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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	2022 calend	lar year, or t	ax year beg	jinning		, 2022	, and end	ling		, 20	
В	Check if a	applicable:	C Name of org	ganization I	Helvetas USA					D Empl	oyer identification number	
	Address	change	Doing busin	iess as							47-2569247	
П	Name cha	ange	Number and	d street (or P.O.	box if mail is not delivered t	o street address)		Room/su	uite	E Telepl	hone number	
一	Initial retu	•		,	icut Ave NW	,				·	(240) 743-0023	
一		rn/terminated			ce, country, and ZIP or fore	ian nostal code		-		G Gross	s receipts	
Ħ.	Amended		-		DC 20036-4300	gri postai osas				\$	9,906,698	
一		on pending		address of princ					H(a) le this e e		for subordinates? Yes X No	
ш	Дрисано	ni pending	1 Name and a	address of princ	ipai ollioci.				H(b) Are all s		- F	
_	Tax-exem	npt status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527		1		st. See instructions	
	Website:		. ,,,,) (IIIsert IIo.)	4947(a)(1) 01	<u> </u>		H(c) Group e			
			Corporation		Association Other		I Voor of form	ation: 20	' 			
	art I	Summar		Trust A	Association Other		L Year of form	lation: 20	14 W 3	state of leg	gal domicile: MN	
	1		,	nization's mi	ssion or most significa	ant activities: m				d + -	aged women, men	
	'	•	•		•	_						
ce		and Comm	unities	In devel	loping countri	es in their	ellorus u	o mpr	ove IIVI	ing ec	martions.	
Governance		-										
ver	2	Chack this h	ov Difthe	organization	n discontinued its ope	rations or dispose	d of more than	25% of its	not accete			
တ္	3			_	verning body (Part VI					3	12	
Activities &	4		-	_	ers of the governing					4	13	
ties	l _			_	l in calendar year 202					5	13	
Ę	5									6	6	
Ac	6			•	m Part VIII, column (C					 	1	
	7a				,	<i>,</i> ,				7a 7b	0	
	 	ivet uniferate	u business to	axable IIICOII	ne from Form 990-T, F	-aiti, iiile ii ••				1 70	0	
		Contribution	Prior Year	F 2.4	Current Year							
Ф	8	Contribution	_	7,303	,534	9,904,622						
nu	9	_			ine 2g)						0	
Revenue	10	Investment in			49	2,076						
œ	11		ue (Part VIII,			0						
	12				1 (must equal Part VI				7,303		9,906,698	
	13				rt IX, column (A), line				6,468	,570	9,091,289	
	14				IX, column (A), line						0	
S	15		•		yee benefits (Part IX,	` ,	•		497	,439	588,737	
Expenses	16a		-	•	(, column (A), line 11e	•					0	
Š	. _b				column (D), line 25)		194,53					
Ú					lines 11a-11d, 11f-24					,486	162,551	
	18	•		,	st equal Part IX, colu	` '			7,111		9,842,577	
	19	Revenue les	s expenses.	Subtract lin	e 18 from line 12 .			•	192	,088	64,121	
sor	ğ		/ -					Beg	inning of Curre		End of Year	
sset	20		•	,				•		,328	584,936	
Net Assets or	21			,				•		,569	41,056	
				ces. Subtrac	ct line 21 from line 20			•	479	,759	543,880	
	art II		re Block	evamined this r	eturn, including accompany	ing schedules and state	ments and to the	pest of my kn	owledge and he	aliof it is		
					officer) is based on all infor				owiedge and be	olici, it is		
				_								
Sig	ın	Signature of office	<u>stian St</u>	einer						L Da	to .	
He		Ŭ								Da	ic .	
пе	re		<u>stian St</u>	einer, C	CEO							
		Type or print nar			Dronovada ait		Data		-		DTIN	
D~	id		eparer's name		Preparer's signature		Date		Check	∐ if	PTIN	
Pai		John Mu	ıllins		John Mullins		03-06-2		self-em	oloyed	P01429307	
	eparer			Mullins					Firm's EIN			
US	e Only	Firm's addres	ss	7625 Wi	isconsin Avenu	e			Phone no.			
					da MD 20814					202-	770-6371	
Mav	the IR	S discuss this	return with the	he preparer	shown above? See ir	nstructions					X Yes No	

Form	990 (2022		47-2569247	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly de	escribe the organization's mission:		
	To sup	port poor and disadvantaged women, men and communities in deve	eloping countries in	their
	effort	s to improve living conditions.		
2		rganization undertake any significant program services during the year which were not listed on the		п
	•	m 990 or 990-EZ?	Yes	X No
_		describe these new services on Schedule O.		
3		rganization cease conducting, or make significant changes in how it conducts, any program ?	Пу	□ .
			Yes	X No
4		describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program service	os as massurad by	
7		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a		
	-	expenses, and revenue, if any, for each program service reported.	modulons to others,	
	tilo total c	saperiose, and revenue, it arry, for each program convice reported.		
4a	(Code:) (Expenses \$ 9,421,883 including grants of \$ 9,091,289) (Revenue \$)
	_	as USA is organized to support poor and disadvantaged women, m		/ in
		oping countries in their efforts to improve living conditions,		
		ness in the United States of Helvetas Swiss Intercooperation and		
		th purposes, and to raise funds and make grants in furtherance		
4b	(Code: _) (Expenses \$ including grants of \$) (Revenue \$)
	-			
	-			
	-			
	-			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	011	. (2		
4d		ogram services (Describe on Schedule O.)	,	
	(Expense	es \$ including grants of \$) (Revenue \$)	

9,421,883

Total program service expenses

2) <u>Helvetas USA</u>
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	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,	_		
6	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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
'	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? <i>If</i> "Yes,"			Α_
•	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	<u> </u>		Α_
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	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
C				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
C	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		Х
f	,			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a		40-		
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	426		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 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,	174		Х
	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		х
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		х
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		х
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		х
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		х
20 a		20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	I	x

Form 990 (2022) 47-2569247 Page 4 Helvetas USA Part IV Checklist of Required Schedules (continued) No Yes 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a X 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 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 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a Х 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c x Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Х 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

19?	19? Note : All Form 990 filers are required to complete Schedule O	
Part V	V Statements Regarding Other IRS Filings and Tax Compliance	

•	•	•	•					
Check if Schedule	O contains a	a response or note t	o any line in th	his Part V				ſ
Official if Confedence	O contains t	a reopenie or note t	o arry mile mi u	iio i ait v	 	 	•	ι
						 T	\neg	•
						l Va	•	

					res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?		 	1c	x	

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and

Х

37

38 x

38

Form 990 (2022) Page 5 Helvetas USA 47-2569247 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b х 3a х 3a 3b 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)?...... X **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 5a Х Х c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was С 7c d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 9b b 10 Section 501(c)(7) organizations. Enter: 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: а b Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which С 13c Did the organization receive any payments for indoor tanning services during the tax year? х 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2022) **Helvetas USA 47-2569247** Page **6**

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	r a "No"	•	age c
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			
	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	.3		
	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	.3		
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		х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	_	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Sac	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
-	THOM B. 1 Offices (This Section & requests information about policies not required by the internal Nevenue Code.)		Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a	163	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • • •	11a	x	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u> </u>	
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
I6a	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		
	ction 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			
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.

Form 990 (2022) **Helvetas USA** 47-2569247 Page 7

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See 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.

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

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

Check this box if heither the organization for any rela	iteu organiza	lion co	inpe	IISa	leu a	arry cu	пеп	t officer, director, of	i ii usiee.	
				((C)					
(A)	(B)	l ,,			sition			(D)	(E)	(F)
Name and title	Average	,	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount	
	hours	offic			compensation from the	compensation from related	of other compensation			
	per week (list any							organization (W-2/	organizations (W-2/	from the
	hours for	Indiv or di	Insti	Officer	Key	High emp	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	recto	tution	ĕ	emp	est o	ner	1099-NEC)	1099-NEC)	related organizations
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	dotted line)	stee	uste		U	ensa				
	,		(J)			ated				
(1) Christian Steiner	40.00									
CEO				х				227,443	0	0
(2) Ohanyan Tatevik	40.00									
Senior Director of Business Develop						Х		130,000	0	0
(3) Clare Ignatowski	10.00									
Director		х						0	0	0
(4) Jorg Frieden	10.00									
Director		х						0	0	0
(5) Cynthia Hartley	10.00									
Director		Х						0	0	0
(6) Sarina Prabasi	10.00									
Director		Х						0	0	0
(7) Erik_Butler	10.00									
Director		Х						0	0	0
(8) Michael Huber	10.00									
Director		Х						0	0	0
(9) Mark Way	10.00									
Diretor		Х						0	0	0_
(10)Lance Pierce	_ 10.00									
Director		Х						0	0	0
(11)Raghuveer_Vinukollu	10.00									
Director		Х						0	0	0_
(12)Stefan Stolle	10.00									
Secretary		х		Х				0	0	0
(13)Melchior Lengsfeld	10.00									
Chairperson		Х	\sqcup	Х				0	0	0
(14)Avery_Bang	10.00									
Vice Chair		Х		X				0	0	0

Form 990 (2					_					47-256	9247	Р	age 8
Part VII	Section A. Officers, Directors, 1	rustees,	Key I	Em	plo	yee	es, ar	nd I	Highest Comp	ensated Emp	loyees	(conti	inued)
	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck n	rson i	han one s both a r/trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	со	(F) nated am of other mpensat	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1099-MISC/ 1099-NEC)	orga	nization d organiz	
(15)Rudol	f Laager	10.00	х		х				0	0			0
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	btotal	tion A											
d Tot	al (add lines 1b and 1c)								357,443	0			0
	al number of individuals (including but not limit ortable compensation from the organization	ed to those I	isted a	bove	e) wl	no re	eceive	d mo	ore than \$100,000	of			2
	the organization list any former officer, direct	or trustee k	ev emr	olove	ae 0	r hic	ihest c	omr	nensated			Yes	No
	ployee on line 1a? If "Yes," complete Schedule			•		_					3		х
	any individual listed on line 1a, is the sum of r												
_	anization and related organizations greater thatividual • • • • • • • • • • • • • • • • • • •										4	х	
	any person listed on line 1a receive or accrue										-	71	
	services rendered to the organization? If "Yes,	" complete S	Schedu	le J	for s	uch	perso	n	<u> </u>	<u> </u>	5		X
_	B. Independent Contractors mplete this table for your five highest compens	ated indene	ndent d	contr	acto	ore th	nat rec	eive	ed more than \$100	000 of			
	npensation from the organization. Report com										r.		
	(A)								(B)		(C)		
	Name and business addres	ss							Description of service	es	Compens	sation	
	al number of independent contractors (includir	-			se lis	ted	above) wh	10				

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		Check if Schedule O contains a response o	or no	te to any line in thi	s Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants nounts	1a b c d	Membership dues	1a 1b 1c 1d					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1e 1f	9,904,622				
Contrib and Oth	g h		1g		9,904,622			
Program Service Revenue	l	All other program service revenue	- - -	Business Code				
		Investment income (including dividends, intere other similar amounts)	est, a	and eeds	2,076			2,076
	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) Net rental income or (loss)		(ii) Personal				
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis		(ii) Other				
Revenue	С	and sales expenses · · 7b Gain or (loss) · · · · 7c Net gain or (loss) · · · · · · · · · · · · · · · · · ·						
Other Re		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	8a 8b					
	c 9a b	Net income or (loss) from fundraising events Gross income from gaming activities, See Part IV, line 19 Less: direct expenses	9a					
	10a b	Gross sales of inventory, less returns and allowances	10a 10b					
Miscellanous Revenue	11a b c		_	Business Code				
		Total royanua See instructions			0 006 609	^	^	2 076

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Statement of Functional Expenses Part IX

Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	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				
Ū	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	9,091,289	9,091,289		
4	Benefits paid to or for members	9,091,209	9,091,209		
5	Compensation of current officers, directors,				
J	trustees, and key employees	227,443	99,793	68,624	59,026
6	Compensation not included above to disqualified	221,443	99,193	00,024	39,020
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	289,088	127,261	86,998	74,829
8	Pension plan accruals and contributions (include	209,000	127,201	00,990	74,629
0	section 401(k) and 403(b) employer contributions)				
9	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` 	10.000	7.040	F 444	4 600
	Other employee benefits	18,068	7,942	5,444	4,682
10 11	Fees for services (nonemployees):	54,138	23,798	16,311	14,029
	Management				
a	Legal	11 500	F 001	2 402	0.006
b		11,560	5,081	3,483	2,996
c d	Accounting	11,506	5,058	3,466	2,982
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g		0.040	000	C1.7	F 2 1
40	(A) amount, list line 11g expenses on Schedule O.)	2,048	900	617	531
12 13	Advertising and promotion	620	620	2 560	2.062
	· · · · · · · · · · · · · · · · · · ·	11,817	5,194	3,560	3,063
14	Information technology				
15	Royalties	5 460	0.404	1 647	44.7
16	Occupancy	5,468	2,404	1,647	1,417
17	Travel	58,014	25,501	17,479	15,034
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	21 621	10.000	0.545	
19	Conferences, conventions, and meetings	31,681	13,926	9,545	8,210
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 501		45.6	
23		1,581	695	476	410
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
a	Dues and Subscriptions	28,256	12,421	8,513	7,322
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	9,842,577	9,421,883	226,163	194,531
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)				

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Helvetas USA

Form 990 (2022) Part X Balance Sheet

	_	Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	190,925	1	249,721
	2	Savings and temporary cash investments	287,284	2	321,534
	3	Pledges and grants receivable, net	11,861	3	12,242
	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	1,258	9	1,439
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets . Add lines 1 through 15 (must equal line 33)	491,328	16	584,936
	17	Accounts payable and accrued expenses	11,569	17	41,056
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		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			
	00	of Schedule D	44 540	25	44 056
	26	Total liabilities. Add lines 17 through 25	11,569	26	41,056
S		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	470 750	27	E42 000
alaı	28	Net assets with donor restrictions	479,759	28	543,880
B	20	Organizations that do not follow FASB ASC 958, check here		20	
Ë.		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances	479,759	32	543,880
ž	33	Total liabilities and net assets/fund balances	491,328	33	584,936
			- ,		,

Form	1 990 (2022) Helvetas USA	47-25692	1 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	9,	906,	698
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,	842,	577
3	Revenue less expenses. Subtract line 2 from line 1	3		64,	121
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		479,	759
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		543,	880
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		х
	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				
	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				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	1 990 ((2022)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number

Helvetas USA 47-2569247 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**. X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. а Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support				-	·	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and		, ,	, ,			
	membership fees received. (Do not						
	include any "unusual grants.")	1,720,244	3,562,232	6,044,034	7,303,534	9,904,622	28,534,666
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	1,720,244	3,562,232	6,044,034	7,303,534	9,904,622	28,534,666
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)						2,242,624
6	Public support. Subtract line 5 from line 4 .						26,292,042
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,720,244	3,562,232	6,044,034	7,303,534	9,904,622	28,534,666
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources		30	1,345	49	2,076	3,500
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						28,538,166
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, thi	ird, fourth, or fi	ifth tax year as	a section 501	(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6					14	92.13 %
15	Public support percentage from 2021 Sch					15	88.77 %
16a	33 1/3% support test - 2022. If the organ						_
	box and stop here . The organization qua	•		-			_
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			•	•		
	organization						_
b	10%-facts-and-circumstances test - 20	•					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the			-		•	
	organization						_
18	Private foundation. If the organization di						
	instructions						

 Schedule A (Form 990) 2022
 Helvetas USA
 47-2569247
 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	Section A. Public Support								
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
	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								
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	rganization's fi	rst, second, th	ird, fourth, or fi	fth tax year as	a section 501	(c)(3)		
	organization, check this box and stop her								
	on C. Computation of Public Suppo								
15	Public support percentage for 2022 (line 8	. ,,,	,			15	%		
16	Public support percentage from 2021 Sch					16	%		
	on D. Computation of Investment In				(0)	1 1			
17	Investment income percentage for 2022 (•		17	%		
18	Investment income percentage from 2021					18	%		
19a	33 1/3% support tests - 2022. If the orga								
_	17 is not more than 33 1/3%, check this b	-	-				ganization ∐		
b	33 1/3% support tests - 2021. 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	and see instru	ctions		

Schedule A (Form 990) 2022 **Helvetas USA 47–2569247** Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? 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		
0-				
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			
	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		
_	Did the organization support any foreign supported organization that does not have an IRS determination	710		
С				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	_		
_	purposes.	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			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	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		
0		1		
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			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	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 husiness holdings \	10h		

Schedule A (Form 990) 2022 Page 5 Helvetas USA 47-2569247 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11a 11c below, the governing body of a supported organization? 11b A family member of a person described on line 11a above? A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c. 11c provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes 2 No Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. **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 engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	ıizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	Section A - Adjusted Net Income (A) Prior Year (Section 2)							
	on A - Aujusteu Net Income		(A) I IIOI Teal	(optional)				
1_	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3_	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
	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						
Sect	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	ally i	ntegrated Type III suppor	rting organization				
	(see instructions).							

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Part	v Type III Non-Functionally integrated 509(a)(3	3) Supporting Organ	izations (continue	2 a)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	: VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
<u>, ч</u>	Excess from 2021				

EEA Schedule A (Form 990) 2022

Excess from 2022

е

Schedule A (Form 990) 2022 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 47-2569247 Helvetas USA Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Par	t III	Organizations Maintaining	Coll	ections of	Art, Hi	storical	Treasures	, or C	ther Similar A	ssets (contir	nued,
3	Using	the organization's acquisition, access	sion, a	nd other record	ds, check	any of the	following that	make s	ignificant use of its			
	collec	tion items (check all that apply):										
а	Pu	blic exhibition			d	Loan o	r exchange p	rogram				
b	So	holarly research			е	Other						
С	_	eservation for future generations				_						_
4		de a description of the organization's o	collecti	ons and explai	n how the	ev further th	ne organizatio	n's exe	mpt purpose in Part			
	XIII.	1 3				,	3					
5		g the year, did the organization solicit	or rece	eive donations	of art his	torical trea	sures or othe	er simila	r			
•		s to be sold to raise funds rather than								. ∏ Ye	<u>.</u> Г	No
Par	t IV	Escrow and Custodial Arra			part of the	organizati	on a conconc			<u></u>		
	• • •	Complete if the organization			on For	m 00∩ F	Part IV line	9 or	reported an am	ount or	For	m
		990, Part X, line 21.	ano.	WOIGG 100	0111 01	111 000, 1	art iv, iiiic	, 0, 0.	roportod dir dir	iourit or		•••
	lo tho	organization an agent, trustee, custoo	dian a	other interme	dian, for a	ontribution	o or other acc	oto not				
1a		-			-					. ∏ Ye		No
		•								те	s L] NO
b	II Yes	s," explain the arrangement in Part XII	ii and (complete the fo	ollowing ta	able:			Δ			
	. .									ount		
C		ning balance										
d		ons during the year										
е		outions during the year							+			
f		g balance										_
2a		e organization include an amount on l							•		_	No
b		s," explain the arrangement in Part XII	II. Che	ck here if the e	xplanatio	n has been	provided on	Part XII	l		· L	
Par	t V	Endowment Funds.		1 115 7 11	. –	000 5	5 (N / P	40				
		Complete if the organization	ans	wered "Yes"	on For	m 990, F	art IV, line	10.				
			(a)	Current year	(b) P	rior year	(c) Two years	back	(d) Three years back	(e) Fou	r years	back
1a	_	ning of year balance										
b	Contr	ibutions										
С	Net in	vestment earnings, gains, and										
	losse	s										
d	Grant	s or scholarships										
е	Other	expenditures for facilities and										
	progra	ams										
f	Admii	nistrative expenses										
g	End c	of year balance										
2		de the estimated percentage of the cu	rrent y	ear end baland	ce (line 1g	g, column (a	a)) held as:		•			
а		d designated or quasi-endowment	-		,	·						
b		anent endowment %										
С		endowment %										
		ercentages on lines 2a, 2b, and 2c sh	ould e	gual 100%.								
3a		nere endowment funds not in the poss			ation that	are held a	nd administer	ed for t	ne			
		ization by:									Yes	No
	-	Inrelated organizations								. 3a(i)	100	1
	` '	elated organizations								. 3a(ii)		
b		s" on line 3a(ii), are the related organi								. 3b		
4		ribe in Part XIII the intended uses of th		•								I
Par	1	Land, Buildings, and Equi			OWITICITE	unus.						
· ui		Complete if the organization			on For	m 990 F	Part IV line	11a	See Form 990	Part X	line	10
			uno						1			
		Description of property		(a) Cost or othe (investme		1 ' '	or other basis other)		Accumulated depreciation	(d) Boo	k value	
	Lond			(11170001110	,	+ '	,	,				
1a	Land					1						
b	Buildi											
C		ehold improvements				1						
d		ment	• •			1						
<u>e</u>	Other					<u> </u>						
Total	Add lin	ac 1a through 1a (Column (d) must a	~~~~ E	arm aga Dart	v column	(U) line 1	(10.1		I			

			_
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Part VII Investments - Other Securities.	\/ 0	000 Dant IV/ I	: 44h C F	000 Dt V	lin - 40
Complete if the organization answered	Yes on Form 9	90, Part IV, I	The Trb. See For	n 990, Part X,	line 12.
(a) Description of security or category		(b) Book value	1 ' '	ethod of valuation:	
(including name of security) (1) Financial derivatives			Cost or er	nd-of-year market value	
(2) Closely-held equity interests	<u> </u>				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.	W			000 5 434	40
Complete if the organization answered	"Yes" on Form 9	90, Part IV, I	ine 11c. See Forn	n 990, Part X,	line 13.
(a) Description of investment		(b) Book value	` '	ethod of valuation: nd-of-year market value	
(1)				· · · · · · · · · · · · · · · · · · ·	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.	"Voo" on Form (100 Dort IV/ I	ing 11d Coa Form	- 000 Dort V	lina 1E
Complete if the organization answered		90, Part IV, I	ine 11a. See For		
(a) Desi	cription			(b) Book	value
(1)				+	
(2) (3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X Other Liabilities.					
Complete if the organization answered	"Yes" on Form 9	90, Part IV, I	ine 11e or 11f. Se	e Form 990, F	Part X,
line 25.					
1. (a) Description of liability	(b) Book value				
(1) Federal income taxes					
(2)					
(3)					
(4)					

IIIIe 25.	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	Part	·	-	Return	•
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments Donated services and use of facilities C Recoveries of prior year grants d Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.): C Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 9,842,5' Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities c Other (Describe in Part XIII.) Add lines 2a through 2d Add lines 2a through 2d Amounts included on Form 990, Part IV, line 25: a Univestment expenses not included on Form 990, Part IV, line 7b Add lines 2a through 2d Amounts included on Form 990, Part IV, line 25: a Univestment expenses not included on Form 990, Part IV, line 7b Add lines 2a through 2d Amounts included on Form 990, Part IV, line 7b Add lines 2a through 2d C Add lines 2a frough 2d Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts included on Form 990, Part IV, line 7b Amounts					
a Net unrealized gains (losses) on investments 2b Donaled services and use of facilities 2c Recoveries of prior year grants 2c 2d		• • • • • • • • • • • • • • • • • • • •		1	9,906,698
b Donated services and use of facilities	2	1	1		
c Recoveries of prior year grants d Other (Describe in Part XIII.) 2e 3 Subtract line 2e from line 1 3 9,906,6i 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c Total expenses and dash of Total expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2	_				
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EEA Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

47-2569247

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Helvetas USA

Employer identification number

Part	General Information of Form 990, Part IV, line		Outside the	United States. Complete if	the organization answered	"Yes" on
1	For grantmakers. Does the organistance, the grantees' e	anization maint		_		
	award the grants or assistance?					Yes No
2	For grantmakers. Describe in Proutside the United States.	art V the orgar	ization's proced	ures for monitoring the use of its	s grants and other assistance	
3	Activities per Region. (The follow	ving Part I, line	3 table can be d	luplicated if additional space is r	needed.)	,
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
За	Subtotal					
b	Total from continuation sheets to Part I					
_	Totale (add lines 2s and 2h)					

Schedule F (Form 990) 2022	нетуета						47-2569247	Page 2
Part II Grants Part IV,	and Other Assis line 15, for any re	tance to Organi ecipient who rece	zations or Entities ived more than \$5,0	Outside the Un 000. Part II can b	ited States. Come duplicated if ad	iplete if the organiz ditional space is ne	ation answered "Yes" eeded.	on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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(1)		and Greenland)	Water and Sanita	9,091,289				
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EEA Schedule F (Form 990) 2022 Schedule F (Form 990) 2022 Helvetas USA 47-2569247

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
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(17)							
(18)							2 - h - dula 5 (5 - m - 200) 200

Schedule F (Form 990) 2022 Helvetas USA
Part IV Foreign Forms

EEA

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Page **5**

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

EEA Schedule F (Form 990) 2022

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	etas USA 47-2569247			
Part	I Questions Regarding Compensation			
			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)			
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		
	on plant			
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 Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-				
	organization or a related organization:			
а	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		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only position 504(s)(0) 504(s)(4) and 504(s)(00) annualisations much sometimes 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
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		х
				Α
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Regulations section 53.4958-6(c)?

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

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

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

(A) Name and Title		(B)Breakdown of W-2 ar		1099-NEC compensation	(C) Retirement and (D) Nontaxable		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Christian Steiner	(i)	227,443	0	0	0	0	227,443	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)							
	(ii)							
44	(i)							
	(ii)							
40	(i)							
12	(ii)							
40	(i)							
13	(ii)							
44	(i)							
14	(ii)							
15	(i) (ii)							
10								
16	(i)							
10	(ii)	L				l	1	

Schedule J (Form 990) 2022

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Helvetas USA	47-2569247
01. Form 990 governing body review (Part VI, line 11)	
The Board of Directors reviews Form 990 at the board meetings prior to fil	ling.
02. Conflict of interest policy compliance (Part VI, line 12c)	
The policy requires that impacted individuals shall annually sign a stater	ment which
affirms that such person: (1) has received a copy of the Conflict of Inter	rest 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 ar	nd actual
conflicts of interest on the statement; and (6) has disclosed all business	s 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	ne 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 t	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 as	vailable on its
website and upon request.	