“Alone we can do so little.
Together we can do so much.”
— Helen Keller
Helen Keller International (HKI), co-founded in 1915 by our namesake, is committed to saving and improving the sight and lives of the world’s vulnerable by combating the causes and consequences of blindness, poor health and malnutrition. We envision a world where no one suffers from preventable or treatable blindness, low vision, disease or malnutrition.

Working to prevent the preventable and treat the treatable, HKI is well known and respected in the global health and development sectors for our expertise in translating science and research into innovative, effective programs. Our programs empower millions of people to achieve their potential through the delivery of preventative and curative solutions in eye health, nutrition, and neglected tropical diseases. Headquartered in New York City, HKI currently works in 12 countries in Africa, 8 in Asia-Pacific, and in the United States.
Dear Friends,

Helen Keller, though deprived of her sight, was equipped with great vision. And despite the loss of her hearing, she listened with profound sensitivity to those around her. Helen’s enormous accomplishments on behalf of the disadvantaged and marginalized, born of determination, hard work and unflagging optimism, are testament to her immense capacity for overcoming adversity and her deep belief in the promise of the future.

Helen never stopped fighting. It is by emulating her courage, strength and compassion that Helen Keller International has been able to build on her achievements for more than 100 years.

HKI develops our programs to be implemented through robust partnerships, and we work with governments, civil society, the private sector, and local communities in 20 countries across Africa and Asia, and right here in the United States. Delivered efficiently, HKI’s programs are strategically designed to reach millions — and to have lasting impact by strengthening both individual families and entire health systems.

We have trained hundreds of thousands of people across Africa and Asia to use sustainable agricultural techniques, so that their communities can grow nutritious food and thrive. We have delivered effective treatments for neglected tropical diseases, which blind, disable, and debilitate many millions of children each year. We have provided vision screenings for nearly 1.8 million children in the United States, and provided free prescription eyeglasses to more than a quarter million of them, so they can succeed in school and life.

But we are not done. And we will not stop, because we know the stakes. Every year, as many as six million children still die from preventable causes before they reach the age of five. Nearly half of those deaths are linked to malnutrition — yet we know how to stop this. Of the 39 million people worldwide who are blind, 80 percent don’t have to be. HKI knows what to do to prevent and treat the conditions that cause 8 out of 10 people in the world to go blind. And so we must.

By deploying the expertise that we have developed through years of research, experience and learning, we will defeat these age-old afflictions — along with new ones as they emerge. We will build on our successes in combating blindness, and confront evolving challenges, including stemming the tide of blindness due to diabetes, tackling a special form of blindness that occurs in premature babies, and working in our own country to reach America’s poor and marginalized who are missing out on their potential for want of a pair of glasses — school children, homeless youth, refugees and at-risk mothers.
We will also reach tens of thousands more women smallholder farmers, helping them to increase their production yields, providing essential life skills related to nutrition and health, and helping lift them out of poverty. We will also reach the elimination of some awful and debilitating diseases, not just within our lifetimes — within the next five years.

As we work toward these goals, we recognize that, among today’s growing challenges, we live in a time of heightened global anxiety, all too often defined by a fear of the “other.” Yet the need for deeper engagement with our world — and with each “other” — is more urgent than ever. We are facing the worst refugee crisis in history, already greater than the one triggered by the Second World War, and a surge of unequal economic growth that has left too many too far behind. Simply put, we live in a world that needs a vision like Helen Keller’s.

Though it has been the case for many years, it is still not widely enough known that HKI’s mission is not only to aid those who can’t see, but to help those who are unseen. At HKI, our mission has long been to protect and empower the vulnerable, the forgotten, the impoverished, the ignored. We continue in this endeavor not just because it is the right thing to do, but because, as Helen said, “the welfare of each is bound up in the welfare of all.” We believe that helping the unseen is not an act of charity — it is a step toward building a healthier and more equitable shared future for all of us.

With this report on our work during the past year, HKI affirms more than a century of leadership and asserts a bold vision for protecting the health and dignity of the world’s most vulnerable.

Thanks to you and our many indispensable partners, in years to come we will empower more people to overcome obstacles, to see the possibilities, and to fulfill their potential.

With deep gratitude and optimism,

Kathy Spahn, President and CEO

Henry Barkhorn III, Chairman
Community health worker Kangare is on the front lines of the battle against trachoma, a blinding bacterial infection of the eyes that still affects far too many people living in disadvantaged communities in Nigeria and elsewhere.

His work is part of an effort by Helen Keller International, in partnership with other organizations, to eliminate trachoma in Nigeria by 2020. Alongside an ophthalmic nurse, he performs trachoma screenings for as many as 200 households in a week. The results of the screenings, which are recorded and sent to a central database via smart phone, are used in part to prepare the surgical teams that provide sight-saving eyelid surgery — free of charge — to people who will benefit from it.

The results of Kangare’s screenings reveal a common spectrum of recent to late-stage infection among the members of a community affected by trachoma. For those whose infection is caught early enough, antibiotics are effective in resolving the condition. In fact, providing antibiotics to everyone in a community, complemented by improved sanitation and hygiene practices, can put a stop to local transmissions overall.

But chronic or repeated infections from the bacterium can cause trichiasis, a painful condition in which the eyelashes invert and scrape against the cornea. Every blink of the eye can be excruciating, and if left untreated trichiasis causes those afflicted to go blind. They then suffer all of the consequences of blindness, including isolation and lost livelihoods. If infection is identified before this final stage, however, patients can be referred for a simple eyelid surgery to relieve their pain and prevent further deterioration of vision.

Abdulaziz is one of the unlucky patients with trichiasis. At 25 years old, he is the breadwinner for his family in Katugi. In addition to his wife and two children, he supports his elderly mother and two brothers. Riding a
motorcycle commercially had earned him enough money to buy a sewing machine, and until trichiasis affected his sight, he had taken up farming and tailoring to support his family.

As his condition worsened, Abdulaziz tried topical and oral medicines from a traditional healer. None of them provided relief. So when he heard that a surgical team would be visiting a nearby community, he decided to seek them out. Just five days after his surgery, he had resumed working.

“I thank the people who made this surgery possible because I now realize that it is very effective and has immediate outcomes, compared with the traditional medicine I took,” he says. Now he wants others to know about the operation. “I will encourage any person affected by the disease to have surgery rather than spend time and resources on treatments that don’t have results.”

“To see is to work, to work is to live.”

The ability to map trachoma’s prevalence and to conduct community-based trichiasis surgery campaigns requires support from community leaders and knowledge of local languages. Collaboration among all community members is key, particularly because improved hygiene and sanitation throughout a village reduces disease transmission and prevents future infections. In communities where custom prohibits men from entering the homes of married women, female volunteers known as village community mobilizers travel the area to raise awareness.

“I am very happy for the visit, that my daughter’s eye problem was detected, and most especially that we were offered free treatment at home,” said a father whose daughter received antibiotics. “I cannot imagine what would have happened to my daughter’s eyes if the mapping was not done in this community, given the distance to the eye center in Yola and the lack of an adequate road to the city.”

Those doing the mapping know their work is a critical part of ridding their country of trachoma — and they are honored to use their skills to serve fellow Nigerians. “There is nothing more gratifying than to visit people in rural areas and provide them services that they would have needed a fortune and much time to access in the city,” says Zarah, an ophthalmic nurse on the team.

Thanks to the Morbidity Management and Disability Prevention (MMDP) Project, a silicone mannequin with brown eyes and removable eyelids is becoming the centerpiece for the training and certification of surgeons who can relieve people of the debilitating and disabling effects of trichiasis. Surgeons practice technique on the dummy to develop skill and confidence before operating on real people to save their sight. Funded by USAID and managed by HKI, the MMDP project ensures high-quality treatment and care for people afflicted with trichiasis and lymphatic filariasis in Burkina Faso, Cameroon and Ethiopia. The ultimate goal is to eliminate these two diseases entirely.
Bolting out from behind her desk at MS2 in Brooklyn, New York, school counselor Ebony Valentine anxiously questions the group of students assembled outside her office.

“Is Jamie here today?” She remembers he had been out sick yesterday. “Hurry, hurry!” she calls after the student who has gone to find Jamie. It’s nearing the end of the final day of the vision screenings, and she knows his glasses were recently broken.

The counselors, parent coordinators, nurses, and teachers at MS2 wear many hats and have eyes in the back of their heads. They care deeply about the well-being of their students. When they see a student in this low-income neighborhood acting out in class, failing to complete homework, or rubbing her eyes, their first thought is not necessarily that this child may have allergies or ADHD, but rather “Can this student see?”

“They do things so you don’t notice what’s really going on,” says Valentine. “They’re embarrassed.” But there are cues to notice and other ways for an inquiring staffer to assess whether students may be having issues with their vision.

“If I give them something to do, can they focus?” says Joanne Mobley, the parent coordinator. “If they know they need glasses and say their mom doesn’t have time, I take it a step further.”

That’s where HKI’s ChildSight program comes in — providing vision screenings in low-income communities to students primarily between the ages of ten and fifteen. If a student fails an initial vision screening, he is seen by an on-site optometrist. Anyone needing glasses selects from a wide assortment of stylish frames, and the new prescription eyeglasses arrive 10 to 15 days later — all free of charge.

Vision is an essential part of learning and comprehension — 80 percent of learning occurs through the eyes. But in classrooms across the country, students are falling behind because they can’t get access to or afford basic vision care. “By the time kids come to see me, their glasses have been broken or lost. Most of the time, parents are working and don’t have time to take their kids to the doctor,” says Dr. Widad Valme, an optometrist who works with the program.

These students, many of whom must balance financial challenges with their need for a simple pair of glasses to correct a vision problem, can get very creative. Sometimes they come to school “wearing their grandmother’s glasses,” says Martha Moses, a long-time program assistant with the ChildSight NY program.

“We don’t know exactly what’s going on in their lives,” says Dr. Valme. “But we can give them something to help. When we hear ‘it is free?’ and their eyes light up, we know we are giving them a little bit of happiness and making their life a little better.”

Together with school communities, we’re not just improving children’s eyesight, we’re giving them the means to tap into their potential for learning and for engaging with the world.

Ebony Valentine, school counselor in Brooklyn, NY

Photo: Meredith Goncalves
HKI’s ChildSight program has served New Jersey for more than twenty years. Led by local program manager and Newark native Kindal Beckley (above, with a student), ChildSight has drawn upon strong partnerships within the community to screen more than 180,000 students and provide more than 30,000 pairs of prescription eyeglasses.

ChildSight®
Since its inception in 1994, ChildSight has screened nearly 1.8 million students in the United States and provided over 274,000 free eyeglasses to children in need.
When it comes to preventing malnutrition, we’re not afraid to get our hands dirty.

For the world’s rural poor, agriculture remains a primary means of acquiring staple foods and maintaining a livelihood. So it’s not surprising that increasing attention is being focused on ways that agricultural practices can improve nutrition and health.

Since its inception in the 1980s, HKI’s homestead food production (HFP) program has empowered hundreds of thousands of women to break cycles of poverty and to ensure that their children can thrive. We do this by helping participants gain the resources and knowledge they need to cultivate locally available fruits and green leafy vegetables that are rich in vitamin A and other key nutrients, and to raise small livestock or fish. Beneficiaries of the program see changes in the quality of their diets — and their lives — as they harvest, consume and sell the fruits of their labor.

“Previously, we never planted vegetables in our homestead. Then HKI came to our village and formed the farmer group … Now we eat vegetables every day,” says Alince, a mother in Indonesia.

“I can raise healthy chickens and make enough income for my family, especially to meet my children’s education needs. My children are healthy because of the nutritious eggs they eat, and my family’s financial problems are solved,” says Marta, also in Indonesia.
The homestead gardens grow into community collaborations as expertise is shared, surplus is sold, and neighbors are educated by program participants.

Diligent research has led us to refine our approach. We now help women incorporate animal source foods such as chicken and fish, into their families’ diets, to help combat anemia and promote healthy growth. We communicate other optimal nutrition and hygiene practices, such as diversifying the diet, exclusive breastfeeding for at least the first six months, and handwashing. In Burkina Faso, for example, a recent study by the International Food Policy Research Institute showed that integrating nutrition and health education into agricultural programs along with women’s empowerment initiatives can improve child and maternal nutrition significantly.

“What I learned brought changes and challenges for me as a leader,” Elisa, a community leader in Mozambique says about the enhanced HFP approach. “A newborn baby should have breastmilk. But here, when the baby is under a week old, he is given traditional medicine and water to drink; at four months, he starts solids, and before six months, mothers give xima [wheat or sorghum flour]. All of us in Chicompunde do this, but I learned in the training that these customs endanger children’s lives and increase illnesses such as diarrhea and malnutrition.”

HKI knows that our homestead food production program improves access to and consumption of nutrient-rich foods, increases the income of participating families, and especially empowers the women farmers it targets. We also have the evidence from evaluation studies that shows our program model improves the nutritional status of mothers and their infants, including reducing anemia levels and improving child growth.

Understanding and addressing the root causes of chronic malnutrition requires rigorous study and pragmatic patience. We’ll be digging for solutions for as long as it takes.

This is my eighth year of working with HKI. I love coming to work every day because I believe that the work we do matters. We touch people’s lives, and we make a real difference.

My job brings me close to the complexities of life in rural areas, particularly for women. It pushes me to develop creative solutions that will motivate mothers, fathers, and grandparents — the whole family! — to adopt practices that will help them become healthier.

— Pooja Pandey Rana
Integrated Nutrition Project, HKI Nepal
HKI's programs have helped millions living in poverty

- HKI-trained eye doctors performed 35,000 cataract surgeries in Myanmar.
- We screened, treated and provided referrals as needed for more than 53,000 people in Bangladesh and Indonesia for diabetic retinopathy, which can lead to vision loss.
- We screened the vision of 66,000 disadvantaged youth in the United States and provided nearly 15,400 of them with free prescription eyeglasses.
- HKI’s support to governments and private sector companies in large-scale food fortification continued in 19 countries across Africa, reaching more than 285 million consumers with vitamin A-fortified cooking oil and 293 million with iron folate-fortified wheat flour.
- We provided more than 80 million treatments to people struggling with five disabling and disfiguring diseases in six countries in Africa.
- Thanks to tools and training provided by HKI over the years, 1.34 million families and just under 7 million people in Africa and Asia are growing and consuming more nutritious food.
- HKI’s landmark life- and sight-saving programs supported the governments of 12 African countries in distributing tens of millions of vitamin A capsules and doses of deworming medication to children from 6 months to five years old.
HKI Partnerships and Initiatives

Ensuring Safe Foods for the World’s Infants
HKI’s Assessment & Research on Child Feeding (ARCH) project investigates how food products for infants and young children are promoted and marketed. In the first three years of the project, ARCH conducted research in Cambodia, Nepal, Senegal, and Tanzania on the availability, promotion, and consumption of foods by infants and young children under two years of age, including breastmilk substitutes and commercially produced complementary foods and snack foods. Now also working in Indonesia, ARCH ensures these research findings are used to inform decision-making at the global and national level about policies and programs to improve the nutritional status of infants and young children.

Nourishing Nepal’s Future
USAID’s Suaahara II (Good Nutrition) program works closely with the government of Nepal to strengthen policies and programs that will improve the health and nutritional status of women and children. Although the country has made significant progress in reducing deficiencies in vitamin A, iron and iodine, malnutrition rates remain high. More than 40 percent of children under five suffer from stunting, 11 percent from wasting, and 29 percent are underweight. With the help of community health volunteers, the program educates women about farming, sanitation and nutrition to improve nutritional status and livelihoods.

Managing Disabling Diseases
HKI leads the Morbidity Management and Disability Prevention (MMDP) program, a five-year effort funded by the U.S. Agency for International Development to support national governments in their work to eliminate trachoma and lymphatic filariasis (also known as elephantiasis). Our mandate is to ensure high-quality treatment and care for people afflicted with these diseases.

For those suffering from the final, blinding stage of trachoma, we strengthen in-country capacity to deliver sight-preserving eyelid surgery. For men with hydrocele, the severe swelling of the scrotum caused by lymphatic filariasis, we support countries in their work to provide high-quality surgical treatment. We also offer technical assistance for the training of health workers to care for people afflicted with lymphedema.
HKI is deeply appreciative of our generous donors, all of whom share Helen Keller’s belief that “the welfare of each is bound up in the welfare of all.” The support of these dedicated contributors makes it possible for us to save and improve the sight and lives of vulnerable families around the world.

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HKI is honored to acknowledge the exceptional support of donors whose steadfast giving has sustained our work over many years.

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“King Philanthropies is partnering with HKI to prevent malnutrition and improve economic productivity in two regions of Myanmar through HKI’s award-winning flagship program, Enhanced Homestead Food Production. We see tremendous value in partnering with HKI because it is a best-in-class organization capable of delivering measurable results.”

— Kim Starkey Jonker
President and CEO
King Philanthropies
Co-author, Engine of Impact
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HKI gratefully acknowledges the generous individuals, foundations and corporations who supported our work from July 1, 2015 through June 30, 2016.

$1,000,000 +
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"One of the advantages of partnering with HKI is that they have a broad global presence. Whether we’re providing eyeglasses to a child in Los Angeles or in Hanoi, it allows our employees and our customers to be a part of something bigger."

— Shira Shafir, PhD, MPH
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"It is an honor to partner with HKI on the inclusive education programming they pioneered in Indonesia. The children with disabilities who have participated in the program have developed on so many levels, and we look forward to supporting the next phase."

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Jodi Warshaw
Kate and Mitchell Watson
Thomas S. Weekley
Robert and Renate Wegner
Karen and Peter Weidlein
Wells Fargo Team Member
Philanthropy
Virginia and William Wells
Hugh Welsh
Candice Wexler
Dr. Mary H. White
Coby Wholeben
Dr. Evelyn R. Wilbanks
Mr. and Mrs. Thornton H. Yancey
Helene S. Zarcone

Helen Keller Legacy Society

We are deeply grateful to those who have included HKI in their estate plans. (through March 31, 2017)

Anonymous (2)
Karin and Henry Barkhorn
Randy C. Belcher
D. Brooks Betts
Jean C. Buchler
Karen A. Carlson
John Debes
Dana and Gregory Feller
Hadley C. Ford
Carl Frey
Jeanne P. Goestenkors
Gretchen Grant in memory of her parents, Eloise and Larry Grant
Ruth Gustafson
Erik M. Jaffe
Anne Kelemen
Shawn Maxwell
Deveraux McClean
Mark Menting and Laura Jean Wilson
Lawrence B. Miller
Beverly and Peter Orthwein
Sheena Pappalardo
Ric Piaiasance
Joan Raffe
Norman and Barbara Seiden
Kathy Spahn
Doris Steier
Kate and Mitchell Watson
Donald William Wilkie
Jacob T. Wolters

Funds for the Future

We are honored to acknowledge the tribute gifts that help to secure HKI’s financial strength for the future.

Mildred M. Brock Fund (1993)
Susan Mary Hannam Fund (2000)
Charles B. Harding Memorial Fund (1995)
Kazuo Ishiwa Memorial Fund (1993)
Henry R. Labouisse Memorial Fund (1993)
Thomas Moore Memorial Fund (1999)
Alice C. & Benjamin W. Morris Memorial Fund (1994)
Robert B. & Mary W. O’Connor Fund (1993)
Elsa Peretti Fund (2000)
David C. Scott Memorial Fund (1994)
Anne Sullivan Memorial Fund (1993)

Gifts in Kind

HKI thanks the following for their generous gifts in kind and pro bono support of our work.

Alston & Bird LLP
Robert Altman
Dorit Heimer, Esq.
Merck & Co., Inc.
Perkins Eastman
Sugarcube Dessert & Coffee Bar
TechSoup
Winston & Strawn LLP

Special Recognition

HKI gratefully acknowledges the governments, multilateral/bilateral agencies, and educational and nongovernmental organizations that support our work.

Action Against Hunger (Action Contre La Faim (ACF))
American Dream Charter School
Board of Education - Passaic, NJ
BronxWorks, Inc.
Catholic Relief Services
Children’s Aid Society NY
Cooperative for Assistance and Relief Everywhere, Inc. (CARE)
Counterpart International

“I’m proud to include HKI in my estate plans. Including them as a beneficiary of my retirement plan is a way to seed life-changing improvements in people’s lives, and sustain HKI’s ground-breaking work for a long time into the future.”

— Gretchen Grant, Legacy Society donor
Department of International Development - UK
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
East Brooklyn Community High School
Economic Community of West African States (ECOWAS)
EngenderHealth
The Equity Project Charter School
European Civil Protection and Humanitarian Aid Operations (ECHO)
Family Health International (FHI360)
Food and Agricultural Organization (FAO)
GALVmed
Global Affairs Canada (GAC)
Global Alliance for Improved Nutrition (GAIN)
GOAL
Grand Challenges Canada
Grand Street Settlement, Inc.
GrandVision
Green Dot Public Schools - CA
Harvard T.H. Chan School of Public Health
Harwelle International Ltd
Heidelberg University
Helen Keller International Europe
International Agency for the Prevention of Blindness (IAPB)
International Development Enterprises (IDE)
International Development Research Center (IDRC) Canada
International Food Policy Research Institute (IFPRI)
International Medical Corps (IMC)
International Potato Center (CIP)
IntraHealth International
Irish Aid
John Snow, Inc. (JSI)
Johns Hopkins University
Lennox School District - CA
Lions Club International Foundation (LCIF)
L’Occitane, Inc.
Mercy Corps
NYC Board of Education
Orbis International
Partners for Global Research and Development (PGRD)
PATH
Republic of China (Taiwan)
RTI International
SABIN
Save the Children Federation, Inc.
Sightsavers
Tufts University
U.S. Agency for International Development (USAID)
U.S. Department of Agriculture (USDA)
The UK Association for Schools for the Blind in Sierra Leone
United Federation of Teachers
United Nations Children’s Emergency Fund (UNICEF)
The University of British Columbia
University of California, Davis
Utah State University
World Diabetes Foundation (WDF)
World Food Programme (WFP)
The World Vegetable Center (AVRDC)
WorldFish
# Financial Statement

## OPERATING SUPPORT AND REVENUE

<table>
<thead>
<tr>
<th>Support</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions – corporations, foundations, and individuals</td>
<td>$20,905,043</td>
<td>$29,251,121</td>
</tr>
<tr>
<td>Contributions – medical supplies, medicines and other (in-kind)</td>
<td>$160,516,250</td>
<td>$162,680,592</td>
</tr>
<tr>
<td>Legacies and trusts</td>
<td>$203,822</td>
<td>$434,078</td>
</tr>
<tr>
<td>Grants – U.S. Government agencies</td>
<td>$34,082,689</td>
<td>$27,074,776</td>
</tr>
<tr>
<td>Grants – Non-U.S. Government agencies</td>
<td>$13,696,960</td>
<td>$14,967,286</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Support</strong></td>
<td><strong>$229,404,764</strong></td>
<td><strong>$234,407,853</strong></td>
</tr>
</tbody>
</table>

## Revenue

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program and other revenue</td>
<td>$273,889</td>
<td>$238,490</td>
</tr>
<tr>
<td>Dividends and interest income</td>
<td>$37,316</td>
<td>$35,754</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$311,205</strong></td>
<td><strong>$274,244</strong></td>
</tr>
<tr>
<td><strong>Total Operating &amp; Support Revenue</strong></td>
<td><strong>$229,715,969</strong></td>
<td><strong>$234,682,097</strong></td>
</tr>
</tbody>
</table>

## EXPENSES

### Program Services

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>ChildSight®</td>
<td>$1,295,755</td>
<td>$1,313,637</td>
</tr>
<tr>
<td>Trachoma</td>
<td>$1,518,687</td>
<td>$1,485,820</td>
</tr>
<tr>
<td>Famine and other relief services</td>
<td>$1,665,446</td>
<td>$1,602,465</td>
</tr>
<tr>
<td>Nutrition, including vitamin A</td>
<td>$35,507,745</td>
<td>$33,744,419</td>
</tr>
<tr>
<td>Onchocerciasis</td>
<td>$56,111</td>
<td>$83,291</td>
</tr>
<tr>
<td>Eye health</td>
<td>$1,117,167</td>
<td>$1,487,799</td>
</tr>
<tr>
<td>Neglected tropical diseases</td>
<td>$17,752,103</td>
<td>$12,654,434</td>
</tr>
<tr>
<td>Distribution of medicines and other (in-kind), primarily for blindness prevention</td>
<td>$160,524,815</td>
<td>$162,583,532</td>
</tr>
<tr>
<td><strong>Total Program Services</strong></td>
<td><strong>$219,437,829</strong></td>
<td><strong>$214,955,397</strong></td>
</tr>
</tbody>
</table>

### Support Services

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and general</td>
<td>$9,233,102</td>
<td>$8,699,278</td>
</tr>
<tr>
<td>Fundraising</td>
<td>$1,335,657</td>
<td>$1,200,360</td>
</tr>
<tr>
<td><strong>Total Support Services</strong></td>
<td><strong>$10,568,759</strong></td>
<td><strong>$9,899,638</strong></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$230,006,588</strong></td>
<td><strong>$224,855,035</strong></td>
</tr>
<tr>
<td>Excess (deficit) of revenue over expenses</td>
<td>$(290,619)</td>
<td>$9,827,062</td>
</tr>
</tbody>
</table>
OTHER CHANGES

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net realized and unrealized gains on investments</td>
<td>$(10,552)</td>
<td>$15,277</td>
</tr>
<tr>
<td>Change in perpetual and restricted trusts</td>
<td>$(74,065)</td>
<td>$(70,574)</td>
</tr>
</tbody>
</table>

CHANGES IN NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>$30,608,695</td>
<td>$20,836,930</td>
</tr>
<tr>
<td>End of year</td>
<td>$30,233,459</td>
<td>$30,608,695</td>
</tr>
</tbody>
</table>

Statement of Activity

The graphs represent revenue and expenses for the fiscal year that ended June 30, 2016. They do not include data for gifts in kind. If included, gifts in kind would represent 70 percent of total revenue, and program expenses would be 95 percent. "Other" revenue includes program revenue, dividends, interest, and miscellaneous income.
Our Leadership

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Vice Chair
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Secretary
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Chief Executive Officer
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Managing Director,  
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Vice President, Eye Health
Patricia Manyari  
Chief Financial Officer
Ric Plaisance  
Vice President, Information and Operations Systems
Victoria J. Quinn, MSc, PhD  
Senior Vice President, Programs

HELEN KELLER INTERNATIONAL COUNCIL

At the time of our 50th Anniversary (when we were the American Foundation for the Overseas Blind), a group of prominent people came together to form the Helen Keller World Crusade for the Blind National Committee. Chaired by Katherine Cornell, the Committee’s membership included many renowned and influential individuals.

In honor of our 100th Anniversary in 2015, we revived the tradition through the creation of the Helen Keller International Council. The Council consists of special friends of HKI, many of whom we have honored over the years.

Council members serve as informal ambassadors helping to spread the word about the impact of our efforts to save the sight and lives of the world’s vulnerable and disadvantaged.

We are delighted to acknowledge the contributions of the Council members:

Tom Arnold
Christopher Burge
Dr. William Foege
Gordon and Llura Gund
Marie Josée and Henry Kravis
Dr. Alfred Sommer
H. Mitchell Watson, Jr.
Dr. Daniel G. Sisler, in memoriam
Looking Ahead

- HKI honored 20-year partner TOMS—pioneer of the One for One® business model—with the Helen Keller Humanitarian Award at our annual Spirit of Helen Keller Gala in May 2017. TOMS CEO Jim Alling and celebrity chef Carla Hall served as honorary co-chairs of the event—and Hall extends her relationship with us by joining the HKI Board in June 2017.

- With support from the Conrad N. Hilton Foundation and in partnership with Save the Children and The Carter Center, HKI will launch major efforts to eliminate the blinding disease of trachoma from Mali and Niger by 2020.

- Because of the enormous gap in eye health services in the United States, HKI seeks to double our current reach over the next five years, not only to increase the number of school children screened annually from approximately 70,000 to 140,000 during this period, but also to reach other vulnerable groups, such as homeless youth, refugees and low-income mothers.

- King Philanthropies is investing in HKI’s efforts to prevent malnutrition in Myanmar and to improve economic productivity there among small-scale farming families with young children. The partnership will bring HKI’s award-winning Enhanced Homestead Food Production program to two of the most impoverished regions in the country.

(top, l to r) Carla Hall, HKI President and CEO Kathy Spahn, and Jim Alling at the Spirit of Helen Keller Gala / Photo: Rick Gilbert
“The world is full of suffering, but it is also full of the overcoming of it.”
— Helen Keller