A Brighter Future is Within Sight
OUR MISSION

Helen Keller International saves the sight and lives of the most vulnerable and disadvantaged. We combat the causes and consequences of blindness and malnutrition by establishing programs based on evidence and research in vision, health, and nutrition.

History
In 2015 we celebrate 100 years of global impact, stemming from the life’s work of our co-founders, Helen Keller and George Kessler. From their original mission in 1915 to help soldiers blinded in combat, to our standing in 2015 as one of the world’s largest and most effective not-for-profit organizations devoted to preventing blindness and reducing malnutrition, our history is marked by passionate service and ongoing innovation to meet the challenges of the day.

Vision
We envision a world where no one suffers from preventable or treatable blindness or low vision, no one suffers from malnutrition, and fewer people suffer loss of their productive years due to disability and premature death.
When the remarkable Helen Keller, co-founder of Helen Keller International, said, “Alone we can do so little; together we can do so much,” could she have imagined exactly how much her namesake organization would accomplish, and how many people would come together in doing so?

In 2015, thanks to the commitment of our partners and supporters, we will celebrate 100 years of reaching the world’s most vulnerable and disadvantaged families with proven programs that preserve sight and save lives.

Over the past year, in the face of daunting circumstances including the horrific Ebola outbreak in West Africa and continued political unrest and terrorism in many countries where we work, we were able to reach nearly 300 million people with our programs.

We experienced the successful launch of an innovative project in Sierra Leone and four other African nations, that delivers an integrated package of essential health services and ensures that 6-month-old children receive vitamin A at this critical stage of their development. We also initiated our acclaimed home gardening program in Vietnam, which allows women to grow nutritious foods at home while selling surplus produce so they can afford life’s essentials. And we continued to bring free eyeglasses to disadvantaged students in the United States so they have the clear vision necessary to live up to their full potential.

As a testament to the dedication and hard work of everyone within the organization, we were awarded the 2014 Henry R. Kravis Prize in Leadership, recognizing our successes in saving sight, strengthening nutrition and improving health.

Yet with this immense progress comes greater need and greater demand for our expertise and services. In fact, country governments and local partners are now asking for HKI by name.

So, as we begin our second century, we must heed Helen Keller’s exhortation to “go forward with a great desire forever beating at the door of our hearts.” We know the tasks ahead are demanding, but we also know that, through the passion and energy of our loyal supporters, a brighter future for millions more around the globe is within sight.

With deep gratitude,

Kathy Spahn
President and CEO

Henry C. Barkhorn III
Chairman
Of the 285 million people worldwide who are blind or visually impaired, as many as 80% of them don’t have to be. While there are proven, cost-effective solutions for prevention and treatment, many in our world’s poorest communities are still living in darkness. Through the following programs, Helen Keller International is coming to the aid of those who, through disease and lack of access to quality eye care, are most vulnerable to vision loss.

**ChildSight®**
Providing free in-school vision screenings and new prescription eyeglasses to children in high-poverty communities in California, Ohio and the northeastern United States, as well as China, Indonesia and Vietnam.

**Preventing Blindness from Diabetes**
Training doctors in prevention and treatment of diabetic retinopathy and educating patients in Bangladesh and Indonesia, which have seen rapid growth in diabetes cases.

**Cataract Surgery**
Improving access to high-quality, affordable cataract surgery for poor and remote communities in under-served regions of Asia.

**Programs for Children with Special Needs**
Improving access to quality education for children living with blindness and other disabilities in Africa and Asia.
In the US, our ChildSight® program screened 82,480 students nationwide and provided 17,967 pairs of prescription eyeglasses to children living in poverty.

In Vietnam, we have expanded our ChildSight® program to include quality control monitoring of eyeglass manufacturing so that impoverished children and families don’t have to settle for poorly made glasses.

In Myanmar, we supported eye clinics which performed over 36,000 sight-saving cataract surgeries.

In China, we provided access to quality, affordable cataract surgery by training and equipping ophthalmologists working in remote rural hospitals and establishing cataract surgical training capacity at eight partner facilities.

In Indonesia, we expanded our innovative diabetic retinopathy program to two additional cities and tested new community-based screening strategies so that the condition can be detected early.

In Bangladesh, another country where diabetics in poor communities are often undiagnosed or have little information about managing their disease, we established a new diabetic retinopathy screening and treatment center at the National Institute of Ophthalmology Hospital in the capital city, Dhaka.
EMPOWERING PEOPLE

Giving American Students Their First Look at Clear Vision

Helen Keller International’s ChildSight® program visited Ridge Street School, a public elementary school in Newark, New Jersey, where most students are living at or below the poverty line. One of the students, Cyrese, had been wearing broken glasses for months. He had no choice, as his eyesight was too weak to go without them, and the price of a new pair was too high. Thanks to ChildSight®, within ten days of his screening, Cyrese had new glasses at no cost to his family. And choosing from a variety of frames to fit his personality made the process fun and exciting. “The fact that I can see better now is amazing,” he says today.
Training Indonesian Health Professionals in Diabetic Retinopathy

Helen Keller International, in partnership with Indonesia’s Ministry of Health, has developed the country’s first screening program for diabetic retinopathy. Nurse Darana Sakti joined the diabetic retinopathy screening program in 2010 and now works in the eye clinic of a national referral hospital in Jakarta. “Through this program, I have seen many patients with eye problems,” she says. “The patients [learn] the condition of their eyes when they are screened at the internal medical clinic, which was not commonly done before.” We will continue to support diabetic retinopathy screening through 2015, giving health professionals like Ms. Sakti the opportunity to improve the screening process and enhance the lives of even more people.

Number of HKI-sponsored diabetic retinopathy screenings in Indonesia over the past three years

4,200
Helping Families Grow Better Food
Empowering families throughout Africa and Asia to provide better nutrition for themselves and ensure they have enough of the right food going forward by establishing home gardens and small-scale farms that produce foods rich in essential nutrients.

Improving Maternal and Child Nutrition
Promoting positive practices, including breastfeeding and nutrient-rich foods during childhood, in communities with high malnutrition and child mortality rates.

Treating Malnourished Children
Training volunteers and health workers to identify and treat cases of acute malnutrition in children, enabling communities to help themselves in times of crisis.

Saving Sight and Lives with Vitamin A
Distributing vitamin A supplements—recognized by leading economists and health experts as one of the most vital, cost-effective child survival interventions—to young children in Africa and Asia.

Bringing Better Food to Millions
Ensuring that foods fortified with essential micronutrients like vitamin A and iron are available even in the world’s poorest communities.

Malnutrition affects two billion people worldwide, and is the underlying cause of death for an estimated 3.1 million children under the age of 5 each year. Through a series of proven programs, Helen Keller International is working to ensure that more people in impoverished communities across Africa and Asia—particularly women and children—get the nutritional building blocks they need to thrive for years to come.
In 13 African countries we launched a mobile phone data collection system to improve delivery of vitamin A supplements (VAS) and other health services for children.

In Tanzania, we established a standard health visit for 6-month-olds to receive VAS, which increased distribution of this vital intervention from 67% to 92%.

In Nepal, we worked in 20 of the country’s most impoverished and undernourished districts to improve and sustain nutrition and health levels among the region’s women and children.

In Cambodia, we trained village health volunteers to distribute a powerful micronutrient supplement that easily mixes into food for babies and toddlers, empowering mothers in the fight against child malnutrition.

In 19 countries across Africa, we work with governments and local manufacturers in efforts to ensure that micronutrient-fortified staple foods like cooking oil and wheat flour are accessible and affordable in even the poorest communities.

**FY 2014 HIGHLIGHTS**

- Number of people in Nepal’s most impoverished districts trained in growing better food and improving nutrition at home through the Suaahara project: **90,000**
- Number of people in 19 African countries we reach with micronutrient-fortified staple foods, such as cooking oil and wheat flour, to help in the fight against malnutrition: **285 million**
Reducing Hunger and Increasing Opportunity for Women

Srijani Chakma lives with her family in a remote village in Bangladesh. Living on her husband’s irregular day labor income was a challenge, and hunger was a constant issue. Through Helen Keller International’s Making Markets Work for Women program, Srijani received six types of vegetable seeds, chickens for the production of eggs, and small agricultural tools, and was trained in skills such as seed sowing, inter-cropping, organic fertilization, and integrated pest management. Today, not only is she providing nutritious food for her family—her young daughter will not go hungry again—but she is also earning income by selling the surplus vegetables and eggs. “I am now able to save some money for my daughter’s education,” Srijani says.
Pioneering a 6-Month Contact Point for Infant Wellness in Sierra Leone

Fatmata Fatima Sesay is Helen Keller International’s Nutrition Program Manager for Sierra Leone. A native Sierra Leonean, Fatmata helped to expand our Vitamin A Supplementation (VAS) program even as her home country was staggered by the Ebola crisis in 2014. She led the introduction of a standard health visit for 6-month-olds to receive VAS as a critical part of well-baby sessions. When mothers come to a local health center to have their children receive their first vitamin A capsule at 6 months, they also receive information on how to prepare enriched baby foods, as well as family planning counseling and the opportunity to catch up on missed immunizations. “The program goes a long way towards supporting the health and nutritional status of children in Sierra Leone,” says Fatmata.
Little known in the developed world, Neglected Tropical Diseases (NTDs) can cause blindness, chronic pain, disability and malnutrition. They infect one in six of the world’s people, including half a billion children. Helen Keller International has helped develop a series of effective programs to combat common NTDs, so that the most vulnerable communities receive the care they deserve.

**Trachoma**
Trachoma is a bacterial infection of the inner eyelid that can lead to blindness. (Helen Keller’s teacher, Anne Sullivan, lost much of her sight after contracting this condition as a child in the 1870s.) By improving access to surgeries and medications in Africa and promoting preventative behaviors such as face- and hand-washing, we are contributing to the World Health Organization goal of eliminating blinding trachoma globally by 2020.

**River Blindness**
Also known as onchocerciasis, this parasitic worm infection can cause painful skin irritation and full vision loss. With our partners, we have developed a successful method to reach tens of millions of people across Africa each year with preventative medicines and treatment.

**Intestinal Worms**
Young children are susceptible to parasitic infections which can enter their bodies orally or through the soles of their feet, and lead to poor growth and damaging health conditions including anemia. We help developing countries in Africa and Asia provide medication to treat these infections while offering health education for children in at-risk communities.

**Elephantiasis**
Also known as lymphatic filariasis, this debilitating and sometimes crippling disease often leads to severe swelling of limbs and other body parts and a painful thickening of the skin. Those infected are limited in their ability to work or care for their families and often shunned by their communities. We are helping communities not only eliminate this devastating disease, but treat those still suffering from the disabilities caused by the infection.
Throughout Africa, we helped distribute medications to entire communities, contributing toward the milestone of the 1 billionth NTD treatment through USAID.

In Niger, we helped provide access to 2,789 sight-saving trachoma surgeries, giving people who had been suffering with pain and vision impairment a chance at a new life.

In Burkina Faso, we helped to develop the country’s first-ever comprehensive NTD communication plan to encourage participation in drug distribution campaigns.

In Guinea, we supported the country’s first-ever mass drug distribution for elephantiasis to help stop the spread of infection in targeted communities.

In Mali, to help the country reach its elimination goals, we supported their vital national elephantiasis morbidity program, aimed at preventing disability caused by the disease and helping those affected better manage their condition.

85 MILLION
Number of treatments for the five most common NTDs – lymphatic filariasis, onchocerciasis, schistosomiasis, intestinal worms, parasitic worms, and trachoma – supported by Helen Keller International in six African countries during the past year.
Helping Children Overcome Debilitating Infections in Cambodia

In Cambodia, due to the scarcity of clean water and other hygiene essentials, many children are infected with intestinal worms. Neang, a fifth-grade student in a rural area outside Phnom Penh, had all the signs of infection, according to her teacher: “She was very skinny, tired and had a big belly.” Without care, her growth and development would likely be stunted. The School Health Curriculum project, developed by Helen Keller International and the Cambodian government, and made possible with the support of Johnson & Johnson, has helped students like Neang begin to thrive. Neang received deworming medicine, and learned preventative practices like washing hands before eating, drinking water only after boiling it, and wearing shoes when outdoors. One year into the program, Neang maintains these practices and continues to take the twice-yearly medication. She is healthy and energetic, and has a brighter future ahead of her.
Preventing Blindness and Relieving Pain in Burkina Faso

“Katialou, a woman who lives with her family in the district of Sapouy in Burkina Faso, had suffered for over ten years from trichiasis, the blinding phase of trachoma, a painful condition in which in-turned eyelashes scrape the globe of her eye every time she blinks. If not corrected, the constant abrasion can lead to blindness. A 15-minute procedure can correct the eyelid and preserve any sight that has not been lost. When Katialou heard about the opportunity for free surgery being provided in her local health center, she did not hesitate. Issouf Bamba, HKI’s Neglected Tropical Diseases Program Coordinator in Burkina Faso, and I arrived at the health center just as Katialou was being prepared for surgery. Her husband and older son were by her side for support. Observing the care that Katialou’s husband and son provided to her both during and after surgery was heartwarming. On this day I witnessed the most precious gift in action: the gift of family.”

- Emily Toubali, NTD Project Director, Helen Keller International
Through our pioneering Childsight® program, tens of thousands of children each year receive the gift of clear vision through free school-based vision screenings, prescription eyeglasses, and referral for further care.

**UNITED STATES |**

<table>
<thead>
<tr>
<th>State</th>
<th>Vision Support</th>
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<tbody>
<tr>
<td>California</td>
<td>🕵️‍♂️</td>
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<tr>
<td>Connecticut</td>
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<tr>
<td>New Jersey</td>
<td>🕵️</td>
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<tr>
<td>New York</td>
<td>🕵️</td>
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<tr>
<td>Ohio</td>
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</table>

**AFRICA |**

Through programs that provide much-needed nutrition support and micronutrient supplements, and ones that help families grow better food, communities are getting relief from malnutrition. Meanwhile, many are benefiting from drug treatment and promotion of improved hygiene and sanitation to combat Neglected Tropical Diseases.

<table>
<thead>
<tr>
<th>Country</th>
<th>Vision Support</th>
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<tbody>
<tr>
<td>Burkina Faso</td>
<td>🕵️‍♂️</td>
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<tr>
<td>Cameroon</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>🕵️</td>
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<td>Democratic Republic of Congo</td>
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<tr>
<td>Sierra Leone</td>
<td>🕵️</td>
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<tr>
<td>Tanzania</td>
<td>🕵️</td>
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</tbody>
</table>
Through innovative programs, families and individuals are preventing vision loss from cataract, diabetes, or refractive error. Mothers and children are also seeing improved health through programs for nutrition including micronutrient supplementation, homestead food production, and control of Neglected Tropical Diseases.

With more than 180 programs in 22 countries around the world, Helen Keller International is actively working to save the sight and lives of millions.
A Year of Honors in Humanitarian Leadership

In 2014 Helen Keller International was presented with the ninth annual Henry R. Kravis Prize in Leadership, which carries a $250,000 award and recognizes extraordinary accomplishments in the nonprofit sector. We were honored for our dedication to saving millions across the globe from blindness and offering some of the most vulnerable among us a chance at better health and wellbeing for the future. “Helen Keller International’s research in nutritional blindness decades ago revealed how something as simple as a vitamin A capsule could mean the difference between life and death,” said Henry R. Kravis, co-founder of KKR & Co. L.P., and founder of the Kravis Prize. Also in 2014 our annual Spirit of Helen Keller Gala, which featured Oscar-nominated actress Abigail Breslin as Honorary Junior Chair, raised approximately $1 million in support of our vision- and life-saving efforts. Economist and humanitarian Tom Arnold was present to accept the Helen Keller Humanitarian Award in recognition of his dedication to ending child hunger and improving maternal health in the developing world.

“To be connected with an award named for Helen Keller, whose life was about unleashing human potential, is both an honor and a humbling experience.”
—TOM ARNOLD, ECONOMIST AND GLOBAL HUMANITARIAN
$1,000,000 + Above
DEATD - Foreign Affairs, Trade and Development Canada
DFID - UK Department for International Development
FHI Development 360 LLC
Bill & Melinda Gates Foundation
Conrad N. Hilton Foundation
JSI Research & Training, Inc.
Lavelle Fund for the Blind, Inc.
Mondelēz International Foundation
Research Triangle Institute
Save the Children International
United States Agency for International Development

$100,000-$999,999
21st Century ILGWU
Heritage Fund
Mr. and Mrs. Henry C. Barkhorn III
Janet Carrus
Gerald and Janet Carrus Foundation
Catholic Relief Services
The Community Foundation
for Greater New Haven
Counterpart International, Inc.
The END Fund, Inc.
Desmond G. FitzGerald, Hope for Poor Children Foundation
GAIN
Tommy Hilfiger Corporate Foundation
International Development Research Centre
International Potato Center
International Rice Research Institute
IntraHealth International
Irish Aid
Johnson & Johnson
Marie-Josée and Henry R. Kravis Foundation
Mercy Corps
The Mt. Sinai Health Care Foundation
Orbis International
Peter and Beverly Orthwein
Peter Bennett Foundation
Seva Foundation
Sightsavers
Standard Chartered Bank
The Skirball Foundation
Starr International Foundation
Taipei Economic and Cultural Office
Task Force for Global Health
TOMS
University of California, Davis

$50,000-$99,999
Abt Associates Inc.
Action Against Hunger
The Arab Gulf Program for Development (AGFUND)
D. Brooks Betts
Buddhist Global Relief
Children’s Aid Society
Mary F. Crawford and Calvin Mew
Deutsche Gesellschaft für Internationale Zusammenarbeit
Harry B. Deverter, Jr.
Kate Ganz and Daniel N. Belin
David M. Glassman
Harvard School of Public Health
The Healthcare Foundation of New Jersey
International Food Policy Research Institute
The McKnight Foundation
The New York Community Trust
Catherine James Paglia and the Robert & Ardis James Foundation
Bradford and Phyllis Perkins
The Rose Hills Foundation

$25,000-$49,999
Anonymous
Lydia Collins deForest Charitable Trust
EngenderHealth
Mr. and Mrs. H. Kenneth Fitzgerald
Government of Senegal – Malnutrition Control Unit
Wendy D. Lee and Easton Ragsdale
Mark J. Menting and Laura Jean Wilson
Merck & Co., Inc.
Henry E. Niles Foundation
The Ralph M. Parsons Foundation
Reader’s Digest Partners for Greater New Haven
Sandra Atlas Bass
The Robert B. & Emilie W. Betts Foundation
Carol and Andy Boas and Carol and Dr. Richard Boas
Boston University
Eva L. & Joseph M. Bruening Foundation
Cleveland H. Dodge Foundation
Anthony G. Dormont
Dana and Gregory D. Feller
Jan and Steven Golann
Government of Sierra Leone – Ministry of Health and Sanitation
Virginia L. Hajeian
Helen Keller International Europe
Iowa Foundation for Education, Environment and the Arts
The Karl Kirchhessner Foundation
Charles Lafitte Foundation
Robert N. Laughlin
Linville Family Foundation
Navajo United Way
Cody Parker
Douglas L. Peterson
Slater Rider Charitable Fund
Anne and Martin Roher
Santen Pharmaceutical Co., Ltd.
Anne and Martin Roher
Santen Pharmaceutical Co., Ltd.
Anne and Martin Roher
Santen Pharmaceutical Co., Ltd.
Anonymous (2)

$5,000-$9,999
Anonymous
BHP Billiton
Louise Parent and John Casaly
The Chisholm Foundation
Citi
Community Foundation of Eastern Connecticut
Community Health Systems
Coopersmith, Simon & Vogel, PC
Crail-Johnson Foundation
Margaret Crotty
The Frank Loomis Palmer Fund, Bank of America, N.A., Trustee
The Gettinger Family Foundation
Donald Guateri
The Gordon and Llura Gund Foundation
Mrs. Mary L. House
Diane and Fred Huffman
Dale A. McDonald
Rev. Monsignor Martin M. Muller
Mutual of America
Steven W. Rapp
Mrs. Wade F.B. Thompson
Mr. and Mrs. Remy Trafelet
Turrell Fund
U.S. Trust
Universität Bonn
Mr. and Mrs. Zygmunt Wilf
Matthew Ziehl

$1,000-$4,999
Aframes Eyewear Inc.
Ellen Agler
Kimberly Albright and Michael J. Dow
American International Group, Inc.
Anonymous (5)
An Anonymous Advisor
Tom Arnold
Mrs. Julia E. Austbo
Craig Awad
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Shawn K. Baker
Mr. and Mrs. James J. Baker
Mr. and Mrs. Richard Baker
Richard P. Baks
Kristy and Ken Barclay
Brandon Becker
Ross and Irma Bellavia
Anne Marie Bercik
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Mr. and Mrs. Donald I. Berger
Lewis S. Betty
Madeline and Alan S. Blinder
Kenny and Meris Blumstein
Lélee Brandt
Kathleen S. Breiten
Mr. and Mrs. William Browne
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Hardy H. Campbell
Elizabeth Carter
Janis Cherry
Susan Emerson and Donald H. Chew, Jr.
Eileen Chu
Daniel Cohn
Lisa Connors
ConocoPhillips Company
James D. Contriucci
John R. Cook
Mr. and Mrs. Langdon P. Cook
Leo J. Corbett
Richard F. Corroon, CPCU

DONORS | 18
## Operating Support and Revenue

<table>
<thead>
<tr>
<th>Support</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions – corporations, foundations, and individuals</td>
<td>$15,100,786</td>
<td>$20,529,504</td>
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<tr>
<td>Contributions – medical supplies, medicines and other (in-kind)</td>
<td>$188,300,788</td>
<td>$77,876,062</td>
</tr>
<tr>
<td>Legacies and trusts</td>
<td>$1,192,849</td>
<td>$254,611</td>
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<tr>
<td>Grants – U.S. Government agencies</td>
<td>$23,450,484</td>
<td>$23,424,294</td>
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<tr>
<td>Grants – Non U.S. Government agencies</td>
<td>$18,409,662</td>
<td>$14,727,842</td>
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<tr>
<td>Net assets released from restrictions</td>
<td>- -</td>
<td>- -</td>
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<tr>
<td><strong>TOTAL SUPPORT</strong></td>
<td>$246,454,569</td>
<td>$136,812,313</td>
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<table>
<thead>
<tr>
<th>Revenue</th>
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</thead>
<tbody>
<tr>
<td>Program and other revenue</td>
<td>$254,540</td>
<td>$313,877</td>
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<tr>
<td>Dividends and interest income</td>
<td>$17,163</td>
<td>$25,286</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$271,703</td>
<td>$339,163</td>
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</table>

| **TOTAL OPERATING & SUPPORT REVENUE**        | $246,726,272 | $137,151,476 |

## Expenses

### Program Services

<table>
<thead>
<tr>
<th>Program Services</th>
<th>2014</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>ChildSight®</td>
<td>$1,834,191</td>
<td>$1,352,784</td>
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<tr>
<td>Trachoma</td>
<td>$1,152,973</td>
<td>$1,121,390</td>
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<tr>
<td>Famine and Other Relief Services</td>
<td>$1,369,444</td>
<td>$3,016,657</td>
</tr>
<tr>
<td>Nutrition, including Vitamin A</td>
<td>$31,887,285</td>
<td>$28,089,535</td>
</tr>
<tr>
<td>Onchocerciasis</td>
<td>$238,903</td>
<td>$66,178</td>
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<tr>
<td>Eye Health</td>
<td>$837,206</td>
<td>$1,259,469</td>
</tr>
<tr>
<td>Neglected Tropical Diseases</td>
<td>$12,103,421</td>
<td>$10,150,318</td>
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<tr>
<td>Distribution of medicines and other (in-kind), primarily for blindness prevention</td>
<td>$188,300,788</td>
<td>$77,841,354</td>
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<tr>
<td><strong>TOTAL PROGRAM SERVICES</strong></td>
<td>$237,724,211</td>
<td>$122,897,685</td>
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### Support Services

<table>
<thead>
<tr>
<th>Support Services</th>
<th>2014</th>
<th>2013</th>
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<tbody>
<tr>
<td>Management and general</td>
<td>$8,072,133</td>
<td>$6,961,424</td>
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<tr>
<td>Fundraising</td>
<td>$1,049,580</td>
<td>$1,131,381</td>
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<td><strong>TOTAL SUPPORT SERVICES</strong></td>
<td>$9,121,713</td>
<td>$8,092,805</td>
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</tbody>
</table>

| **TOTAL EXPENSES**                             | $246,845,904 | $130,990,490 |

| Excess (deficit) of revenue over expenses       | -119,632    | 6,160,986   |

## Other Changes

<table>
<thead>
<tr>
<th>Other Changes</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Net realized and unrealized gains on investments</td>
<td>$54,551</td>
<td>$38,721</td>
</tr>
<tr>
<td>Change in perpetual and restricted trusts</td>
<td>$100,241</td>
<td>$46,699</td>
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## Changes in Net Assets

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</thead>
<tbody>
<tr>
<td>Net Assets, Beginning of year</td>
<td>$20,801,770</td>
<td>$14,555,364</td>
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<tr>
<td>End of year</td>
<td>$20,836,930</td>
<td>$20,801,770</td>
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</tbody>
</table>
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- **Vice Chair**: Desmond G. FitzGerald
- **Secretary**: Mary F. Crawford
- **Treasurer**: Robert M. Thomas
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  - D. Brooks Betts
  - Jennifer A. Buda
  - R. V. Paul Chan, MD, MSc, FACS
  - Howard Cohn, MD
  - Anne L. Coleman, MD, PhD
  - Anthony Dorment
  - Gregory D. Feller
  - Kate Ganz
  - Cuberto Garza, MD, PhD
  - David M. Glassman
  - Jean-Pierre Habicht, MD, MPH, PhD
  - Christy L. Hanson, MPH, PhD
  - David P. LeCause
  - Jack Linville
  - Reynaldo Martorell, PhD
  - Bettina Maunz
  - Mark J. Menting
  - Beverly Miller Orthwein
  - Bradford Perkins
  - James H. Simmons III
  - Bruce E. Spivey, MD, MS, MED
  - Denise Allen Williams

## SENIOR LEADERSHIP
- **President and Chief Executive Officer**: Kathy Spahn
- **Managing Director, Helen Keller International Europe**: Alix de Nicolay
- **Vice President, Development and Communications**: Nancy Haitch
- **Vice President, Asia-Pacific**: Nancy J. Haselow, MPH
- **Vice President, Africa**: Mette Kjaer Kinoti
- **Vice President, Nutrition**: Rolf Klemm, DrPH
- **Vice President, Eye Health**: Nicholas Kourgialis
- **Chief Financial Officer**: Patricia Manyari
- **Vice President, Information and Operations Systems**: Ric Plaisance
- **Senior Vice President, Programs**: Victoria J. Quinn, MSc, PhD

# STATEMENT OF ACTIVITY

Pie charts represent the fiscal year ended June 30, 2014. Pie charts do not include gifts in kind. If included, gifts in kind would represent 76% of total revenue, and program expenses would be 96%. "Other" revenue includes program revenue, dividends, interest, and miscellaneous income.

## REVENUE
- 71.6% Government Grants
- 27.9% Contributions, Legacies & Trusts
- 0.5% Other

## EXPENSES
- 84.4% Prevention of blindness & malnutrition
- 13.8% Management and General
- 1.8% Fundraising
THANK YOU FOR MAKING A DIFFERENCE

For the past 100 years, the unwavering commitment of people like you has enabled Helen Keller International to provide vision- and life-saving services for the world’s most vulnerable communities. As we look forward to the next 100 years, we hope you will remain with us on this important journey.

HOW CAN YOU CONTINUE TO HELP?

Donate
By donating via the enclosed reply form or online at donate.hki.org, you are helping to strengthen programs that save sight and lives in the United States and around the world.

Arrange for Planned Giving
By naming Helen Keller International in your will or as a beneficiary of your life insurance policy or remaining IRA funds, you will leave a legacy of compassion for millions of children and families. To learn more, please contact our development team at 877-535-5374 or giving@hki.org.

Stay Active in Our Community
Visit hki.org to get to know our organization and experts, sign up for our monthly newsletter, and connect with our social media channels for the latest news and updates.

“I believe that if we make up our minds to do something great, we can accomplish it.” —HELEN KELLER
EMPOWERING PEOPLE

Improving Childhood Nutrition

A powerful example of how Helen Keller International is helping to improve lives within impoverished communities is the distribution of micronutrient powders. One beneficiary, Ms. Pok Somaly, lives with her family in a small village in Cambodia. Pok’s young daughter often suffered from fevers due to malnourishment. Through a program supported by Helen Keller International, a local health volunteer explained to Pok why good nutrition is crucial for childhood development, and gave her sachets of micronutrient powders to enhance the nutritional value of her daughter’s food. After just three months, Pok noticed a dramatic difference. “My child’s sickness is reduced,” she said. Today her daughter is much healthier and has gained weight—marking significant steps towards a brighter future.