Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

and ending A For the 2022 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change HANDICAP INTERNATIONAL Name change 55-0914744 **HUMANITY & INCLUSION** Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return (301)891 - 2138420 8757 GEORGIA AVENUE City or town, state or province, country, and ZIP or foreign postal code 42,111,446. G Gross receipts \$ Amended SILVER SPRING, MD 20910 H(a) Is this a group return Applica-F Name and address of principal officer: JEFFREY A. MEER for subordinates? JYes X No pending SAME AS C ABOVE Yes H(b) Are all subordinates included? ■ Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions (insert no.) WWW.HI-US.ORG H(c) Group exemption number J Website: Form of organization: X Corporation Trust Association Other L Year of formation: 2006 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III, LINE I. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box Number of voting members of the governing body (Part VI, line 1a) 3 .,,,,,,,,, 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 22 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 9 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 31,908,103. 42,102,263. 8 Revenue 100,000. 0. Program service revenue (Part VIII, line 2g) 9 9,183. 1,871. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,230. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,015,204. 42,111,446. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,621,210. 30,460,561. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 1,387,737. 1,672,637. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 153,238. 620,194. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 32,001,536. 41,914,041. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,668. 197,405. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 50 15,927,332. 19,269,068. 20 Total assets (Part X, line 16) 15,020,143. 18,164,474. 21 Total liabilities (Part X, line 26) 907,189. 1,104,594. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perfury ligitare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief. it is true, correct, and complete seclaration of preparer longer than officer) is based on all information of which preparer has any knowledge. Signature of officer / Sign JEFFREY A. MEER, U.S. EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Locastro 11/14/2023 P00288314 Paid RICHARD J. LOCASTRO, CPA Kichard self-employed GELMAN, ROSENBERG & FREEDMAN Firm's FIN 52-1392008 Preparer Firm's name Firm's address 4550 MONTGOMERY AVE SUITE 800N Use Only Phone no. 301-951-9090 BETHESDA, MD 20814-2930

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: HANDICAP INTERNATIONAL DBA HUMANITY & INCLUSION (HI) WORKS WITH PEOPLE
	WITH DISABILITIES AND PEOPLE LIVING IN SITUATIONS OF VULNERABILITY,
	INCLUDING POVERTY, EXCLUSION, CONFLICT, AND DISASTER.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$14,491,526 . including grants of \$14,293,150 .) (Revenue \$)
ти	EMERGENCY:
	HUMANITY & INCLUSION (HI) RESPONDS TO CONFLICTS, NATURAL DISASTERS, AND
	FOOD CRISES, PROVIDING IMMEDIATE ASSISTANCE TO PEOPLE ENDURING SOME OF
	OUR PLANET'S MOST CHALLENGING CIRCUMSTANCES. IN PARTICULAR, WE PROVIDE
	SERVICES TO PEOPLE WITH DISABILITIES, PEOPLE WITH NEW INJURIES, AGING
	ADULTS, AND ISOLATED WOMEN AND CHILDREN. BY OFFERING A
	MULTIDISCIPLINARY HUMANITARIAN RESPONSE TO REFUGEES, DISPLACED PEOPLE,
	AND THE MOST AFFECTED POPULATIONS, HI ENSURES THAT NO ONE FACES
	EXCLUSION DURING AN EMERGENCY.
	IN 2022, TWO MAJOR CRISESTHE WAR IN UKRAINE AND THE DEVASTATING
4b	(Code:) (Expenses \$ 9,343,807. including grants of \$ 9,215,898.) (Revenue \$
	DISABILITY RIGHTS AND INCLUSION:
	WORKING ALONGSIDE PEOPLE WITH DISABILITIES, HUMANITY & INCLUSION (HI)
	ADVOCATES FOR THEIR ACCESS TO ALL ASPECTS OF SOCIAL LIFE, INCLUDING
	EDUCATION, DECENT, WAGED EMPLOYMENT, COMMUNITY ACTIVITIES AND MORE.
	CRITICAL WORK TO STRENGTHEN THE CAPACITY OF ORGANIZATIONS OF PERSONS
	WITH DISABILITIES, AND TO ORGANIZE AROUND EFFECTIVE POLICIES TO SEE
	THEIR RIGHTS UPHELD. THIS WORK HAPPENS AT THE VILLAGE LEVEL ALL THE WAY
	UP TO GOVERNMENT LEGISLATION AND INTERNATIONAL ADVOCACY.
	PROJECTS IN PLACES LIKE LAOS AND RWANDA HELPED CHILDREN THRIVE AT
	ACCESSIBLE AND INCLUSIVE SCHOOLS. WITH FUNDING FROM USAID, STUDENTS
4c	(Code:) (Expenses \$
	ARMED VIOLENCE REDUCTION:
	A COMPREHENSIVE HUMANITARIAN MINE ACTION STRATEGY IS KEY TO ACHIEVING
	NOT JUST LANDS FREE OF WEAPONS, BUT ALSO TO ENSURING THAT CIVILIANS
	LIVING IN DANGEROUS ZONES ARE WELL INFORMED ABOUT THE RISKS OF
	UNEXPLODED ORDNANCE IN THEIR COMMUNITIES, AND THE WAYS TO STAY SAFE. IN
	2022, 19% OF FUNDS RAISED BY THE U.S. OFFICE OF HANDICAP INTERNATIONAL
	DBA HUMANITY & INCLUSION SUPPORTED ACTIVITIES TO REDUCE ARMED VIOLENCE,
	AND SUPPORT VICTIMS OF EXPLOSIVE REMNANTS OF WAR IN PLACES SUCH AS
	COLOMBIA, CAMBODIA, LAOS AND LEBANON.
	IN COLOMBIA, FOR INSTANCE, FOUR AREAS IN EL CANON DE LAS HERMOSAS ARE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 8,773,839 • including grants of \$ 8,653,733 •) (Revenue \$)
40	Total program service expenses 40 , 171 , 117 •

09231114 745960 18222

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_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? If "Yes," complete Schedule D, Part I	6		_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? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	88		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		_X_
14a		14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_X_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_X_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form 990 (2022) HANDICAP INTERNATIONAL
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		A
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		v
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
5 4		34		Х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
00000	10, 12, 22	Earm	990	(2022)

Form 990 (2022) HANDICAP INTERNATIONAL

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	22							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	nt)?	4a		_X_				
b	If "Yes," enter the name of the foreign country		_							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		<u>X</u>				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			37				
_	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut									
_	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			_		X				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a						
			al	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file form 2000.	as req	uirea	7.		Х				
٦	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		-22				
	It "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		•	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.			7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g						
_	h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h						
_	sponsoring organization have excess business holdings at any time during the year?	•	NT / 7	8						
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:		1							
	Gross income from members or shareholders N/A	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	L							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / 7	40						
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b								
_	organization is licensed to issue qualified health plans	13c								
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			i-ro						
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivities	3							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		L				
	If "Yes," complete Form 6069.									

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X						
Sec	tion 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	1a	6								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	rith any other									
	officer, director, trustee, or key employee?		2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the d										
			3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990				Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets				Х						
6	Did the organization have members or stockholders?		6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appo										
	more members of the governing body?										
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stoo		7a		X						
_	persons other than the governing body?		7b		Х						
8											
а	The governing body?	,	8a	Х							
b	Each committee with authority to act on behalf of the governing body?		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached										
•	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve										
	This occion b requests information about policies not required by the internal nevel	nac ooac.j		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?		10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chap		100								
-			10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body by		11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	g	110								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes										
	on Schedule O how this was done	•	12c	Х							
13	Did the organization have a written whistleblower policy?		13	Х							
14	Did the organization have a written document retention and destruction policy?		_	Х							
15	Did the process for determining compensation of the following persons include a review and approval b										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•									
а	The organization's CEO, Executive Director, or top management official		15a	Х							
	Other officers or key employees of the organization		15b		Х						
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	•••••	.55								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a									
	Associate and the district the constant		16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	•									
	exempt status with respect to such arrangements?		16b								
Sec	tion C. Disclosure		, 100								
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 (1024 or 1024-A, if applicable), 990, and		3)s onlvì	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	(, -··· ·)								
	X Own website X Another's website X Upon request Other (explain o	n Schedule (1)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, confl	,	nd finan	cial							
	statements available to the public during the tax year.	3s. soc poncy, a									
20	State the name, address, and telephone number of the person who possesses the organization's books	and records									
	JEFFREY A. MEER - (301)891-2138										
	8757 GEORGIA AVENUE, 420, SILVER SPRING, MD 20910										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	nsate		irector, or trustee.	-
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	(do	Position lo not check more than one				one	Reportable	Reportable	Estimated
	hours per				ss person is both an da director/trustee)			compensation	compensation	amount of
	week		T		Ta director/rasteer			from the	from related organizations	other compensation
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	9e or	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) JEFFREY MEER	40.00									
EXECUTIVE DIRECTOR				Х		_		140,251.	0.	38,289.
(2) NANCY KELLY	1.00	١								
PRESIDENT		Х		Х		<u> </u>		0.	0.	0.
(3) CHRISTINE KANUCH	0.50								_	_
TREASURER		Х		Х				0.	0.	0.
(4) ANTHONY SEARING	0.50	4								
SECRETARY		Х		Х				0.	0.	0.
(5) GAEL O'SULLIVAN	0.50	ļ								
MEMBER		Х		₩		<u> </u>		0.	0.	0.
(6) DR. SUSAN GIROIS	0.50	۱								
MEMBER		Х		┞		_		0.	0.	0.
(7) JUDITH HEUMANN	0.50	۱								
MEMBER		Х		₩		<u> </u>		0.	0.	0.
(8) JACQUES TASSI	0.50	١								
MEMBER (UNTIL 10/2022)		Х		⊢		┝		0.	0.	0.
		-								
		1		┢		-				
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			_	—		_	Ь	L	I	

Part VII Section A. Officers, Directors, Trus		ыоу	ees,			gnes	it C					/E\	
(A)	(B) Average			Pos	C) itior	1		(D)	(E)		 	(F)	اما
Name and title	hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation		l .	timate nount	
	week		cer ar					from	from relate			other	01
	(list any	ctor						the	organization	าร	com	pensa	tion
	hours for	or dire	ao			ated		organization	(W-2/1099-MI		l	om the	
	related organizations	istee (truste		a a	benss		(W-2/1099-MISC/	1099-NEC)		anizati	
	below	ual tru	tional		ploye	t com	_	1099-NEC)			l	d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ainzan	0113
			-		<u>×</u>	1 0							
				-		┢							
		-											
						\vdash							
	+					┢							
								140 051				0 0	0.0
1b Subtotal								140,251.		0.	3	8,28	<u>89.</u> 0.
c Total from continuation sheets to Part V								140,251.		0.	3	8,28	
d Total (add lines 1b and 1c) Total number of individuals (including but r									000 of reportabl			0,20	<u> </u>
compensation from the organization	iot iii iii ii ca to ti i	000	11010	a un	,000	, ****	010	, conved more than \$100,	occ or reportable	•			1
<u>-</u>												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	•				•		elate	ed organization or individ	dual for services		_		X
rendered to the organization? If "Yes." cor Section B. Independent Contractors	nplete Schedul	9 <i>J f</i>	or st	ıch <u>r</u>	oers	on					5	ļ	Λ
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	om	
the organization. Report compensation for													
(A)								(B)		_	(0		
Name and business	address	N	INC	3			_	Description of s	ervices	(Compe	nsatioi	n
2 Total number of independent contractors (ot lir	nited	d to	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization				(J							
											Гс	990 (2000

55-0914744

		Chack if Schodula O contains a recognize	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response	or note to any line	e in this Part VIII	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				TotalToveride	function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
an mi	b	Membership dues 1b					
ত ৪		Fundraising events 1c					
fts,		Related organizations 1d					
ig ig			38,374,842.				
ns, Sirr	e	Government grants (contributions)	30,374,042.				
it S	f	All other contributions, gifts, grants, and	_				
ig t		similar amounts not included above 1f	3,727,421.				
할	g	Noncash contributions included in lines 1a-1f 1g \$	555.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		42,102,263.			
			Business Code				
a)	2 a	ı					
Š	b						
er ne							
n Gen	C						
Ja Se	C						
Program Service Revenue	е						
٩	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)		9,183.			9,183.
	4	Income from investment of tax-exempt bond					
	5	Royalties	·				
	3	(i) Real	(ii) Personal				
	_		(II) Fersorial				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
ø	~	and sales expenses7b					
n	_						
Revenue		. ,					
		Net gain or (loss)	<u></u>				
her	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	b	Less: direct expenses8t	,				
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	5 4						
		Part IV, line 19					
		Less: direct expenses 9t	<u>) </u>				
		` ' " " " "					
	10 a	Gross sales of inventory, less returns					
		and allowances10	а				
	b	Less: cost of goods sold10	b				
		Net income or (loss) from sales of inventory .					
			Business Code				
Sno	11 a	•					
ee The							
Miscellaneous Revenue	b						
Se Se	C						
Zis I	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	,	42,111,446.	Ο.	0.	9,183.

HANDICAP INTERNATIONAL 55-0914744 Page 10 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) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 39,621,210. 39,621,210. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 178,541. 60,186. 106,413. 11,942. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 617,905. 1,130,607. 370,984. 141,718. Other salaries and wages 7 Pension plan accruals and contributions (include 56,411. 46,624. 7,547. 2,240. section 401(k) and 403(b) employer contributions) 216,740. 40,326. 146,358. 30,056. Other employee benefits 9 90,338. 31,787. 47,539. 11,012. 10 Payroll taxes Fees for services (nonemployees): Management 3,320. 3,320. Legal $66,5\overline{18}$ 66,518. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 48,227. 28,217. 20,010. column (A), amount, list line 11g expenses on Sch O.) 60,607. 20,167. 40,440. Advertising and promotion 12 65,367. 37,976. 27,391. Office expenses 13 34,675. 34,675. Information technology 14 15 Royalties 100,645. 12,268. 88,377. 16 Occupancy 50,230. 45,775. 4,455. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 15,902. 16,832. 930. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 9,393. 9,393. Depreciation, depletion, and amortization 22 22,414. 22,414. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 50,894. 61,225. 10,331. SUBSCRIPTIONS & PUBS.

Form 990 (2022)

21,230.

5,268.

339,291.

25

46,811.

21,230.

12,145.

41,914,041.

555.

if following SOP 98-2 (ASC 958-720)

ALLOWANCE FOR OPER. RIS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

DIRECT MAIL

e All other expenses

Check here

STAFF TRAINING

40,171,117.

46,811.

6,877.

1,403,633.

555.

Form 990 (2022)

Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			263,647.	1	251,104.
	2	Savings and temporary cash investments			2,880,654.	2	1,621,922
	3	Pledges and grants receivable, net			12,705,227.	3	16,869,314
	4	Accounts receivable, net			25,580.	4	47,808
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			33,039.	9	41,865
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation		•	12,143.	10c	23,652
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14	442 402		
	15	Other assets. See Part IV, line 11	7,042. 15,927,332.	15	413,403		
	16	Total assets. Add lines 1 through 15 (must e			15,927,332.	16	19,269,068
	17	Accounts payable and accrued expenses			673,700.	17	348,893
	18	Grants payable	14,338,618.	18	17,375,587		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		- (O - I I - I - D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul		·		-00	
Lial	00	controlled entity or family member of any of the	-			22	
	23 24	Secured mortgages and notes payable to unruly Unsecured notes and loans payable to unrelated to unruly under the control of th				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lin					
		(0			7,825.	25	439,994.
	26	Total liabilities. Add lines 17 through 25			15,020,143.	26	18,164,474.
		Organizations that follow FASB ASC 958, or	heck he	e X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	• , , ,			289,763.	27	289,440.
Bala	28				617,426.	28	815,154.
l bu		Organizations that do not follow FASB ASC			,		,
Fu		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current fund	ds .			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			907,189.	32	1,104,594.
-	33	Total liabilities and net assets/fund balances			15,927,332.	33	19,269,068.

Pai	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,						
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,						
3	Revenue less expenses. Subtract line 2 from line 1	3			7,40 7,18				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,	104	1,5	94.			
Pai	rt XII Financial Statements and Reporting	•							
	Check if Schedule O contains a response or note to any line in this Part XII								
	•				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.	_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Г	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	Separate basis Consolidated basis X Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	х				
			F	orm	990 (2022)			

232012 12-13-22

SCHEDULE A

(Form 990)

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.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HANDTCAP TNTERNATIONAL

Employer identification number 55 – 0 9 1 4 7 4 4

Pa	ırt I	Reason for Public ((All organizations must c	omplete th	nis part.) S	ee instructions.	J 0714744					
		ization is not a private found					oo moraonono.						
	Organ						IV A V:\						
1	Н	A church, convention of ch				n 170(a)(1	I)(A)(I).						
2	\square	A school described in sect											
3	Н	A hospital or a cooperative					•						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,					
		city, and state:											
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv).	Complete Part II.)										
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in					
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or					
		university:											
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from					
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on					
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and 12g.						
а		Type I. A supporting orga	* *					giving					
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-							
		organization. You must o			, ,			0					
b	, [Type II. A supporting org			ion with its	s supporte	ed organization(s), by hav	vina					
	-	control or management o											
		organization(s). You mus			po.oo.		inio o manage ine cap	55.154					
c		☐ Type III functionally inte	-		in connect	tion with a	and functionally integrate	ed with					
		its supported organization	=				• •	,					
d		Type III non-functionally		·				zation(s)					
Ĭ		that is not functionally int					· · · · · · · · · · · · · · · · · · ·	* *					
		requirement (see instructi	-		•			7011000					
е		Check this box if the orga	•										
-	, L	functionally integrated, or					Type I, Type II, Type III						
f	Ent	er the number of supported of	* *	nally integrated supporting	ig organiz	ation.							
'		vide the following information	-	nd organization(s)									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
				above (see instructions))									
_													
Tota	al												

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	32423352.	26139317.	36613864.	31908103.	42102263.	169186899
2	Tax revenues levied for the organ-						
	ization'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	32423352.	26139317.	36613864.	31908103.	42102263.	169186899
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)						5169903.
6	Public support. Subtract line 5 from line 4.						164016996
Sec	tion B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	32423352.	<u> 26139317.</u>	<u>36613864.</u>	31908103.	<u>42102263.</u>	<u> 169186899</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,037.	2,845.	6,187.	1,871.	9,183.	21,123.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		7,738.	11,341.	5,230.		24,309.
11	Total support. Add lines 7 through 10						169232331
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	236,618.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and sto						
	tion C. Computation of Publi						06.00
	Public support percentage for 2022 (column (f))		14	96.92 %
	Public support percentage from 2021	•				15	96.55 %
16a	33 1/3% support test - 2022. If the						77
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	vi now the organiz	zation
L-	meets the facts-and-circumstances to	-	-		-		L
O	10% -facts-and-circumstances test	ū				•	1070 Of
	more, and if the organization meets the						
12	organization meets the facts-and-circle Private foundation. If the organization		-		•		
10	Tivate roundation. If the organization	an ala not check a	DOX OIT III E TO, TO	a, 100, 17a, 01 17k	o, check this box a		(Form 990) 2022

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

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

Sec	tion A. Public Support	clow, picase comp	oicte i art ii.)				
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	, ,		, ,			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves					T I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2022. If the						7 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Par	t IV	Supporting Organizations (continued)			
		(Community)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	Now providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supen	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sac-	the su	upported organization(s). D. All Type III Supporting Organizations	1		
000	LIOII L	5. All Type III Supporting Organizations		V	
	D: 41 TF			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	ווו טוע	io organization exercise a substantial degree of unconon over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

3b

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi	zations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	on C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

232028 12-09-22

Schedule B

Schedule of Contributors

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2022

Employer identification number

HANDICAP INTERNATIONAL 55-0914744 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

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55-0914744

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 15,122,575.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 23,252,267.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$ 1,971,014.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

HANDICAP INTERNATIONAL

55-0914744

	AP INTERNATIONAL		-0914/44
Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	Calcadada B (Farras 000) (0

Schedule B (Form 990) (2022) Name of organization **Employer identification number** HANDICAP INTERNATIONAL 55-0914744 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HANDICAP INTERNATIONAL

Employer identification number 55-0914744

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of on drown and one of year 5 Did the organization in form all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 5 Did the organization in property, subject to the organization's exclusive legal control? 6 Did the organization in property, subject to the organization's exclusive legal control? 7 Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation Easements held by the organization (here. All that apply). 1 Perservation of land for public use (for example, recreation or education) preservation of a historically important land area preservation of particular properties of the properties of the properties of the properties of particular properties of the properties of the properties of the properties of particular properties of particul	Par	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of and 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 inform all grantes, 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 imperimisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimisable purposes and not for the benefit of the organization fehick all that apply. Perservation of lands to public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of lands and public use (for example, recreation or education) Preservation of a certified historic structure Preservation of lands and public use (for example, recreation or education) Preservation of a certified historic structure Preservation of a certified historic structure included in (a) Preservation of a conservation easements Preservation example reservation example res		organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all ofnors, and donor advisors in writing that grant funds can be used only for charatsle purposes and not for the benefit of the donor of not on advisors in writing that grant funds can be used only for charatsle purposes and not for the benefit of the donor of not on advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation classements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete inse 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements on a certified historic structure included in (a) 7 Number of conservation easements included in (a) acquired after July 25,2005, and not on a historic structure inset in the National Register 8 Number of conservation easements included in (a) acquired after July 25,2005, and not on a historic structure intended in (b) acquired after July 25,2005, and not on a historic structure intended in (b) acquired after July 25,2005, and not on a historic structure intended in (b) acquired after July 25,2005, and not on a historic structure intended in (b) acquired after July 25,2005, and not on a historic structure intended in (b) acquired after July 25,2005, and not on a historic structure in monitoring, inspection, indifficured to accomplish the properties of the properties of the properties of the p			(a) Donor advised funds	(b) Funds and other accounts
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B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$				
and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
and section 170(h)(4)(B)(ii)?				
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1	8			
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X	_			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X S If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ [Insert Asset Service Insert	Dar		f Art Historical Treasures or Ot	har Similar Assats
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ [Institution of the statement and balance sheet works of public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: [Institution of the statement and balance sheet works of public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: [Institution of the statement and balance sheet works of public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: [Institution of the statement and balance sheet works of public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: [Institution of the statement and balance sheet works of public exhibition, education, or research in furtherance of public service, provide art, public service, provide art, public service, provide art, public service, provide art, public	ı aı			nei oliillai Assets.
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$				ad balanca ala saksusada
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	па		•	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$		•	· ·	•
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(i) Revenue included on Form 990, Part VIII, line 1 \$		·	exilibition, education, or research in furth	erance of public service,
 (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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 				Φ.
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 				
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	^			
a Revenue included on Form 990, Part VIII, line 1	2	-		gain, provide
	_	•	_	ф.
n Masers indicated in Point 330, Part A				Φ.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022				

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

	t III Organizations Maintaining Co	ollections of Ar			asures, o	r Other	Similar		(continu		<i>; </i>
3	Using the organization's acquisition, accession								Toornine	<i>100</i> /	_
_	collection items (check all that apply):	, aa ss	,	. a, c			,				
а											
b											
c	Preservation for future generations										_
4	Provide a description of the organization's co	llections and explai	n how th	ev further th	ne organizatio	n's exem	nt nurnos	e in Part	XIII		
5	During the year, did the organization solicit or										
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										_
	reported an amount on Form 990, Par			9				, , .	,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contribution	s or other ass	sets not ir	ncluded				_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
		·	J						Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				_
2a	Did the organization include an amount on Fo						y?		Yes	N	No.
	If "Yes," explain the arrangement in Part XIII.										
	t V Endowment Funds. Complete if) .				_
	-	(a) Current year		rior year	(c) Two yea		d) Three y	ears back	(e) Four	years bad	ck
1a	Beginning of year balance										_
b	Contributions										_
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										_
е	Other expenditures for facilities										_
	and programs										
f	Administrative expenses										_
g	End of year balance										_
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	j, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administer	ed for the)		_		
	organization by:								`	Yes N	lo_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	l "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Book	value	
		basis (investr	nent)	Dasis	(other)	aep	reciation				—
	Land										—
	Buildings										—
	Leasehold improvements	I		า	2 022		12 00	11	1.0	021	
	Equipment	.			2,022. 9,179.		12,09			,931 ,721	
	Other						15,45	00.			
ı ota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. colur	nn (B). line 1	0c.)				∠ 5	,652	<u> </u>

Schedule D (Form 990) 2022

chedule D (Form 990) 2022 HANDICAP INT Part VII Investments - Other Securities.	TIVINATIONAL	33-	-0914744 _{Pag}
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11b 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-vear market value
n =:	(b) Book value	(c) Welfied of Valuation. Cost of Cha	Ji year market value
) Financial derivatives			
Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) C	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
• •			
(9)	45 \		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" o	n Form 000 Port IV line	11a or 11f Soo Form 000 Dort V line 25	
(a) Description of liability	n Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(h) Daalaaslas
(a) Description of liability			(b) Book value
(1) Federal income taxes			422.62
ADDD 1 M 1110			
(2) OPERATING LEASE LIABILITY (3)			439,99

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

439,994.

(5) (6) (7) (8)

Га	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line		nevenue per ne	turri.	
1	T. 1			1	42,268,702.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				42,200,702
	Net unrealized gains (losses) on investments	2a			
a b	Donated services and use of facilities		157,256.	1	
C	Recoveries of prior year grants		13772300	-	
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	157.256.
3	Subtract line 2e from line 1			3	157,256. 42,111,446.
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 XIII.)				
С	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	42,111,446.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	42,071,297.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	157,256.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	157,256.
3	Subtract line 2e from line 1			3	41,914,041.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	41,914,041.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			l; Part	X, line 2; Part XI,
111168	20 and 45, and Fart Air, lines 20 and 45. Also complete this part to provide any	additional imom	nation.		
PAI	RT X, LINE 2:				
E01	D MILE VEND ENDED DECEMBED 21 2022 HT HE	1 113 C DO	NIMBNIIID TO	10	
FOI	R THE YEAR ENDED DECEMBER 31, 2022, HI US	HAS DUC	COMENTED IT	: S	
COI	SIDERATION OF FASB ASC 740-10, INCOME TA	XES, THA	AT PROVIDES	GU	IDANCE FOR
RE	PORTING UNCERTAINTY IN INCOME TAXES AND F	IAS DETER	RMINED THAT	' NO	MATERIAL
UN	CERTAIN TAX POSITIONS QUALIFY FOR EITHER	RECOGNIT	TION OR DIS	CLO	SURE IN
TH	FINANCIAL STATEMENTS.				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

OMB No. 1545-0047

HANDICAP INTERNATIONAL 55-0914744 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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?

2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance out	side the
	he following Part	I line 3 table ca	an be duplicated if additional space is ne	/ hehe	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region		(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
			CDANIES TO DESTRICT		
EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		1,006,294.
		-			
CENTRAL AMERICA AND			GRANTS TO RECIPIENTS		
THE CARIBBEAN	0	0	LOCATED IN THE REGION		1,714,094.
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC	0	0	LOCATED IN THE REGION		4,655,079.
MIDDLE EAST AND	_	_	GRANTS TO RECIPIENTS		
NORTH AFRICA	0	0	LOCATED IN THE REGION		7,055,192.
RUSSIA AND THE NEWLY			GRANTS TO RECIPIENTS		
INDEPENDENT STATES	0	0	LOCATED IN THE REGION		902,410.
			CDANIES INC. DESCENDENCE		
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		4,826,791.
BOOTH AMERICA	ľ		LOCATED IN THE RECTOR		1,020,731.
			GRANTS TO RECIPIENTS		
SOUTH ASIA	0	0	LOCATED IN THE REGION		7,910,261.
			GRANTS TO RECIPIENTS		
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION		11,551,089.
3 a Subtotal	0	0			39,621,210.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a	_	_			
and 3b)	0	0			39,621,210.

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

Schedule F (Form 990) 2022

55-0914744

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			DISABILITY RIGHTS/INCLUSION					
			HEALTH & PREVENTION,					
		EUROPE	ARMED VIOLENCE	1006294.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
		CENTRAL AMERICA	HEALTH & PREVENTION,					
		AND THE CARIBBEAN	ARMED VIOLENCE	1714094.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
		EAST ASIA AND THE	HEALTH & PREVENTION,					
		PACIFIC	ARMED VIOLENCE	4655079.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
		MIDDLE EAST AND	HEALTH & PREVENTION,					
		NORTH AFRICA	ARMED VIOLENCE	7055192.		0.		WIRE
			DISABILITY					
		RUSSIA AND THE	RIGHTS/INCLUSION,					
		NEWLY INDEPENDENT	HEALTH & PREVENTION,					
		STATES	ARMED VIOLENCE	902,410.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
			HEALTH & PREVENTION,					
		SOUTH AMERICA	ARMED VIOLENCE	4826791.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
			HEALTH & PREVENTION,					
		SOUTH ASIA	ARMED VIOLENCE	7910261.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
		SUB-SAHARAN	HEALTH & PREVENTION,					
		AFRICA	ARMED VIOLENCE	11551089		0		WIRE

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

Schedule F (Form 990) 2022

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Enter total number of other organizations or entities

3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. HANDICAP INTERNATIONAL Schedule F (Form 990) 2022

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(g) Description of noncash assistance					Schedt
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					-
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

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

Schedule F (Form 990) 2022

Part V | Supplemental Information

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

PART I, LINE 2:

STRICT DUE DILIGENCE OF THE RECIPIENT ORGANIZATION IS CONDUCTED BEFORE ANY GRANTS ARE AWARDED. ALL AWARDS TO HI ARE JOINTLY IMPLEMENTED WITH THE HI FEDERATION, WHICH IS ALSO SUBJECT TO ALL AWARD TERMS AND CONDITIONS. GRANTS ARE CLOSELY MONITORED AND RECIPIENTS ARE REQUIRED TO SHOW THAT FUNDS WERE DEVOTED TO THE SPECIFIC EXEMPT PURPOSES DETAILED IN THE GRANT DOCUMENTS. ANY UNUSED FUNDS ARE RETURNED TO HANDICAP INTERNATIONAL DBA HUMANITY & INCLUSION (HI). PROJECT IMPLEMENTATION IS MONITORED AND EVALUATED BY HI STAFF THROUGH PERIODIC FIELD VISITS. FINANCIAL AND PROGRESS REPORTS ARE RECEIVED PERIODICALLY ACCORDING TO THE AGREEMENT FOR EACH GRANT. ALL AWARDS TO HI ARE SUB-GRANTED TO OUR IMPLEMENTING PARTNER, HI FEDERATION.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION, ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR IMPLEMENTING PARTNER HI FEDERATION

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION, ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR IMPLEMENTING PARTNER HI FEDERATION

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION, ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR

Schedule F (Form 990) 2022

Supplemental Information

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

IMPLEMENTING PARTNER HI FEDERATION

REGION: MIDDLE EAST AND NORTH AFRICA

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION, ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR IMPLEMENTING PARTNER HI FEDERATION

REGION: RUSSIA AND THE NEWLY INDEPENDENT STATES

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION, ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR IMPLEMENTING PARTNER HI FEDERATION

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION, ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR IMPLEMENTING PARTNER HI FEDERATION

REGION: SOUTH ASIA

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION, ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR IMPLEMENTING PARTNER HI FEDERATION

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION, ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR IMPLEMENTING PARTNER HI FEDERATION

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

HANDICAP INTERNATIONAL

Employer identification number 55-0914744

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				l
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		lacksquare
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
а	The organization?	6a		Х
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

232111 10-18-22

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY MEER EXECUTIVE DIRECTOR	€ €	140,251.	0	0	6,595.	31,694.	178,540.	0
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	€							
	(i)							
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							Schedu	Schedule J (Form 990) 2022

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.					Schedule J (Form 990) 2022
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1					

232113 10-18-22

SCHEDULE 0 (Form 990)

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

HANDICAP INTERNATIONAL

Employer identification number 55-0914744

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PAKISTAN FLOODS--CAPTURED THE PARTICULAR ATTENTION OF AMERICAN DONORS AND FUNDERS. HUMANITY & INCLUSION TEAMS LAUNCHED A RESPONSE IN UKRAINE SUPPORTING DISPLACED UKRAINIANS WITH AND NEARBY MOLDOVA IN MARCH, EVERYTHING FROM CASH ASSISTANCE TO EMERGENCY PSYCHOSOCIAL CARE REHABILITATION, AND BASIC NEEDS KITS. HI TEAMS ALSO WORKED TO TEACH CIVILIANS HOW TO STAY AS SAFE AS POSSIBLE DURING BOMBINGS, AND AMID RESIDUAL, EXPLOSIVE ORDNANCE.

"APOCALYPTIC" FLOODS STRUCK PAKISTAN, WHERE HUMANITY & INCLUSION HAD WORKED FOR DECADES. MONSOON RAINS AND DEVASTATING FLASH FLOODING LEFT MORE THAN ONE-THIRD OF PAKISTAN COMPLETELY SUBMERGED WITH 6.4 MILLION PEOPLE IN NEED OF URGENT ASSISTANCE. TEAMS IDENTIFIED PEOPLE IN NEED OF SUPPORT. STAFF THEN DISTRIBUTED 1,000 FOOD PACKS AND 1,000 KITS OF ESSENTIAL SUPPLIES TO FAMILIES AFFECTED BY THE INTENSE FLOODING IN NOWSHERA AND CHARSADDA, PAKISTAN. IN THE INITIAL WEEKS, DISTRIBUTIONS REACHED MORE THAN 1,500 FAMILIES, BENEFITTING APPROXIMATELY 15,500 PEOPLE.

TEAMS HAD BEGUN THE YEAR RESPONDING TO BACK-TO-BACK STORMS AND CYCLONES IN MADAGASCAR. FIRST, THE NORTHERN AREAS OF MADAGASCAR WERE HIT BY THE POWERFUL TROPICAL STORM, ANA, WHICH CAUSED MORE THAN 50 DEATHS AND SIGNIFICANT DAMAGE BY WINDS AND FLOODING. LESS THAN TWO WEEKS LATER, THE ISLAND WAS DEVASTATED BY CYCLONE BATSIRAI, AFFECTING OVER 143,000 PEOPLE, DESTROYING NEARLY 9,000 HOMES AND TAKING THE LIVES OF OVER 120 AS THE COUNTRY WAS EVALUATING THE EXTENT OF DAMAGE CAUSED BY PEOPLE. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization HANDICAP INTERNATIONAL Employer identification number 55-0914744

THAT POWERFUL STORM, CYCLONE EMNATI HIT THE COAST OF MADAGASCAR

FEBRUARY 22ND. THE STORM TORE ACROSS THE ISLAND WITH WIND GUSTS AS HIGH

AS 125 MILES PER HOUR AND INTENSE RAINFALL. NEARLY 40,000 PEOPLE FROM

OVER 9,000 HOUSEHOLDS WERE DISPLACED AHEAD OF THE STORM ACROSS SEVEN

REGIONS. AMONG THE MOST AFFECTED WERE PEOPLE WITH DISABILITIES, MANY OF

WHOM HAD FACED GREAT DIFFICULTY EVACUATING THEIR HOMES TWICE IN A MONTH

AMONG FLOODED STREETS AND ROUGH TERRAIN. PRIOR TO THE STORM, HI

DISTRIBUTED EMERGENCY SUPPLIES IN MAHANORO AND MANAKARA TO SUPPORT

COMMUNITIES AND OVER 200 PEOPLE WITH DISABILITIES AFFECTED BY CYCLONE

BATSIRAI, AND TO SUPPORT ACCESSIBLE EVACUATION CENTERS. HI THEN

CONTINUED ITS RESPONSE TO BATSIRAI AND BEGIN CONTRIBUTING TO

EVALUATIONS AND RESPONDING TO CYCLONE EMNATI IN FARAFANGANA, MANAKARA

AND VONDROZO.

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

WITH DISABILITIES IN NEPAL CONTINUED TO RECEIVE SUPPORT FROM THE

READING FOR ALL PROJECT. THIS PROJECT PRODUCED AN EASY-TO-USE MOBILE

APP TO ASSIST DEAF STUDENTS, THEIR FAMILIES AND INSTRUCTORS WITH NEPALI

SIGN LANGUAGE.

IN 2022, HI ALSO PARTICIPATED IN THE GLOBAL DISABILITY SUMMIT.

DISABILITY INCLUSION WAS A KEY TOPIC, AS ABOUT 1 BILLION PEOPLE, ABOUT

15% OF THE GLOBAL POPULATION, HAVE A DISABILITY AND THIS IS ONLY AN

ESTIMATE DUE TO LACKING GLOBAL DISABILITY DATA. DESPITE BEING THE

LARGEST MINORITY GROUP IN THE WORLD, MEANINGFUL INCLUSION REMAINS A

CHALLENGE BETWEEN 2014 AND 2018, LESS THAN 2% OF INTERNATIONAL AID WAS

DISABILITY RELEVANT. HUMANITY & INCLUSION MADE A RANGE OF COMMITMENTS

AT THE SUMMIT IN THE SECTORS OF INCLUSIVE EDUCATION, INCLUSIVE HEALTH

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization 55-0914744 HANDICAP INTERNATIONAL AND INCLUSIVE HUMANITARIAN ASSISTANCE. HI ALSO CREATED A COMMITMENT ON MEANINGFUL ENGAGEMENT AND SUSTAINED PARTNERSHIPS WITH ORGANIZATIONS OF PERSONS WITH DISABILITIES ACROSS ALL OF ITS PROJECTS. FOR INSTANCE, THROUGHOUT LIVELIHOOD AND EDUCATION INITIATIVES, HI COMMITTED TO IMPLEMENTING CAPACITY BUILDING ON ADVOCACY AND INCLUSIVE POLICIES IN FIVE COUNTRIES BY THE END OF 2026. THE ORGANIZATION ALSO MADE A COMMITMENT TO ACKNOWLEDGING DISABILITY, GENDER AND AGE AS CROSS CUTTING COMPONENTS AND CRITICAL VULNERABILITY FACTORS FOR POPULATIONS AFFECTED BY SUDDEN ONSET OR LONG-TERM CRISIS OR POVERTY. RECOGNIZING THE DIVERSITY OF THE DISABILITY COMMUNITY, HI COMMITTED TO IMPLEMENT ITS DISABILITY, GENDER AND AGE FRAMEWORK WITHIN ALL ITS PROJECTS BY THE END OF 2023, TO ENSURE THAT FURTHER MARGINALIZED GROUPS, SUCH AS PERSONS WITH PSYCHOSOCIAL AND INTELLECTUAL DISABILITIES, RECEIVE EQUAL

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

POTENTIALLY CONTAMINATED BY EXPLOSIVE DEVICES: EL ESCOBAL, LA AURORA,

EL DAVIS AND LAS HERMOSAS NATURAL PARK, A PROTECTED NATURE RESERVE.

THANKS TO THE SURVEYS AND CLEARANCE OPERATIONS CARRIED OUT BY HI'S

TEAMS, THE COMMUNITIES WILL SOON BE ABLE TO USE THEIR AGRICULTURAL AND

PASTORAL LANDS AGAIN AND GRADUALLY RESTORE THE ECOSYSTEM. THE TERRAIN

AROUND EL CANON DE LAS HERMOSAS IS RUGGED AND MOUNTAINOUS. FLOODING,

ROCKSLIDES AND LANDSLIDES FREQUENTLY BLOCK THE ONLY ACCESS ROAD,

CUTTING OFF THE COMMUNITIES. OFTEN, TEAMS TRAVEL BY HORSEBACK TO REACH

THE DEMINING SITES. HI'S GOAL IS TO CLEAR 460,000 SQUARE FEET OF LAND.

OPPORTUNITIES AND REPRESENTATION IN ALL INITIATIVES.

MEANWHILE, IN CAMBODIA, DEMINING TEAMS CONTINUED WORK IN PARTNERSHIP
WITH THE CAMBODIAN SELF-HELP DEMINING ORGANIZATION (CSHD) TO CLEAR

Schedule O (Form 990) 2022

Employer identification number Name of the organization 55-0914744 HANDICAP INTERNATIONAL MINEFIELDS AND RESTORE THE LAND CONDITIONS REQUIRED FOR SUSTAINABLE ECONOMIC AND SOCIAL DEVELOPMENT, AS WELL AS THE SAFETY OF COMMUNITIES. THE GOAL IS FOR CSHD TO TAKE OVER RESIDUAL CONTAMINATION ACTIONS AFTER 2025, WHEN CAMBODIA AIMS TO BE LANDMINE-FREE. THESE TWO PROJECTS ARE FUNDED IN LARGE PART BY THE AMERICAN PEOPLE THROUGH U.S. DEPARTMENT OF STATE OFFICE OF WEAPONS REMOVAL AND ABATEMENT GRANTS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: **REHABILITATION:** PHYSICAL AND FUNCTIONAL REHABILITATION HAS BEEN A COMPONENT OF HUMANITY & INCLUSION'S (HI) WORK SINCE ITS FOUNDING IN 1982. PHYSICAL AND OCCUPATIONAL THERAPY, ALONG WITH ASSISTIVE DEVICES, HELP TO FOSTER AUTONOMY FOR PEOPLE WITH INJURIES, CHRONIC DISEASES, OR DISABILITIES. AS A PIONEER IN HUMANITARIAN REHABILITATION, ESPECIALLY AFTER NATURAL DISASTER AND CONFLICT, HI HAS FIRMLY EMBEDDED PHYSICAL AND FUNCTIONAL REHABILITATION COMPONENTS INTO MANY OF OUR PROJECTS. IN 2022, 16% OF THE FUNDS RAISED IN THE U.S. SUPPORTED REHABILITATION PROJECTS IN PLACES SUCH AS UGANDA, AFGHANISTAN, UKRAINE, CAMBODIA, AND JORDAN. THANKS TO A GRANT FROM THE U.S. DEPARTMENT OF STATE'S BUREAU OF POPULATIONS, REFUGEES, AND MIGRATION, REFUGEES IN KENYA HAD GREATER ACCESS TO REHABILITATION. FOR INSTANCE, HI RAN INCLUSIVE PROJECTS IN

HI-TRAINED PHYSICAL THERAPISTS AND COMMUNITY REHABILITATION WORKERS WERE TRAINED IN HOME REHABILITATION TECHNIOUES, AND VISITED PATIENTS AT

SUPPORT OF PEOPLE WITH DISABILITIES LIVING IN KALOBEYEI CAMP.

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization

HANDICAP INTERNATIONAL

Employer identification number 55-0914744

HOME TO RUN THROUGH EXERCISES. THE PROJECT ALSO HELPED PEOPLE ACCESS

MOBILITY DEVICES, SUCH AS WALKERS AND CRUTCHES, TO SUPPORT THEIR

MOBILITY AND INDEPENDENCE.

IN VIETNAM, PEOPLE WHO HAVE EXPERIENCED BRAIN TRAUMA, CHILDREN WITH CEREBRAL PALSY AND OTHER PEOPLE WITH DISABILITIES HAD ACCESS TO NEW AND INNOVATIVE TOOLS TO IMPROVE THEIR REHABILITATION JOURNEY--INCLUDING THE DEVELOPMENT OF THE "OPENTELEREHAB" SOFTWARE--THANKS IN PART TO FUNDING FROM USAID. THE INITIAL PILOT STAGE OF THE PROJECT ENDED IN 2022, AND ENTERED AN INTERMEDIATE ASSESSMENT STAGE. USERS WERE SURVEYED AS PART OF EFFORTS TO IMPROVE THE USER EXPERIENCE BEFORE EXTENDING USE OF THE SOFTWARE TO OTHER SERVICES. OPENTELEREHAB WAS ALSO DEPLOYED TO CAMBODIA AND OTHER AFRICAN COUNTRIES, AS WELL AS THE MIDDLE EAST, AND LATIN AMERICA IS EXPECTED TO FOLLOW SUIT IN THE NEXT FEW MONTHS. SOME ONE HUNDRED BENEFICIARIES ALREADY USE THE APP. MORE THAN 100 REHABILITATION PROFESSIONALS HAVE ALSO BEEN TRAINED TO USE THE SOFTWARE, AND ADDITIONAL TRAINING SESSIONS HAVE BEEN HELD IN PARTNER CENTERS. A TOTAL OF 380 EXERCISES ARE CURRENTLY AVAILABLE FOR PEOPLE WITH CEREBRAL PALSY, STROKE-RELATED CONDITIONS OR HEAD INJURIES, AND BY THE END OF 2022 UP TO ONE THOUSAND EXERCISES WERE AVAILABLE FOR OTHER PATHOLOGIES. EXPENSES \$ 6,754,692. INCLUDING GRANTS OF \$ 6,662,226. REVENUE \$ 0.

PREVENTION AND HEALTH:

WORLDWIDE, MORE PEOPLE ARE BEING EXPOSED TO DISEASE, ROAD ACCIDENTS, OR

INJURIES THAT CAN RESULT IN PERMANENT DISABILITY. AMID THIS, IN 2022

COMMUNITIES CONTINUED TO GRAPPLE WITH THE LINGERING EFFECTS OF THE

COVID-19 PANDEMIC.

Schedule O (Form 990) 2022 Page 2

Employer identification number Name of the organization 55-0914744

HANDICAP INTERNATIONAL

IN 2022, 5% OF FUNDS RAISED SUPPORTED A MIX OF PREVENTION AND HEALTH PROJECTS. ONE PROJECT DONORS SUPPORTED FOCUSED ON THE HEALTH NEEDS OF VENEZUELAN REFUGEES. MORE THAN 6 MILLION REFUGEES HAD LEFT VENEZUELA BY MID-2022, DUE TO THE POLITICAL AND SOCIO-ECONOMIC CRISIS THAT HAS RAVAGED THE COUNTRY SINCE 2013. THIS IS THE LARGEST POPULATION DISPLACEMENT IN LATIN AMERICA IN RECENT HISTORY. AFTER ASSESSING THE HUMANITARIAN NEEDS OF THE VENEZUELAN REFUGEES LIVING IN PERU, HUMANITY & INCLUSION HAD BEGUN SUPPORTING REFUGEES AND HOST COMMUNITIES IN 2020. WE HAVE SINCE RUN MENTAL HEALTH PROJECTS AND PROVIDE PSYCHOSOCIAL SUPPORT AND FOOD AID FOR THOSE MOST IN NEED, INCLUDING PEOPLE WITH DISABILITIES, CHILDREN, REFUGEES AND OLDER PEOPLE.

IN SOUTH SUDAN, STAFF WORKED TO SEE MORE PEOPLE WITH DISABILITIES RECEIVE EQUITABLE ACCESS TO APPROPRIATE CARE THROUGH THE WOMEN INTEGRATED SEXUAL HEALTH (WISH) PROJECT. WOMEN AND GIRLS WITH DISABILITIES DISPROPORTIONATELY EXPERIENCE GENDER-BASED VIOLENCE AND SEXUAL ABUSE. ON TOP OF THAT, MANY HEALTH PROFESSIONALS BELIEVE WOMEN WITH DISABILITIES ARE NOT SEXUALLY ACTIVE. HEALTH FACILITIES ALSO LACK SIGN LANGUAGE INTERPRETERS OR ACCESSIBLE INFORMATION. PEOPLE WITH DISABILITIES HAVE THE RIGHT TO ACCESS SEXUAL AND REPRODUCTIVE HEALTH CARE, INCLUDING FAMILY PLANNING.

EXPENSES \$ 2,019,147. INCLUDING GRANTS OF \$ 1,991,507. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND CIRCULATED TO ALL BOARD MEMBERS AND EXECUTIVE STAFF FOR REVIEW PRIOR TO FILING WITH THE IRS.

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number

FORM 990, PART VI, SECTION B, LINE 12C:

HANDICAP INTERNATIONAL

STAFF ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY UPON HIRE AND ANNUALLY THEREAFTER. UPON ELECTION TO THE BOARD OF DIRECTORS, NEW MEMBERS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS. ANNUALLY ALL MEMBERS OF THE BOARD OF DIRECTORS REVIEW HI'S DEFINITION OF CONFLICT FROM THE ORGANIZATION'S BYLAWS AND SIGN A NEW CONFLICT OF INTEREST STATEMENT. WHENEVER A STAFF MEMBER BECOMES AWARE OF A POTENTIAL CONFLICT OF INTEREST IN AN AREA WHERE S/HE EXERCISES ANY DISCRETION IN CARRYING OUT HER/HIS DUTIES FOR THE CORPORATION, S/HE SHALL PROMPTLY DISCLOSE THE POTENTIAL CONFLICT TO THE EXECUTIVE DIRECTOR. IF THE EXECUTIVE DIRECTOR HAS A POTENTIAL CONFLICT, S/HE SHALL DISCLOSE IT TO THE BOARD OR AN EXECUTIVE COMMITTEE. THE PERSON OR BODY TO WHOM DISCLOSURE IS MADE (HEREINAFTER "SUPERVISOR") SHALL DETERMINE WHETHER THERE IS A CONFLICT THAT REQUIRES RECUSAL OF THE INTERESTED PERSON. WHEN A CONFLICT IS FOUND TO EXIST, THE INTERESTED PERSON SHALL PROVIDE THE SUPERVISOR WITH ALL INFORMATION S/HE HAS RELEVANT TO ANY DECISION TO BE MADE IN WHICH S/HE HAS AN INTEREST, AND THE FINAL DECISION SHALL BE MADE BY THE SUPERVISOR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE HI BOARD REVIEWS COMPARABILITY DATA OF SALARIES FOR CEOS OF SIMILARLY SIZED NGOS IN DETERMINING THE COMPENSATION PACKAGE FOR HI'S U.S. EXECUTIVE DIRECTOR. THE LAST COMPENSATION REVIEW FOR THE U.S. EXECUTIVE DIRECTOR TOOK PLACE IN MARCH 2015. THE CHAIRMAN OF THE BOARD REVIEWS THE U.S. EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION ANNUALLY IN LINE WITH THE 2015 BENCHMARKS. SINCE 2015, INCREASES CONSIST OF COST-OF-LIVING ADJUSTMENTS. THE U.S. EXECUTIVE DIRECTOR DETERMINES OTHER EMPLOYEE SALARIES.

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

55-0914744

Schedule O (Form 990) 2022	Page 2
Name of the organization HANDICAP INTERNATIONAL	Employer identification number 55-0914744
AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,O	R,PA,RI,SC,TN,UT
VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
HI PROVIDES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS	AND CONFLICT OF
INTEREST POLICIES TO THE PUBLIC UPON REQUEST.	