect:	icut Ave	NW						(240) 743-0023	3
Fi	nal retur	n/terminated	City or tow	n, state or provin	ice, country, and	d ZIP or foreign p	ostal code				G Gross	receipts	
<u> </u>	mended	return	Wash	ington, I	DC 20036	5-4300					\$	12,856,2	274
□ A	oplicatio	n pending		address of princ						H(a) Is this a g	group return fo	or subordinates? Yes	X No
										H(b) Are all	subordinate	s included? Yes	No
I Ta	ax-exem	pt status: X	501(c)(3)	501(c) () (inser	rt no.) 🗌 4	947(a)(1) or	527		lf "No,"	attach a list	t. See instructions	
JW	ebsite:	_	vetasus	a.org		_				H(c) Group	exemption r	number	
	-	-	Corporation	Trust A	Association	Other		L Year of format	ion: 201	L4. M S	State of lega	al domicile: MN	
Par	tI	Summar	'Y										
	1	Briefly descr	ibe the orga	nization's mi	ssion or mo	st significant a	activities: <u>To</u>	support p	boor a	nd disa	dvanta	nged women, me	en
e		and comm	unities	in devel	Loping c	ountries	in their e	fforts to	impro	ove livi	ing co	nditions.	
anc													
Governance													
Š	2			-			ons or disposed o				·		
	3						e 1a) • • • • •				3	1	13
es	4	Number of ir	ndependent	voting memb	pers of the g	overning bod	y (Part VI, line 1b)			4	1	13
viti	5	Total numbe	r of individu	als employed	l in calendar	r year 2023 (F	Part V, line 2a)				5		8
Activities &	6	Total numbe	r of voluntee	ers (estimate	if necessary	y)					6	1	14
	7a	Total unrelat	ed business	s revenue froi	m Part VIII,	column (C), li	ne 12				7a		0
	b	Net unrelate	d business t	taxable incon	ne from Forr	m 990-T, Part	I, line 11 • • •		<u></u>		7b		0
										Prior Year		Current Year	
	8		-		,					9,904	,622	12,843,	399
anu	9											0	
Revenue	10	Investment i	ncome (Par	t VIII, column	n (A), lines 3	, 4, and 7d)				2	,076	12,	875
Å	11	Other revenue	ue (Part VIII	, column (A),	lines 5, 6d,	8c, 9c, 10c, a	and 11e) •••						0
	12	Total revenu	e - add lines	s 8 through 1	1 (must equ	al Part VIII, co	olumn (A), line 12)		9,906	,698	12,856,2	274
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									9,091	,289	11,908,	417
													0
S					-		umn (A), lines 5-1			588	,737	7 732,50	
Expenses			0										0
bei	b			ses (Part IX, o		· · · · · · · · · · · · · · · · · · ·		261,748	_				
ŵ	17		•	. ,						162	,551	189,3	186
	18	•		· · ·		,	(A), line 25) •			9,842	,577	12,830,3	106
	19	Revenue les	s expenses	. Subtract line	e 18 from lir	ne 12				64	,121	26,2	168
or Ices									Begi	nning of Curr	ent Year	End of Year	
Net Assets or Fund Balances	20		•	,							,936	590,	939
atAs	21										,056		891
	22				t line 21 fro	m line 20 •				543	,880	570,	048
Par			Ire Block		atum including		chedules and stateme	nto and to the he	at of my lun	audadaa aad b	aliaf it ia		
							on of which preparer h			owiedge and b	ellel, it is		
Sigr	.	Chri Signature of offic	<u>stian St</u>	teiner							Date	2	
Here		-									Date	-	
пен	,	Type or print nar		teiner, C	CEO								
			eparer's name		Preparer's	signature		Date				PTIN	
Paic						•				Check	L "		
	ı barer	John Mu	iiins			ullins		03-05-20		self-em	ployed	P01429307	
-	Only			Mullins		.				Firm's EIN			
026	Uniy	Firm's addres	S		isconsin				F	hone no.			
Marri	Bethesda MD 20814 202-770-6371 May the IRS discuss this return with the preparer shown above? See instructions X												
_													No
FOL H	aperw	iork Reducti	UN ACT NOT	ice, see the s	separate in	structions.						Form 990 (2	2023)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Form **990**

Form	990 (2023) Helvetas USA 47-2569247 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To support poor and disadvantaged women, men and communities in developing countries in their
	efforts to improve living conditions.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
5	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 12,303,456 including grants of \$ 11,908,417) (Revenue \$)
	Helvetas USA is organized to support poor and disadvantaged women, men and communities in
	developing countries in their efforts to improve living conditions, primarily by raising public
	awareness in the United States of Helvetas Swiss Intercooperation and its global programs aimed
	at such purposes, and to raise funds and make grants in furtherance of such purposes.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
4d	Other program services (Describe on Schedule O.)
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 12,303,456

Form	990 (2023) Helvetas USA 47-256	9247	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	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	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, 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			
	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and IL	21		x

Form		47-25692	47	P	Page 4
Pa	rt 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				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • • •	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	• • • • •	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		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?				
	If "Yes," complete Schedule L, Part I		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%				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		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				
	persons? If "Yes," complete Schedule L, Part III		27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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	• • • • •	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	••••	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	I			
			34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	• • • • •	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ſ			
	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	• • • • •	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ſ			
07	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ſ			
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		20		
Der	19? Note: All Form 990 filers are required to complete Schedule O. rt V Statements Regarding Other IRS Filings and Tax Compliance	<u></u>	38	Х	
Par	Check if Schedule O contains a response or note to any line in this Part V				
		<u></u>		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	.		162	NU
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	0			
С	reportable gaming (gambling) winnings to prize winners?		1c	v	
					(2023)

Form	990 (2023) Helvetas USA 47-25692	247	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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		x
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		x
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			
- 1	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		
c	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • •	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
U	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter:	30		
10	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
b		-		
11	Section 501(c)(12) organizations. Enter:			
a	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.).	1.0		
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.	40		
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			
c	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
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 the 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		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

For		-256924			age 6
Pa	Int VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b	below, a	and fo	ora"l	No″
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sche				ctions.
	Check if Schedule O contains a response or note to any line in this Part VI				x
Se	ction 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	13			
	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 1b	13			
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		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4 5		<u>x</u>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	T T	5 6		<u>x</u>
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	••••	-		<u>x</u>
1 a	one or more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · ·	<u>'a</u>		<u> </u>
Ň	stockholders, or persons other than the governing body?		7b		х
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?	H	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 on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	-	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflic	:s?••	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		40-		
40	describe on Schedule O how this was done		12c	х 	
13 14	Did the organization have a written document retention and destruction policy?		13 14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		14	х	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	x	
b	Other officers or key employees of the organization		15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	[16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed Statement #17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501)	c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Image: Another's website X Upon request Image: Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	The Organization (240)743-0023, 1101 Connecticut Ave NW, Washington, DC 20036				

Form 990 (202	3) Helvetas USA	47-2569247	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig	phest 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 Compen	sated Employees	

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

	iteu organiza		inpe	noat	Cu c	iny cu	non		liusice.	
				(C)					
(A)	(B)	Position (do not check more than one				(D)	(E)	(F)		
Name and title	Average					han one s both a		Reportable	Reportable	Estimated amount
	hours		officer and a director/trustee)		compensation	compensation	of other			
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	or d	Inst	Office	Key	Hig	Forme	1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	or tru	nalt		oloye	è,				
	below dotted line)	Istee	ruste		ě	pens				
	dotted line)		96			satec				
						_				
(1)Christian Steiner	40.00									
	40.00			x				214,842	0	0
(2)Ohanyan Tatevik	40.00							100 450		
Senior Director of Business Develop	10.00					х		138,450	0	0
(3)Clare Ignatowski	10.00								0	<u> </u>
Director	10.00	х						0	0	0
(4) Jorg Frieden	10.00	x						0	o	0
Director	10.00							0	0	0
(5)Cynthia Hartley	<u> </u>	x						0	o	0
Director	10.00							0	0	0
(6)Sarina Prabasi Director	- <u>- 10.00</u>	x						0	0	0
_(7)Erik_Butler	10.00							0	0	0
Director	<u> </u>	x						0	0	0
_(8)Michael Huber	10.00							•	Ŭ	•
Director		x						0	0	0
	10.00							v	Ŭ	
Diretor		x						0	0	0
(10)Lance Pierce	10.00									
Director		x						0	0	0
(11)Raghuveer Vinukollu	10.00									
Director		x						0	0	0
(12)Stefan Stolle	10.00							-		-
Secretary		x		x				0	0	0
(13)Melchior_Lengsfeld	10.00									
Chairperson		х		x				0	0	0
(14)Avery Bang	10.00									
Vice Chair		х		x				0	0	0
FFA										Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees, continued (a) (b) (c)		990 (2023) Helvetas USA		K 1								7-2569			age 8
M R R R R R R Num and titls Image: state and the	Part	VII Section A. Officers, Directors, I	rustees,	key i	=m		-	es, ar	na	Hignest Comp	ensated		oyees	(conti	nued)
If the store in the sequence in			Average hours	box	unles	Po: eck n ss pei	sition nore t rson i	s both a	n	Reportable compensation	Reporta compensa	Reportable compensation		ated amo of other	
Treasurer x			(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/	1099-MI	sc/	fro organ	om the ization a	and
(17) (19) (19) (19) (19) (19) (20) (19) (19) (21) (19) (19) (22) (19) (19) (23) (19) (19) (24) (19) (19) (23) (19) (19) (24) (19) (19) (25) (19) (19) (25) (19) (19) (26) (19) (19) (27) (19) (19) (26) (19) (19) (27) (19) (19) (27) (19) (19) (28) (19) (19) (29) (19) (19) (20) (19) (10) (21) (19) (10) (22) (19) (19) (23) (24) (19) (24) (25) (19) (25) (19) (19) (26) (27) (19) (27) (10)	Trea		10.00			x				0		0			0
(19)	<u>(16)</u>														
(19) (19) (20) (21) (21) (22) (23) (24) (24) (25) (25) (26) (26) (27) (27) (28) (24) (26) (25) (27) (26) (27) (27) (28) (28) (29) (29) (29) (24) (29) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (21) (20) (22) (20) (24) (20) (25) (20) (26) (20) (27) (20) (28) (20) (29) (20) (20) (20) (21) (21) (22) (21) (24) (21) (25) (21) (26) (21) (27)	<u>(17)</u>														
(20)	<u>(18)</u>														
[21]	<u>(19)</u>														
(22)	(20)														
(23) (24) (24) (24) (25) (25) (25) (26) (27) (26) (27) (28) (27) (27) (28) (26) (27) (28) (27) (28) (28) (27) (28) (28) (27) (28) (28) (27) (28) (28) (28) (28) (28) (29) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (20) (30) (20) (20) (4) (20) (20) (5) (20) (2	(21)														
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(25)	(23)														
1b Subtotal	(24)														
c Total from continuation sheets to Part VII, Section A 353,292 0 0 d Total (add lines 1b and 1c) 353,292 0 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 x 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (a) (b) (c) (A) (B) (C) Compensation Compensation Compensation 1 Complete this table for your five highest compensated independent contract	(25)														
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$100,000 of individual 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x Section B. Independent Contractors 1 Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (a) (b) (c) (a) (b) (c) Compensation Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who 1 Total number of independent contractors (including but not limited to those listed above) who	С	Total from continuation sheets to Part VII, Sec						 	•	353 292		0			0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 x 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 x 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x 5 Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		Total number of individuals (including but n	ot limited to								nan \$100	-			
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	Did the organization list any former officer, director	or, trustee, k	• •	•		-	-	-					Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 x Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who How Parson	4	organization and related organizations greater that	an \$150,000?	•					•						
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who Image: Compensation of the calendar year ending with or within the organization's tax year.	5	Did any person listed on line 1a receive or accrue	compensati								 			X	x
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensation of the calendar year ending with or services Image: Compensating withthe calendar year ending with or services	Sect	•													
Name and business address Description of services Compensation	1													s tax y	/ear.
			ss								es			ation	
received more than \$100,000 of compensation from the organization	2		-					nose l	l iste	d above) who					

	90 (2023) Helvetas USA			47-25692	47 Page 9
Part					
	Check if Schedule O contains a response or note	e to any line in this Part (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 12,84 g Noncash contributions included in lines 1a-1f 1g \$	12,843,399			
		ss Code			
Program Service Revenue	2a				
	 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 	12,875			12,875
	6a Gross rents (i) Real (ii) Per 6a 6a 6a b Less: rental expenses 6b c Rental income or (loss) 6c				
anue	d Net rental income or (loss)				
Other Reven	d Net gain or (loss)				
0	events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses	_			
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b	····			
	c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b	<u></u>			
	c Net income or (loss) from sales of inventory				
Miscellanous Revenue	11a	ss Code			
scellanoı Revenue					
liscé Rev	d All other revenue				
Σ	e Total. Add lines 11a-11d	•••			
	12 Total revenue. See instructions		0	0	12,875

	not include amounts reported on lines 6b, 7b,)b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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	11,908,417	11,908,417		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	214,842	93,566	62,743	58,533
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	428,167	186,471	125,043	116,653
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	16,245	7,075	4,744	4,426
10	Payroll taxes	73,249	31,901	21,392	19,956
11	Fees for services (nonemployees):	, ,	,	,	- ,
а	Management				
b	Legal				
с	Accounting	13,360	5,818	3,902	3,640
d		- /	- /	- ,	- /
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				
5	(A), amount, list line 11g expenses on Schedule O.)	5,545	2,415	1,619	1,511
12	Advertising and promotion	14,617			14,617
13	Office expenses	11,807	5,142	3,448	3,217
14	Information technology	11,007	3,142	5,440	5,21,
15	Royalties				
16		1,789	779	522	488
17	Travel	94,672	41,231	27,648	25,793
18	Payments of travel or entertainment expenses	54,072	41,231	27,040	23,733
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,646	7,250	4,861	4,535
20		10,040	7,250	4,001	4,555
21	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22		1,590	692	464	4.7.4
23 24	Other expenses. Itemize expenses not covered	1,590	692	404	434
24	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.)	00.1.00	10.000	0.514	
a ⊾	Dues and Subscriptions	29,160	12,699	8,516	7,945
b					
C L					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,830,106	12,303,456	264,902	261,748
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 📋 if				
	following SOP 98-2 (ASC 958-720)				

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

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

	990 (20		4	7-2569	247 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	· · · · · · · · · · []
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	249,721	1	56,674
	2	Savings and temporary cash investments	321,534	2	496,689
	3	Pledges and grants receivable, net	12,242	3	34,916
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,439	9	1,544
	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	1,116
	16	Total assets. Add lines 1 through 15 (must equal line 33)	584,936	16	590,939
	17	Accounts payable and accrued expenses	41,056	17	20,891
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		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			
				25	
	26	Total liabilities. Add lines 17 through 25 Openmine that (allow 5400 400 are allowed by the second	41,056	26	20,891
s		Organizations that follow FASB ASC 958, check here X			
Ce	07	and complete lines 27, 28, 32, and 33.	- 40 .000	07	
alar	27	Net assets without donor restrictions	543,880	27	570,048
ä	28			28	
un		Organizations that do not follow FASB ASC 958, check here			
гF	20	and complete lines 29 through 33.		20	
ts c	29 30	Capital stock or trust principal, or current funds		29 30	
SSe	30 31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds		30	
Net Assets or Fund Balances	32	Total net assets or fund balances	543,880	32	570 049
Ne	33	Total liabilities and net assets/fund balances		33	570,048
	55	וסנמו וומטווונוסט מווע ווכן מסטכנט/ועווע טמומווטכט איז	584,936	55	590,939

EEA

Form 990 (2023)

Form		47-2569247	7	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	12,	856,	274
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	830,	106
3	Revenue less expenses. Subtract line 2 from line 1	3		26,	168
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		543,	880
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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		570,	048
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 on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	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				
	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	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				İ
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	· · · · · ·	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				İ
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		Ĺ
				000 /	(0000)

Form 990 (2023)

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2023
Open to Public

Inspection

Department of the Treasury	
Internal Revenue Service	

Go to www.irs.gov/Form000 for instructions and the latest information

(C) (D) (C) (C) <th>Name</th> <th>of th</th> <th>ne organization</th> <th>www.iis.gov/i on</th> <th>naso for manuccions a</th> <th></th> <th></th> <th>Employer identification</th> <th>number</th>	Name	of th	ne organization	www.iis.gov/i on	naso for manuccions a			Employer identification	number
Part Reason for Public Charity Status. (All organizations music complete this part.) See instructions. The organization in a private foundation because it is: (For lines 1 timos) 12, check only no box.) A shouch, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A should described in section 170(b)(1)(A)(ii). A media described in section 170(b)(1)(A)(ii). Enter the height discribed in section 170(b)(1)(A)(iii). Enter the height discribed in section 170(b)(1)(A)(iii). Enter the height discribed in section 170(b)(1)(A)(iii). Complete Part II.) 6 A federal, state, or local government or governmental and described in section 170(b)(1)(A)(V). 7 2 An arganization operated for the benefit of a collego or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 8 A community tract described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An argonization discribed in section 170(b)(1)(A)(V). 9 An argonization discribed in section 170(b)(1)(A)(V). 9 An argonization discribed o lis exercibe 170(b)(1)(A)(V). 9 An argonization discribed in section 170(b)(1)(A)(V). 9 An argonization discribed in section 170(b)(1)(A)(V). 9 An argonization discribed in section 170(b)(1)(A)(V). 9 An argonization discribed in section 170(b)(1)(A)(V). 9 <td>Helv</td> <td>et</td> <td>as USA</td> <td></td> <td></td> <td></td> <td></td> <td>47-256924</td> <td>7</td>	Helv	et	as USA					47-256924	7
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box)		_		rity Status. (Al	Il organizations mus	st comple	ete this p		
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(A) Image: Constraint of the second seco				()	(described on lines 1-10	listed in you	r governing	support (see	other support (see
(A) Image: Constraint of the second seco						Yes	No		
(B) (C) (C) (C) (C) (D) (D) (D) (D)	(<u>A</u>)						-		
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(D) (E) (E) <th>(B)</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	(B)								
(E)	(C)								
	(D)								
Total	(E)								
	Total								

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

-	le A (Form 990) 2023 Helvetas U					47-256924	
Part							
	(Complete only if you checked t						alify under
	Part III. If the organization fails t	o qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,562,232	6,044,034	7,303,534	9,904,622 1	2,843,399	39,657,821
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	3,562,232	6,044,034	7,303,534	9,904,622 1	2,843,399	39,657,821
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						2,615,206
6	Public support. Subtract line 5 from line 4 .						37,042,615
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3,562,232	6,044,034	7,303,534	9,904,622 1	2,843,399	39,657,821
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	30	1,345	49	2,076	12,875	16,375
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						39,674,196
12	Gross receipts from related activities, etc						
13	First 5 years. If the Form 990 is for the c	U U		• •			· / · /
0	organization, check this box and stop he						· · · · · · L
	on C. Computation of Public Suppo			44 (f)			
14	Public support percentage for 2023 (line		•			14 15	93.37 %
15 16a	Public support percentage from 2022 Sci 33 1/3% support test - 2023. If the organ						92.13 %
Toa	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ	•		•			_
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20						
ma	10% or more, and if the organization me						
	Part VI how the organization meets the fa						
	organization			-			•
b	10%-facts-and-circumstances test - 20						
~	15 is 10% or more, and if the organizatio	-					
	in Part VI how the organization meets the					•	
	organization			-	•		
18	Private foundation. If the organization d						
	instructions						_

	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources •						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or		rst, second, th	ird, fourth, or fi	ifth tax year as	a section 501	(c)(3)
	organization, check this box and stop her						
	on C. Computation of Public Suppo					- i - i	
15	Public support percentage for 2023 (line 8					15	%
16	Public support percentage from 2022 Sch					16	%
-	on D. Computation of Investment In		-				
17	Investment income percentage for 2023 (I					17	%
18	Investment income percentage from 2022					18	%
19a	33 1/3% support tests - 2023. If the orga						_
c.	17 is not more than 33 1/3%, check this b						ganization 📋
b	33 1/3% support tests - 2022. If the organization						_
	line 18 is not more than 33 1/3%, check this box		-			-	
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	check this box		
EEA						Schedule	A (Form 990) 2023

Calendar year (or fiscal year beginning in)

Tax revenues levied for the

Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

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

Gross receipts from activities that are not an unrelated trade or business under section 513

Section A. Public Support

1

2

3

4

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

(a) 2019

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

(c) 2021

(d) 2022

(b) 2020

(e) 2023

Page 3

(f) Total

I art	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, comple	te Se	oction	ςΔ
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part			
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and C. If you checked box 12d, Part I			le
Centi		Pan	v.)	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Vu		
D				
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	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.	3c		
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.	4a		
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.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
C	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)	4 -		
_	purposes.	4c		
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).	5a		
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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
Ū	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 .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
U U	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
-		30		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	-		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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 line 10b below.	10a		
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.)	10b		

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 Schedule A (Form 990) 2023
 Helvetas

 Part IV
 Supporting Organizations
 Helvetas USA

EEA

	e A (Form 990) 2023 Helvetas USA	47-2569247		Р	age 5
Part	V Supporting Organizations (continued)				
		г		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described on lin		44 -		
	11c below, the governing body of a supported organization?		11a		
	A family member of a person described on line 11a above?	_	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or provide detail in Part VI .		11c		
Sectio	on B. Type I Supporting Organizations		ΠC		
	on 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		103	
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization				
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one				
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	line ing the	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ed			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," exp				
	VI how providing such benefit carried out the purposes of the supported organization(s) that oper	rated,			
	supervised, or controlled the supporting organization.		2		
Section	on 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	e directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI he	ow control			
	or management of the supporting organization was vested in the same persons that controlled or	managed			
	the supported organization(s).		1		
Section	on D. All Type III Supporting Organizations				
		F		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		4		
2	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				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain how the organization maintained a close and continuous working relationship with the supported		2		
3	By reason of the relationship described in line 2, above, did the organization's supported organiz-		2		
5	a significant voice in the organization's investment policies and in directing the use of the organiz				
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organize				
	supported organizations played in this regard.	lations	3		
Sectio	on 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 duri	ng the vear (see	ins	tructi	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.	5 · · ·) · · (,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI	identify			
	those supported organizations and explain how these activities directly furthered their exemption	t purposes,			
	how the organization was responsive to those supported organizations, and how the organization	determined			
	that these activities constituted substantially all of its activities.	L	2a		
b	Did the activities described on 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 engage	-			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization	n(s) would			
-	have engaged in these activities but for the organization's involvement.	L	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, director	rs, or	•		
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eac	n	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		3b		
EEA		Schedule	e A (Fo	orm 99(u) 2023

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sec	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
	-		(, , , , , , , , , , , , , , , , , , ,	(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		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		earsted Type III suppo	orting organization

EEA

Schedule A (Form 990) 2023

Schedul	A (Form 990) 2023 Helvetas USA V Type III Non-Functionally Integrated 509(a)(3	R) Supporting Organ	47-25	
	on D - Distributions	b) Supporting Organ		Current Year
	Amounto noid to supported organizations to accomplish a	vemet purpeese	4	
<u>1</u> 2	Amounts paid to supported organizations to accomplish e Amounts paid to perform activity that directly furthers exer		1	
2	organizations, in excess of income from activity	inpl pulposes of suppor		
3	Administrative expenses paid to accomplish exempt purpo	and of automated argan	izations 2	
4	Amounts paid to acquire exempt-use assets	uses of supported organ	1/2 ations 3	
	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par		
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is res		
U	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - <i>explain in Part VI</i>). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
<u> </u>	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			
EEA				Schedule A (Form 990) 2023

line 17e er 1

III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE I	כ
(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. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Helve	tas USA	47-2569247
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	I
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes 🗌 No
Par	Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	torically important land area
	Protection of natural habitat	tified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a 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 included on line 2a	2c
d	Number of conservation easements included on line 2c, acquired after July 25, 2006, and not	
	on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	anization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	tion easements during the year
-		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)((B)(i)
0	and section $170(h)(4)(B)(ii)$?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
Ū	sheet, and include, if applicable, the text of the footnote to the organization's financial statements that desc	
	organization's accounting for conservation easements	
Par		her Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and be	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balan	ice sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
	nominale Deduction Act Nation, and the Instancetions for Form 000	

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

	le D (Form 990) 2023 Helvetas USA					47-2569		Page 2
Par	t III Organizations Maintaining	g Collections of	Art, Historic	al Treasures,	or Of	ther Similar As	ssets (co	ntinued)
3	Using the organization's acquisition, acces	sion, and other record	ds, check any of t	he following that n	nake si	gnificant use of its		
	collection items (check all that apply):							
а	Public exhibition		d 🗌 Loa	in or exchange pro	ogram			
b	Scholarly research		e 🗌 Oth	er				
с	Preservation for future generations		_					
4	Provide a description of the organization's	collections and explai	in how they furthe	er the organization	's exen	npt purpose in Part		
	XIII.			0				
5	During the year, did the organization solicit	or receive donations	of art. historical t	reasures. or other	similar			
	assets to be sold to raise funds rather than						Ves	□ No
Par	t IV Escrow and Custodial Arr							
	Complete if the organizatior	n answered "Yes'	' on Form 990), Part IV, line	9, or i	reported an am	ount on I	Form
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for contribut	ions or other asse	ts not			
	included on Form 990, Part X?						Yes	□ No
b	If "Yes," explain the arrangement in Part XI							
	, 1 3	,	5			Amo	ount	
с	Beginning balance				1c			
d	Additions during the year							
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on				nt liabil		Yes	No
	If "Yes," explain the arrangement in Part XI					•		П
Par	·							
	Complete if the organization	n answered "Yes'	' on Form 990), Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years b		(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance					(a) Three years back		
b								
c	Net investment earnings, gains, and							
•								
d	Grants or scholarships							
e	Other expenditures for facilities and							
č	programs							
f	Administrative expenses							
	End of year balance							
g 2	Provide the estimated percentage of the cu	I	l ce (line 1g. colum	n (a)) held as:				
-	Board designated or quasi-endowment							
b	Permanent endowment 9							
	Term endowment %	U						
С	The percentages on lines 2a, 2b, and 2c sl	ould oqual 100%						
20			ation that are hal	d and administora	d for th	•		
3a	Are there endowment funds not in the poss organization by:	ossion of the organiz	auon mai die Hel			0	Г	Yes No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?							
Ь	If "Yes" on line 3a(ii), are the related organ						3a(ii) 3b	
b	Describe in Part XIII the intended uses of t			Κ(·····			30	
4 Part			ownent lunds.					
1 al	Complete if the organization	-	' on Form OOr) Part IV line	11a (See Form 000	Part X li	ne 10
	· · · · ·							
	Description of property	(a) Cost or oth (investme		ost or other basis (other)	• •	Accumulated epreciation	(d) Book	value
1a	Land		·	<u>, </u>	31	• ••		
_								
b	Buildings							
с С	Leasehold improvements							
d	Equipment							
e Total	Other		V line 100 colum	(R)				
rotal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	, line TUC, colum	ш (B) • • • • •	• • •			

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	 (a) Description of security or category (including name of security) 		(b) Book value		ethod of valuation: d-of-year market value
(1) Financial of	lerivatives				,
	ld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, line 12, col.(B))				
Part VIII	Investments - Program Related				
	Complete if the organization answered	"Yes" on For	m 990. Part IV. I	ine 11c. See Forn	n 990. Part X. line 13.
	(a) Description of investment		(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX	Other Assets				
	Complete if the organization answered	"Yes" on For	m 990, Part IV, I	ine 11d. See Forn	n 990. Part X. line 15.
	(a) Desi				(b) Book value
(1) Tataraa	t Receivable	cription			1,116
(2)					1,110
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Calum	(b) must source Form 000 Part X line 15 set (P))				
Part X	n (b) must equal Form 990, Part X, line 15 col. (B)) Other Liabilities				1,116
	Complete if the organization answered	"Ves" on For	m 000 Part IV I	ing 11g or 11f Sg	e Form 990 Part X
	line 25.		m 330, i aitiv, i		er onn 330, ran A,
4					
1. (1) Federal i	(a) Description of liability	(b) Book v	alue		
(1) Federal i					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, line 25 col. (B))				
-	uncertain tax positions. In Part XIII, provide the text		-		·
organization's	liability for uncertain tax positions under FASB ASC	740. Check here	if the text of the foot	note has been provide	d in Part XIII • • • • • • 🗴

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

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47-2569247

Schedule D (Form 990) 2023

Part VII

Helvetas USA

Investments - Other Securities

Schedule I	D (Form 990) 2023 Helvetas USA		47-2569	
Part X	I Reconciliation of Revenue per Audited Financial Statem	ents With Revenue p	er Retur	n
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1 1	otal revenue, gains, and other support per audited financial statements		1	12,876,974
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:			
a N	let unrealized gains (losses) on investments	2a		
	Donated services and use of facilities	2b 20,70)	
c F	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		
e A	Add lines 2a through 2d		2e	20,700
3 S	Subtract line 2e from line 1		3	12,856,274
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
a li	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c A	Add lines 4a and 4b		4c	
	otal revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>).		5	12,856,274
Part X		-	per Ret	urn
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
	otal expenses and losses per audited financial statements		1	12,850,806
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25:			
-	Donated services and use of facilities	2a 20,70		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	20,700
-	Subtract line 2e from line 1		3	12,830,106
	mounts included on Form 990, Part IX, line 25, but not on line 1:			
	nvestment expenses not included on Form 990, Part VIII, line 7b • • • • • • •	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
	otal expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		5	12,830,106
Part X				
	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,		4; Part X, lir	ne
2; Part XI	l, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional information.		
<u>01. Fo</u>	otnote for uncertain tax position under FIN 48 (Part	X)		
	ganization requires that a tax position be recognized -than-not" threshold. This applies to positions taken			
The Or	ganization does not believe its financial statements	include, or reflec	t, any ı	uncertain tax
positi	ons.			

01. Footnote for uncertain tax position under FIN 48 (Part X)

The accounting standard on accounting for uncertainty in income taxes addresses the determination of 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.

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SCHEDULE F

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

lvetas	USA	47-2569247
art I	General Information on Activities Outside the United States. Complete if the organization	answered "Yes" on
	Form 990, Part IV, line 14b.	
For	grantmakers. Does the organization maintain records to substantiate the amount of its grants and	

1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

Activities per Persian. (The following Part Lline 2 table can be duplicated if additional appear is peeded.)

ు	Activities per Region. (The follow	ing Part I, line	s table can be di	uplicated if additional space is r	leeded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
(17)						
3a	Subtotal					
b	Total from continuation					
с	Totals (add lines 3a and 3b)					
	aperwork Reduction Act Notice	soo the Instru	ctions for Form	000	Sabad	ulo E (Eorm 990) 2022

tatement of	Activities	Outside	the	United	State
	tatement of	tatement of Activities	tatement of Activities Outside	tatement of Activities Outside the	tatement of Activities Outside the United

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

Attach to Form 990.

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

tes	OMB No. 1545-0047
163	2022
or 16	2023

Open to Public

Inspection

Employer identification number

47-2569247

rants and Other Assistance to Organizations or Entities Outside the art IV, line 15, for any recipient who received more than \$5,000. Part II cate of tion a of tion (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant Europe (including Iceland and Greenland) Europe and Greenland) Water and Sanita 11,908,41	an be duplicated if additional spa (f) Manner of cash nonc disbursement assist	ace is needed. unt of (h) Description (i) Method of
e of tion (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant Europe Europe including Iceland	(f) Manner of (g) Amou cash nonc disbursement assist	unt of (h) Description (i) Method of valuation (stance) (book, FMV,
	17	
and Greenland) Water and Sanita 11,908,41		
al number of recipient organizations listed above that are recognized as charities by the foreignized (2)		
i01(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section and a section and a section and the section of other organizations or entities		

Schedule F (Form 990) 2023 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

Helvetas USA

47-2569247

Page 3

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Region (c) Number of (h) Method of valuation (d) Amount of (e) Manner of (f) Amount of (g) Description of noncash assistance recipients cash grant cash noncash disbursement (book, FMV, assistance appraisal, other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) EEA

Schedule	e F (Form 990) 2023 Helvetas USA	47-2569247	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see the Instructions for Form 926)	Ye	s 🛛 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) • • • • • • • • • • • •	Ye	s 🗶 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see the Instructions for Form 5471)	Ye	s 🛛 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see the Instructions for Form 8621)	Ye	s 🛛 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the Instructions for Form 8865)	Ye	s 🛛 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	the instructions for Form 5713; don't file with Form 990)	· · · · · · · · · · · · · · · · · · ·	s 🛛 No
EEA		Schedule F	(Form 990) 2023

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.

SCHEDULE .	J
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

OMB No. 1545-0047 2023

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.

Open to Public Inspection

Employer identification number -----

Part	I Questions Regarding Compensation			
Fait			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)		Tes	NO
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Image: Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Image: Compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		x
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		х
b	Any related organization?	5b		x
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		х
b	Any related organization?	6b		x
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	· ·		^
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
	III I alt III	0		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2023 Helvetas USA

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.

		(B)Breakdown of W-2 ar	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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)	214,842	0	0	0	0	214,842	0
1 CEO	(ii)	0	0	0	0	0	0	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(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)							
ΕΕΔ	()		1			1	Sobod	ule .I (Form 990) 2

Schedule J (Form 990) 2023

EEA

47-2569247

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

t information.

Employer identification number 47-2569247

Name of the organization Helvetas USA

Department of the Treasury

Internal Revenue Service

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. Conflict of interest policy compliance (Part VI, line 12c)

The policy requires that impacted individuals shall annually sign a statement which

affirms that such person: (1) has received a copy of the Conflict of Interest Policy;

(2) has read and understands the policy; (3) has agreed to comply with the policy; (4)

understands that the Corporation is a charitable organization and that in order to

maintain its federal tax exemption it must engage primarily in activities which accomplish

one or more of its tax-exempt purposes; (5) has disclosed all potential and actual

conflicts of interest on the statement; and (6) has disclosed all business and family

relationships on the statement.

03. CEO, executive director, top management comp (Part VI, line 15a)

The Board of Directors reviews performance and sets the compensation of the Chief

Executive Officer. Also, Helvetas undertakes periodic comparative studies of its

compensation for executives and key employees which include compensation levels paid by

similarly situated organizations, for functionally comparable positions,

and considers actual written offers from similar organizations competing for the services

of the person.

04. 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.

ne(s) as shown on return	Federal Supporting Statements	2023 PG01
ne(s) as shown on return elvetas USA		47-256924
	Form 990, Part VI, Section C, line 17	Statement #01
ates where required	a copy of this Form 990 to be filed:	
California		
Colorado		
Maryland Minnesota		
New York		