

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

HELEN KELLER INTERNATIONAL INCORPORATED

13-5562162

Name and title of officer

**KATHY SPAHN
PRESIDENT AND CEO**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>52078418</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize TAIT, WELLER & BAKER LLP to enter my PIN 31040
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Kathy Spahn Date ▶ March 13, 2013

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

23127625100
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 03/12/13

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Product: Exempt**Category:****Name:** HELEN KELLER INTERNATIONAL
INCORPOR**IRS Center:** Ogden**e-Postmark:** 3/15/2013 11:39:11 AM**FEIN:** 13-5562162**Notification:****Fiscal Year** 7/1/2011**Fiscal Year** 6/30/2012**Begin Date:****End Date:**

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	3/18/2013	Upload Started			
	3/18/2013	Ready to Release by Customer			
	3/18/2013	Released for Transmission - Validation in Progress			MMauch
	3/18/2013	Ready to transmit - Validation Complete			
	3/18/2013	Transmitted to FD	231276201307703f1e01		
	3/18/2013	Accepted by FD on 3/18/2013			

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HELEN KELLER INTERNATIONAL INCORPORATED Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 352 PARK AVENUE SOUTH 1200 City or town, state or country, and ZIP + 4 NEW YORK, NY 10010 F Name and address of principal officer: KATHY SPAHN SAME AS C ABOVE	D Employer identification number 13-5562162 E Telephone number 212-532-0544 G Gross receipts \$ 52,263,859. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HKI.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1915 M State of legal domicile: NY

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SAVE THE SIGHT AND LIVES OF THE WORLD'S MOST VULNERABLE AND DISADVANTAGED.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	25	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	113	
	6 Total number of volunteers (estimate if necessary)	6	59	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		41,075,018.	51,916,950.	
9 Program service revenue (Part VIII, line 2g)		19,588.	42,608.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		42,144.	764.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,117.	118,096.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		41,149,867.	52,078,418.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,664,368.	5,904,244.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,703,934.	18,234,198.
		16a Professional fundraising fees (Part IX, column (A), line 11e)	98,220.	126,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,002,092.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,263,964.	25,593,740.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,730,486.	49,858,182.		
19 Revenue less expenses. Subtract line 18 from line 12	-580,619.	2,220,236.		
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	34,879,372.	29,847,691.	
	21 Total liabilities (Part X, line 26)	22,510,812.	15,292,327.	
22 Net assets or fund balances. Subtract line 21 from line 20	12,368,560.	14,555,364.		

Part II Signature Block

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

Sign Here	Signature of officer KATHY SPAHN, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name STACY CULLEN	Preparer's signature
	Firm's name ▶ TAIT, WELLER & BAKER LLP Firm's address ▶ 1818 MARKET STREET; SUITE 2400 PHILADELPHIA, PA 19103	Date 03/18/13
		Check <input type="checkbox"/> if self-employed PTIN P00974308 Firm's EIN ▶ 23-1144520 Phone no. (215) 979-8800

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: HKI'S MISSION IS TO SAVE THE SIGHT AND LIVES OF THE MOST VULNERABLE AND DISADVANTAGED. HKI COMBATS THE CAUSES AND CONSEQUENCES OF BLINDNESS AND MALNUTRITION BY ESTABLISHING PROGRAMS BASED ON EVIDENCE AND RESEARCH IN VISION, HEALTH AND NUTRITION. THE HALLMARK OF THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 12,199,208. including grants of \$ 2,886,242.) (Revenue \$ 93.) IN A WORLD WHERE MORE THAN 39 MILLION PEOPLE ARE TOTALLY BLIND, EIGHT OUT OF TEN ARE FROM CAUSES THAT COULD HAVE BEEN PREVENTED, TREATED OR CURED. IN ADDITION, MORE THAN 246 MILLION CHILDREN AND ADULTS HAVE LOW VISION. TO PREVENT BLINDNESS, HKI TREATS CATARACT AND DIABETIC RETINOPATHY AND CONTROLS ONCHOCERCIASIS AND TRACHOMA IN THE DEVELOPING WORLD. PROGRAM ACHIEVEMENTS DURING THIS YEAR INCLUDE MAJOR STRIDES FORWARD TO ELIMINATE TRACHOMA AS A PUBLIC HEALTH PROBLEM BY 2015 IN MALI AS 41 OUT OF ITS 51 DISTRICTS NO LONGER NEED MASS DRUG ADMINISTRATION AT THE DISTRICT LEVEL. UNDER OUR INTEGRATED NEGLECTED TROPICAL DISEASE (NTD) CONTROL PROGRAM, WHICH ADDRESSES BLINDING CONDITIONS SUCH AS RIVER BLINDNESS AND TRACHOMA, APPROXIMATELY 90 MILLION INDIVIDUALS HAVE BEEN TREATED IN 5 AFRICAN COUNTRIES DURING

4b (Code:) (Expenses \$ 28,384,263. including grants of \$ 2,994,008.) (Revenue \$ 2,662.) TO REDUCE MALNUTRITION IN THE DEVELOPING WORLD, HKI PROVIDES VITAMIN A SUPPLEMENTATION; DEVELOPS SMALL-SCALE GARDENS,POULTRY PRODUCTION AND ANIMAL HUSBANDRY THROUGH ENHANCED HOMESTEAD FOOD PRODUCTION PROGRAMS THAT INCLUDE NUTRITION EDUCATION; ENGAGES IN LARGE-SCALE AND IN-HOME FOOD FORTIFICATION; PROVIDES DE-WORMING TO CHILDREN; AND PROMOTES COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION(CMAM). THROUGH HKI'S LANDMARK VITAMIN A DISTRIBUTION PROGRAMS THAT COMBAT CHILD MORTALITY AND NUTRITIONAL BLINDNESS, IN AFRICA ALONE 51 MILLION CHILDREN WERE REACHED IN 15 COUNTRIES WITH TWICE YEARLY CAPSULES. FORTY-SEVEN MILLION PRESCHOOL CHILDREN RECEIVED DE-WORMING TREATMENT IN 12 AFRICAN COUNTRIES. IN WEST AFRICA, HKI'S REGIONAL FOOD FORTIFICATION INITIATIVE IS NOW REACHING 50 MILLION CONSUMERS IN 8 COUNTRIES WITH MICRONUTRIENT

4c (Code:) (Expenses \$ 1,602,493. including grants of \$ 23,993.) (Revenue \$ 39,853.) REFRACTIVE ERROR THREATENS THE QUALITY OF LIFE OF COUNTLESS CHILDREN, OFTEN RESULTING IN LOST EDUCATION AND FUTURE EMPLOYMENT OPPORTUNITIES, LOWER PRODUCTIVITY, EMOTIONAL FRUSTRATION AND SOCIAL EXCLUSION. BY ENGAGING STUDENTS, PARENTS, TEACHERS, DISTRICT ADMINISTRATORS, LOCAL HEALTHCARE PROVIDERS AND COMMUNITY STAKEHOLDERS, HKI'S CHILDSIGHT PROGRAM "BRINGS EDUCATION INTO FOCUS" FOR DISADVANTAGED STUDENTS IN THE U.S. THIS PROGRAM PROVIDES FREE VISION SCREENINGS, REFRACTIONS, EYEGLASSES, AND REFERRALS TO OTHER NECESSARY EYE CARE. DURING THE PAST SCHOOL YEAR, OVER 95,310 CHILDREN WERE SCREENED AND 20,515 STUDENTS RECEIVED GLASSES. AN ADDITIONAL 90,000 CHILDREN WERE SCREENED BY OUR CHILDSIGHT PROGRAMS IN INDONESIA AND VIETNAM.

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

4e Total program service expenses 42,185,964.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14a regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	25		
b	Enter the number of voting members included in line 1a, above, who are independent		
	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **PATRICIA MANYARI - 212-532-0544**
352 PARK AVENUE SOUTH, NEW YORK, NY 10010

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROY J. ACOSTA BOARD MEMBER	1.00	X					0.	0.	0.	
(2) GERALD S. ADOLPH BOARD MEMBER	1.00	X					0.	0.	0.	
(3) HENRY C. BARKHORN CHAIRMAN	3.00	X		X			0.	0.	0.	
(4) RANDY C. BELCHER BOARD MEMBER	1.00	X					0.	0.	0.	
(5) JENNIFER A. BUDA BOARD MEMBER	1.00	X					0.	0.	0.	
(6) ANNE COLEMAN, MD, PHD BOARD MEMBER	1.00	X					0.	0.	0.	
(7) HOWARD COHN, MD BOARD MEMBER	1.00	X					0.	0.	0.	
(8) MARY F. CRAWFORD SECRETARY	1.00	X		X			0.	0.	0.	
(9) KATE GANZ BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JEAN-PIERRE HABICHT, MD, MPH, P BOARD MEMBER	1.00	X					0.	0.	0.	
(11) DAVID P. LECAUSE BOARD MEMBER	1.00	X					0.	0.	0.	
(12) WENDY D. LEE BOARD MEMBER	1.00	X					0.	0.	0.	
(13) MARK J. MENTING BOARD MEMBER	1.00	X					0.	0.	0.	
(14) LAWRENCE J. RAMER BOARD MEMBER	1.00	X					0.	0.	0.	
(15) BRUCE E. SPIVEY, MD BOARD MEMBER	1.00	X					0.	0.	0.	
(16) DAVID GLASSMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(17) L. BRADFORD PERKINS BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY SMITH LIONE BOARD MEMBER	1.00	X					0.	0.	0.	
(19) ROBERT M. THOMAS, JR. TREASURER	2.00	X		X			0.	0.	0.	
(20) LESLIE DUKKER DOTY BOARD MEMBER	1.00	X					0.	0.	0.	
(21) GREGORY D. FELLER BOARD MEMBER	1.00	X					0.	0.	0.	
(22) REYNALDO MARTORELL BOARD MEMBER	1.00	X					0.	0.	0.	
(23) JAMES H. SIMMONS BOARD MEMBER	1.00	X					0.	0.	0.	
(24) DESMOND G. FITZGERALD VICE CHAIRMAN	1.00	X		X			0.	0.	0.	
(25) BEVERLY MILLER ORTHWEIN BOARD MEMBER	1.00	X					0.	0.	0.	
(26) KATHY SPAHN PRESIDENT & CEO	53.10			X			277,592.	0.	28,788.	
1b Sub-total							277,592.	0.	28,788.	
c Total from continuation sheets to Part VII, Section A							1,851,746.	0.	186,937.	
d Total (add lines 1b and 1c)							2,129,338.	0.	215,725.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
QUADRIGA ART, LLC, 30 E 33RD ST, 10TH FLOOR, NEW YORK, NY 10016	DIRECT MAIL-POSTAGE	239,276.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) VICTORIA WILLIAMS SENIOR VP - PROGRAMS	49.80			X				193,324.	0.	12,596.
(28) NICHOLAS KOURGIALIS VICE PRESIDENT - EYEHEALTH	36.30			X				162,585.	0.	26,834.
(29) LORI TILLER SENIOR VP & COO	46.40			X				239,207.	0.	12,536.
(30) SHAWN BAKER REGIONAL DIRECTOR	57.90			X				158,966.	0.	16,343.
(31) JENNIFER KLOPP VP DEVELOPMENT & COMMUNICA	44.70			X				161,646.	0.	13,184.
(32) NANCY HASELOW VP & REGIONAL DIRECTOR	59.70			X				154,151.	0.	15,964.
(33) MARGARET D. O'NEILL VP, DEVELOPMENT INDIVIDUAL	43.20			X				171,864.	0.	12,153.
(34) CHARLES MACARTHUR DIR TRAINING & COMM	36.00					X		118,876.	0.	15,685.
(35) RIC PLAISANCE DIR. OF INFO. SYSTEMS	36.90					X		135,781.	0.	20,366.
(36) IMELDA ZUMBRO FINANCE CONTROLLER	51.10					X		125,763.	0.	12,812.
(37) JOHN DEIDRICK DEPUTY REGIONAL DIRECTOR, ASIA PACIF	46.90					X		116,279.	0.	13,388.
(38) CHRISTINA NYHUS DEPUTY COUNTRY DIRECTOR, TANZANIA	40.00					X		113,304.	0.	15,076.
Total to Part VII, Section A, line 1c								1,851,746.		186,937.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	37,957.					
	b Membership dues	1b						
	c Fundraising events	1c	847,855.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	36163064.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14868074.					
	g Noncash contributions included in lines 1a-1f: \$		105,869.					
	h Total. Add lines 1a-1f			51916950.				
	Program Service Revenue	2 a CHILDSIGHT	Business Code	900099	39,853.	39,853.		
b INTERNATIONAL PROGRAM			900099	2,755.	2,755.			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				42,608.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			24,907.			24,907.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real						
		(ii) Personal						
		b Less: rental expenses						
		c Rental income or (loss)						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		b Less: cost or other basis and sales expenses		24,143.				
		c Gain or (loss)		-24,143.				
	d Net gain or (loss)			-24,143.			-24,143.	
	8 a Gross income from fundraising events (not including \$ 847,855. of contributions reported on line 1c). See Part IV, line 18	a		161,298.				
		b Less: direct expenses	b	161,298.				
c Net income or (loss) from fundraising events				0.				
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER INCOME		900099		118,096.	118,096.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				118,096.			
12 Total revenue. See instructions.				52078418.	160,704.	0.	764.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	932,899.	932,899.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	4,971,345.	4,971,345.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,721,028.	307,122.	1,236,871.	177,035.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,015,708.	9,035,646.	1,836,216.	143,846.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	682,716.	535,775.	138,089.	8,852.
9 Other employee benefits	4,066,732.	3,153,666.	837,323.	75,743.
10 Payroll taxes	748,014.	501,077.	223,555.	23,382.
11 Fees for services (non-employees):				
a Management				
b Legal	82,577.	21,876.	60,701.	
c Accounting	180,985.	111,104.	69,881.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	126,000.			126,000.
f Investment management fees				
g Other	2,721,182.	2,221,994.	441,588.	57,600.
12 Advertising and promotion	609,149.	598,022.	11,127.	
13 Office expenses	1,881,355.	1,721,920.	139,018.	20,417.
14 Information technology				
15 Royalties				
16 Occupancy	1,943,817.	1,224,124.	719,693.	
17 Travel	9,906,597.	9,459,149.	439,683.	7,765.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	747,062.	726,387.	16,891.	3,784.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	494,199.	473,261.	20,938.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VEHICLES & MAINTENANCE	2,170,241.	2,158,871.	11,328.	42.
b PROGRAM SUPPLIES	1,813,297.	1,813,297.		
c EQUIPMENT	1,791,498.	1,539,705.	240,087.	11,706.
d MISCELLANEOUS	1,251,781.	678,724.	227,137.	345,920.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	49,858,182.	42,185,964.	6,670,126.	1,002,092.
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)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	8,189,343.	1	4,892,647.	
	2 Savings and temporary cash investments	13,688,618.	2	15,185,027.	
	3 Pledges and grants receivable, net	5,371,614.	3	6,129,818.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	15,548.	8	0.	
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,471,226.			
	b Less: accumulated depreciation	10b 2,592,318.	925,369.	10c	878,908.
	11 Investments - publicly traded securities	5,135,531.	11	377,912.	
	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	1,553,349.	15	2,383,379.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,879,372.	16	29,847,691.		
Liabilities	17 Accounts payable and accrued expenses	2,563,250.	17	2,538,045.	
	18 Grants payable		18		
	19 Deferred revenue	19,199,653.	19	11,983,928.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	747,909.	25	770,354.	
	26 Total liabilities. Add lines 17 through 25	22,510,812.	26	15,292,327.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	7,322,300.	27	6,529,535.	
	28 Temporarily restricted net assets	4,002,788.	28	7,034,848.	
	29 Permanently restricted net assets	1,043,472.	29	990,981.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	12,368,560.	33	14,555,364.		
34 Total liabilities and net assets/fund balances	34,879,372.	34	29,847,691.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,078,418.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,858,182.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,220,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,368,560.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-33,432.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,555,364.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization HELEN KELLER INTERNATIONAL INCORPORATED	Employer identification number 13-5562162
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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 11, check only one box.)

- 1 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	90767124.	39815571.	94260165.	41075018.	51916950.	317834828
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	90767124.	39815571.	94260165.	41075018.	51916950.	317834828
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)						118006569
6 Public support. Subtract line 5 from line 4.						199828259

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	90767124.	39815571.	94260165.	41075018.	51916950.	317834828
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	242,394.	85,032.	250,209.	32,080.	24,907.	634,622.
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 IV.)		6,613.	134,293.	13,117.	118,096.	272,119.
11 Total support. Add lines 7 through 10						318741569
12 Gross receipts from related activities, etc. (see instructions)					12	178,243.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	62.69	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	49.87	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		60,000.	
c Total lobbying expenditures (add lines 1a and 1b)		60,000.	
d Other exempt purpose expenditures		49,798,182.	
e Total exempt purpose expenditures (add lines 1c and 1d)		49,858,182.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	55,000.	57,900.	60,000.	60,000.	232,900.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

HELEN KELLER INTERNATIONAL INCORPORATED

Employer identification number

13-5562162

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,043,472.	955,209.	898,842.	1,166,082.	
b Contributions					
c Net investment earnings, gains, and losses	-52,491.	143,773.	56,367.	-267,240.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	990,981.	1,098,982.	955,209.	898,842.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		10,965.	10,965.	0.
d Equipment		3,460,261.	2,581,353.	878,908.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				878,908.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,023,662.
(2) SECURITY DEPOSITS AND OTHER ASSETS	1,359,717.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	2,383,379.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SEVERANCE ACCRUAL - FIELD OFFICES	770,354.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	770,354.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	52,078,418.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	49,858,182.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,220,236.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-33,432.
9	Total adjustments (net). Add lines 4 through 8	9	-33,432.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,186,804.

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

1	Total revenue, gains, and other support per audited financial statements	1	220,184,918.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	168,106,500.
e	Add lines 2a through 2d	2e	168,106,500.
3	Subtract line 2e from line 1	3	52,078,418.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	52,078,418.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	217,964,682.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	168,106,500.
e	Add lines 2a through 2d	2e	168,106,500.
3	Subtract line 2e from line 1	3	49,858,182.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	49,858,182.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: INTENDED USE OF ENDOWMENT FUNDS - TO ESTABLISH FUNDING

RESOURCES FOR FUTURE PROGRAMMATIC AND OPERATIONAL INITIATIVES

PART X, LINE 2: MANAGEMENT HAS REVIEWED THE TAX POSITIONS TAKEN FOR EACH OF THE OPEN TAX YEARS (2009-2011) OR EXPECTED TO BE TAKEN IN HKI'S 2012 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET UNREALIZED GAINS/LOSSES ON INVESTMENTS 19,794.

CHANGE IN PERPETUAL AND RESTRICTED TRUSTS -53,226.

TOTAL TO SCHEDULE D, PART XI, LINE 8 -33,432.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY CONTRIBUTIONS REPORTED ON FINANCIAL STATEMENTS 168,106,500.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY DISTRIBUTIONS REPORTED ON FINANCIAL STATEMENTS 168,106,500.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2011

Open to Public
Inspection

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	5	158	PROGRAM SERVICES	EYE HEALTH AND NUTRITION PROGRAMS	6,462,898.
SOUTH ASIA	2	122	PROGRAM SERVICES	EYE HEALTH AND NUTRITION PROGRAMS	2,644,620.
SUB-SAHARAN AFRICA	14	361	PROGRAM SERVICES	EYE HEALTH AND NUTRITION PROGRAMS	30,900,207.
3 a Sub-total	21	641			40,007,725.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	21	641			40,007,725.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND PACIFIC	FOOD PRODUCTION ACTIVITIES	27,485.	CHECK	0.		
		SOUTH ASIA	VITAMIN A SUPPLEMENT (VAS) PROGRAM IN THE URBAN AREAS	27,601.	CHECK	0.		
		SOUTH ASIA	SCHOOL HEALTH PROGRAM	32,205.	CHECK	0.		
		EAST ASIA AND PACIFIC	HOUSEHOLD FOR FOOD PRODUCTION ACTIVITIES	13,308.	CHECK	0.		
		EAST ASIA AND PACIFIC	FOOD PRODUCTION ACTIVITIES	29,588.	CHECK	0.		
		EAST ASIA AND PACIFIC	TRAINING ACTIVITIES FOR SCREENING AND REFRACTION IN KON TUM	24,739.	WIRE	0.		
		SOUTH ASIA	HOMESTEAD FOOD PRODUCTION & NUTRITION PROGRAM	39,626.	CHECK	0.		
		SOUTH ASIA	HOMESTEAD FOOD PRODUCTION & NUTRITION PROGRAM	22,346.	CHECK	0.		

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

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	HOMESTEAD FOOD PRODUCTION	26,523.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION IN SOUTH AND ADAMAOUA REGION	192,193.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION IN LITTORAL REGION	109,004.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION SOUTH WEST AND NORTH WEST	173,174.	WIRE	0.		
		SUB-SAHARAN AFRICA	VAS IN GOMBE STATE NUTRITION PROJECT	31,267.	CHECK	0.		
		SOUTH ASIA	HOMESTEAD FOOD PROJECT	43,299.	WIRE	0.		
		SUB-SAHARAN AFRICA	VAS IN PLATEAU STATE NUTRITION PROJECT	31,799.	CHECK	0.		
		SUB-SAHARAN AFRICA	VAS IN YOBE AND JIGAWA STATE NUTRITION PROJECT	48,824.	CHECK	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA)- PROVIDING TREATMENT TO PREVENT NTDS	18,088.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	16,523.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	20,067.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	17,083.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	20,609.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	17,353.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	29,944.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	27,425.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	20,867.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	16,629.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	17,825.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	23,638.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	28,912.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	8,509.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	20,789.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	20,080.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	22,099.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	8,993.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	36,423.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	19,607.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	19,065.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	23,208.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	8,014.	WIRE	0.		
		SOUTH ASIA	HOMESTEAD FOOD PRODUCTION	25,357.	WIRE	0.		
		SOUTH ASIA	HOMESTEAD FOOD PRODUCTION	48,636.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	25,035.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	18,877.	WIRE	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION(MDA) - PROVIDING TREATMENT TO PREVENT NTDS	24,017.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MONITORING THE ACTIVITIES OF FARM MODELS	14,296.	CHECK	0.		
		SUB-SAHARAN AFRICA	CONTROL OF NEGLECTED TROPICAL DISEASES (TREATMENT OF NTD TARGETED)	832,678.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROVIDE FUNDING OF HEALTH MINISTRY FOR VAS CAMPAIN	9,374.	CHECK	0.		
		SUB-SAHARAN AFRICA	MASS DRUG DISTRIBUTION (MDA) - PROVIDING TREATMENT TO PREVENT NTDS	344,827.	CHECK	0.		
		SUB-SAHARAN AFRICA	MOH SCHOOL BASED DEWORMING CAMPAIGN	473,860.	WIRE	0.		
		SUB-SAHARAN AFRICA	MOH TRAIN HEALTH AREA STAFF CENTRE	14,750.	WIRE	0.		
		SUB-SAHARAN AFRICA	NATIONAL NUTRITION HEALTH WEEK 2012 IN LOTTORAL	86,519.	WIRE	0.		
		SUB-SAHARAN AFRICA	IMPLEMENTATION OF SOCIAL MOB IN FAR NORTH	62,006.	WIRE	0.		
		SUB-SAHARAN AFRICA	IMPLEMENTATION OF TRAINING OF CD'S ON MASS DRUG DISTRIBUTION IN NORTH	82,442.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	IMPLEMENTATION OF TRAINING OF CD'S ON MASS DRUG DISTRIBUTION IN NORTH	15,210.	WIRE	0.		
		SUB-SAHARAN AFRICA	PNLSHI-TRANSF OF FUNDS FOR SCHISTOSOMIASIS MAPPING	14,774.	WIRE	0.		
		SUB-SAHARAN AFRICA	TRAINING OF CDDS ON MASS DRUG DISTRIBUTION	54,926.	WIRE	0.		
		SUB-SAHARAN AFRICA	GTNO	9,941.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT OF VITAMIN A SUPPLEMENTATIONCAMP	171,221.	WIRE	0.		
		SUB-SAHARAN AFRICA	VAS IN KOGI AND KWARA STATE NUTRITION PROJECT	48,514.	CHECK	0.		
		SUB-SAHARAN AFRICA	MATERNITY AND NEONATAL CHILD HEALTH WEEK IN TARABA STATE	11,736.	CHECK	0.		
		SUB-SAHARAN AFRICA	MATERNITY AND NEONATAL CHILD HEALTH WEEK IN BENUE STATE	48,009.	CHECK	0.		
		SUB-SAHARAN AFRICA	MATERNITY AND NEONATAL CHILD HEALTH WEEK IN SOKOTO STATE	21,634.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MATERNITY AND NEONATAL CHILD HEALTH WEEK IN AKAWA LBOM STATE	24,305.	CHECK	0.		
		SUB-SAHARAN AFRICA	MATERNITY AND NEONATAL CHILD HEALTH WEEK IN ADAMAWA STATE	14,772.	CHECK	0.		
		SUB-SAHARAN AFRICA	MAY/JUNE 2012 VAS IN FCT	27,579.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROGRAMME DE NUTRITION COMMUNAUTAIRE	125,200.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROGRAMME DE NUTRITION COMMUNAUTAIRE	42,898.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROGRAMME DE NUTRITION COMMUNAUTAIRE	117,037.	CHECK	0.		
		SUB-SAHARAN AFRICA	PROGRAMME DE NUTRITION COMMUNAUTAIRE	46,617.	CHECK	0.		
		SUB-SAHARAN AFRICA	EXECUTION COMPOSANTE NUTRITION DANS LE PROJET DE LUTTE CONTRE LA CECITE AU	50,825.	CHECK	0.		
		SUB-SAHARAN AFRICA	FORTIFICATION DES ALIMENTS ENRICHIS AU SENEGAL ET EN MAURITANIE	106,851.	CHECK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPLEMENTATION EN VITAMINE A	54,720.	CHECK	0.		
		SUB-SAHARAN AFRICA	ASSISTANCE WITH FOOD FORTIFICATION OF OIL	30,650.	CHECK	0.		
		SUB-SAHARAN AFRICA	FOOD FORTIFICATION PROGRAMME	15,744.	CHECK	0.		
		SUB-SAHARAN AFRICA	FOOD FORTIFICATION PROGRAMME	5,696.	CHECK	0.		
		SUB-SAHARAN AFRICA	DEMAND CREATION FOR OFSP	50,182.	CHECK	0.		
		SUB-SAHARAN AFRICA	IMPLEMENTATION OF EHFP PROJECT ACTIVITIES AT THE COMMUNITY LEVEL	84,171.	CHECK	0.		
		SUB-SAHARAN AFRICA	VITAMIN A CAMPAIGN SUPERVISION REGION OF KANKAN	52,529.	WIRE	0.		
		SUB-SAHARAN AFRICA	VITAMIN A CAMPAIGN, PROCEED WITH THE MASS DRUG DISTRIBUTION	289,532.	WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: HKI MONITORS THE USE OF GRANT FUNDS OUTSIDE THE U.S. THROUGH THE COMBINATION OF MONITORING VISITS AND SUBMISSION OF PERIODIC AND FINAL FINANCIAL AND PROGRAMMATIC REPORTS AS SPECIFIED IN THE DONOR AGREEMENT.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public
Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JANE RYAN - 11 DEEPWOOD ROAD, SIMSBURY, CT 06070	FUNDRAISING CONSULTING		X	1,893,467.	60,000.	1,833,467.
TRIPI CONSULTING, LLC - 255 PLUTARCH RD, HIGHLAND, NY	DIRECT MAILING PROGRAM		X	672,027.	66,000.	606,027.
Total				2,565,494.	126,000.	2,439,494.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THE SPIRIT OF HELEN KEL		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,009,153.			1,009,153.
	2 Less: Charitable contributions	847,855.			847,855.
	3 Gross income (line 1 minus line 2)	161,298.			161,298.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	161,298.			161,298.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(161,298)
	11 Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: TRIFI CONSULTING, LLC

(I) ADDRESS OF FUNDRAISER: 255 PLUTARCH RD, HIGHLAND, NY 12528

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACDI/VOCA 50 F ST NW, #1075 WASHINGTON, DC 20001	52-0811461	501(C)(3)	64,388.	0.			SUPPORT FOR THE AUTONOMOUS REGION IN MUSLIM MINDANAO
CHRISTIAN CHILDREN'S FUND (CCF) 2821 EMERYWOOD PARKWAY RICHMOND, VA 23294	54-0536100	501(C)(3)	564,962.	0.			SUPPORT FOR THE AUTONOMOUS REGION IN MUSLIM MINDANAO
POPULATION SERVICES INTERNATIONAL 1120 19TH STREET, NW, STE 600 WASHINGTON, DC 20036	56-0942853	501(C)(3)	49,436.	0.			SOCIAL MARKETING AND COMMUNICATION
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1111 FRANKLIN ST., 12TH FLOOR - OAKLAND, CA 94607-5200	94-6036494	501(C)(3)	168,537.	0.			RESEARCH IZINCG STUDY
IFPRI-INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE - 2033 K. STREET, NW - WASHINGTON, DC 20006-1002	52-1041632	501(C)(3)	85,578.	0.			HOMESTEAD FOOD PRODUCTION

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

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: HKI MONITORS THE USE OF GRANT FUNDS IN THE U.S.
 THROUGH THE COMBINATION OF MONITORING VISITS AND SUBMISSION OF PERIODIC AND
 FINAL FINANCIAL AND PROGRAMMATIC REPORTS AS SPECIFIED IN THE DONOR
 AGREEMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

HELEN KELLER INTERNATIONAL INCORPORATED

Employer identification number

13-5562162

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>3 Indicate which, if any, of the following the filing 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. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	X									
		X								
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X								
		X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X								
		X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X								
<p>8 Were any amounts reported in 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</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

Schedule J (Form 990) 2011

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 in 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 are not 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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHY SPAHN	(i)	277,592.	0.	0.	12,100.	16,688.	306,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 VICTORIA WILLIAMS	(i)	193,324.	0.	0.	9,620.	2,976.	205,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 NICHOLAS KOURGIALIS	(i)	162,585.	0.	0.	8,038.	18,796.	189,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LORI TILLER	(i)	239,207.	0.	0.	5,177.	7,359.	251,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SHAWN BAKER	(i)	158,966.	0.	0.	7,022.	9,321.	175,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JENNIFER KLOPP	(i)	161,646.	0.	0.	6,407.	6,777.	174,830.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 NANCY HASELOW	(i)	154,151.	0.	0.	6,885.	9,079.	170,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MARGARET D. O'NEILL	(i)	171,864.	0.	0.	4,759.	7,394.	184,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RIC PLAISANCE	(i)	135,781.	0.	0.	7,246.	13,120.	156,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A: LORI TILLER RECEIVED \$64,380 IN SEVERANCE
COMPENSATION.

LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL
USE - NANCY HASELOW AND SHAWN BAKER ARE ON FIELD ASSIGNMENTS AND RECEIVE A
HOUSING ALLOWANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	21,500.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	84,369.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2011)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

HELEN KELLER INTERNATIONAL INCORPORATED

Employer identification number

13-5562162

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

ORGANIZATION'S WORK IS ITS PROVEN EFFECTIVENESS IN DEVELOPING, TESTING
AND SCALING-UP HEALTH INTERVENTIONS, AND INTEGRATING THEM WITHIN
GOVERNMENT AND COMMUNITY STRUCTURES. EACH YEAR, HKI'S PROGRAMS BENEFIT
OVER 195,000,000 PEOPLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FY12 ALONE. ALMOST 30,000 CATARACT SURGERIES IN MYANMAR AND OVER 19,000
IN CHINA WERE CARRIED OUT DURING 2012 BY PHYSICIANS TRAINED BY HKI. IN
ADDITION, HKI'S DIABETIC RETINOPATHY PROGRAMS IN BANGLADESH AND
INDONESIA HAVE SCREENED OVER 20,000 INDIVIDUALS AND PROVIDED REFERRAL
AND TREATMENT TO THOSE WHO REQUIRED IT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FORTIFIED COOKING OIL AND FLOUR. HKI'S HOMESTEAD FOOD PRODUCTION IS
ACTIVE IN 5 ASIA PACIFIC COUNTRIES AND WILL REACH 285,000 HOUSEHOLDS
(1.6 MILLION INDIVIDUALS) BY THE YEAR 2015 WITH NUTRITION EDUCATION
SUPPORT. IN BANGLADESH AND NEPAL ALONE, 550,000 HOUSEHOLDS (3 MILLION
INDIVIDUALS) WILL BE REACHED BY 2015 WITH NUTRITION EDUCATION SUPPORT.
DURING FY11, HKI AND PARTNERS TREATED NEARLY 140,000 CHILDREN WITH
ACUTE MALNUTRITION WITH CMAM SUPPORT AND REACHED HUNDREDS OF THOUSANDS
OF FAMILIES WITH PREVENTATIVE NUTRITION EDUCATION MESSAGES.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BANGLADESH, BURKINA FASO, CAMBODIA, CAMEROON,
CHINA, COTE D IVOIRE, CONGO, DEM REP, GUINEA,

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization HELEN KELLER INTERNATIONAL INCORPORATED	Employer identification number 13-5562162
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INDONESIA, MALI, MOZAMBIQUE, NEPAL,
NIGER, NIGERIA, PHILIPPINES, SENEGAL,
SIERRA LEONE, TANZANIA, VIETNAM, ZIMBABWE,
KENYA

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY TAIT, WELER & BAKER LLP BASED ON INFORMATION RECEIVED FROM THE CONTROLLER. THE CONTROLLER DOES THE INITIAL REVIEW OF THE RETURN. FINAL COPY OF THE FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEES' FINANCE AND AUDIT COMMITTEE AND A COPY IS DISTRIBUTED TO EACH BOARD MEMBER BEFORE THE RETURN IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: HKI HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES HKI'S OFFICERS, DIRECTORS AND EMPLOYEES TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF INTEREST PERTAINING TO THEMSELVES AND THEIR FAMILY MEMBERS ON A QUESTIONNAIRE DISTRIBUTED BY THE PRESIDENT'S OFFICE. THE EXECUTIVE ASSISTANT ENSURES THAT ALL QUESTIONNAIRES DISCLOSE ACTUAL OR POTENTIAL CONFLICTS. AT THE ANNUAL BOARD MEETING, THE CEO AND SENIOR MANAGEMENT TEAM ARE REQUIRED TO SIGN THE QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE PRESIDENT/CEO IS REVIEWED ANNUALLY BY THE BOARD OF TRUSTEES' EXECUTIVE COMMITTEE WITH COMPARABILITY DATA AVAILABLE. COMPENSATION RANGES FOR OFFICERS ARE REVIEWED BY THE BOARD OF TRUSTEES, HUMAN RESOURCES AND COMPENSATION COMMITTEE. THESE RANGES WERE BASED ON MARKET DATA DETERMINED BY AN INDEPENDENT CONSULTING FIRM.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS

Name of the organization HELEN KELLER INTERNATIONAL INCORPORATED	Employer identification number 13-5562162
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MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILABLE ON THE HKI WEBSITE AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: HKI'S IRS TAX DETERMINATION LETTER, AUDITED FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON REQUEST. FORM 990, THE CURRENT STATEMENT OF ACTIVITIES AND ANNUAL REPORT (ALSO INCLUDES CURRENT STATEMENT OF ACTIVITIES) ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS/LOSSES ON INVESTMENTS	19,794.
CHANGE IN PERPETUAL AND RESTRICTED TRUSTS	-53,226.
TOTAL TO FORM 990, PART XI, LINE 5	-33,432.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HKI SUPPORT, INC. - 26-4676791 352 PARK AVENUE S. NO. 1200 NEW YORK, NY 10010	TO SUPPORT THE PRIMARY PURPOSE OF HELEN KELLER INTERNATIONAL, INC.	NEW YORK	501(C)(3)	11A			X

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Ruled area for supplemental information with multiple horizontal lines.