			** PUBLI	C DISCLOSURE CO)PY ** Erom li		OMB No. 1545-0047
	0	00					0000
Form	n 9	90	Under section 501(c), 527, or 4947	(a)(1) of the Internal Revenue	e Code (exc	ept private foundations)	
_			Do not enter social sec	urity numbers on this form a	is it may be	made public.	Open to Public
intern	al Reve	nue Service				formation.	Inspection
AF	or the	e 2023 calend	lar year, or tax year beginning	and	ending		
Ba	heck if	C Name o	f organization			D Employer identificat	ion number
at							
	chang	Doing b					
	nitial return	Number	r and street (or P.O. box if mail is not del	ivered to street address)	Room/suite		
	Final				420		
	termin ated	City or t	town, state or province, country, and	ZIP or foreign postal code			
	return	ded SILV	ER SPRING, MD 2091	L0			
	Applic	a- FName a	and address of principal officer. HAN	NAH GUEDENET			
		SAME	AS C ABOVE			1	
<u>I</u> T	ax-ex			(insert no.) 4947(a)(1)	or 527		
JV	Vebsi			P			
KE	orm of			sociation Other	L Year	of formation; 2006 M S	tate of legal domicile; DC
Pa	rt I						
	1	Briefly descrit	be the organization's mission or most	significant activities: SEE	PART 1	IL, LINE I.	
Activities & Governance		Do not enter social security numbers on this form as it may be made public. Open to Fublic. De mode of the fublic and to fublic an					
L B	Bernard Stressen						
8	3	Number of vo	ting members of the governing body ((Part VI, line 1a)			
ð	4	Number of inc	dependent voting members of the gov	reming body (Part VI, line 1b)			
SS SE							
vitiv							
cti							
	b	Net unrelated	business taxable income from Form				
0	8						
nue							
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4						
_	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)			
- 8	13						
1							
8							
penses					60		
	b	Total fundrais	sing expenses (Part IX, column (D), line			620 194	725.784.
Û	17	Other expens	es (Part IX, column (A), lines 11a-11d,	(111-24e)			
<u> </u>		Revenue less	expenses. Subtract line 18 from line	12	Re		
IC OF							
Assets	20		, , , ,			P	
	21			En 00			
Inet	Contract of the			line 20		1/101/0010	
re	1111	Oignatur	Like days that I have a supprised this return	including accompanying schedule	es and statem	ents and to the best of my ki	nowledge and belief, it is
Una	er pen	atties or perjury,	. Destartion of monoral (other than office	Wie based on all information of a	bich nrenarer	has any knowledge.	,
true	, corre				THON Property	11/13/2	4
						Date	3.5
Sig			2023 calendar year, or tax year beginning and ending C Name of organization D Employer identification number HANDICAP INTERNATIONAL 55-0914744 Doing Duriness & HURANITY & INCLUSION 55-0914744 Number and street (or P0. box if mail is not delivered to street address) Room/suite F Tsignore number (31) Cyr town, eithe or province, country, and ZiP or forsign postal code G down reverses 1 44, 593, 007. F Name and address of principal officer HANNAH GUEDENET [W1 with recommendent address of principal officer HANNAH GUEDENET SAME AS C ABOVE [W2 with recommendent address of principal officer HANNAH GUEDENET [W1 with recommendent address of principal officer HANNAH GUEDENET WWW. HI - US - ORG [WWW. HI - US - ORG [W1 with recommendent address of principal officer HANNAH GUEDENET Stilly describe the organization if cocentinued its operations or disposed of more than 25% of its net assets. [W1 with reliad demission of the governing body (Part V, line 1a) Umber of volumes reveaue of the governing body (Part V, line 1a) [B - Carpent Value of column (b, line 2) [C - TS & 424. Cold number of volumes reveaue (Part VIII, line 2) [C - TS & 424. [C - TS & 424. [C - TS & 424. Cold number of volumes (estimate if necessary) [C - TS & 424. [C - TS & 424. [C - TS & 424. [C - TS & 4				
Her	9						
-				Dreparer's cignature	1	Date Check	PTIN
D-1-				Gling Sallude	an 1.	11/13/2024 if self-employed	P00397829
Paid			CRIMAN DOCEMBEDO				
-	1918q		1000 0000000000000000000000000000000000	VE SUTTE SOON			
Use	Only	Firm's addres				Phone no 301	-951-9090
			DRIUBODA ND 2001				

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

 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 333

332001 12-21-23

X Yes No Form 990 (2023)

	990 (2023) HANDICAP INTERNATIONAL 55-0914744 t III Statement of Program Service Accomplishments 55-0914744
ιαι	
1	Check if Schedule O contains a response or note to any line in this Part III
	HANDICAP INTERNATIONAL DBA HUMANITY & INCLUSION (HI) WORKS WITH PEOPL
	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?
•	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
4 -	revenue, if any, for each program service reported. (Code:) (Expenses \$ 17,030,141. including grants of \$ 16,898,668.) (Revenue \$
4a	
	EMERGENCY :
	HUMANITY & INCLUSION (HI) RESPONDS TO CONFLICTS, NATURAL DISASTERS, A
	FOOD CRISES, PROVIDING IMMEDIATE ASSISTANCE TO PEOPLE ENDURING SOME O
	OUR PLANET'S MOST CHALLENGING CIRCUMSTANCES. IN PARTICULAR, WE PROVID
	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 2023, 40% OF FUNDS RAISED IN THE U.
	FUNDED EMERGENCY ACTIVITIES.
41	(Code:) (Expenses \$ 8,021,647. including grants of \$ 7,959,719.) (Revenue \$ 778,4
4b	(Code:) (Expenses \$ 8,021,647. including grants of \$ 7,959,719.) (Revenue \$ 778,4 DISABILITY RIGHTS AND INCLUSION:
	DISABILITY RIGHTS AND INCLUSION:
	WORKING ALONGGIDE DEODLE WITHIN DIGADILITHIEG HUMANITHY C INGLUGION (HI)
	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. ACCOUNTING FOR 19% OF FUNDS RAISED IN THE U.S. I
	2023, THIS WORK HAPPENS AT THE VILLAGE LEVEL ALL THE WAY UP TO
	GOVERNMENT LEGISLATION AND INTERNATIONAL ADVOCACY.
	PROJECTS IN PLACES LIKE MADAGASCAR AND NEPAL HELPED CHILDREN THRIVE A
4C	(Code:) (Expenses \$ 7,371,558. including grants of \$ 7,314,649.) (Revenue \$)
	REHABILITATION:
	PHYSICAL AND FUNCTIONAL REHABILITATION HAS BEEN A COMPONENT OF HUMANI
	& 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 2023, 17% OF
	FUNDS RAISED IN THE U.S. SUPPORTED REHABILITATION ACTIVITIES.
	TN DIAGEG LIVE DANGIADEGU AND GENERAL AEDIGAN DEDUDITO GIVILITANG
ፈሓ	IN PLACES LIKE BANGLADESH AND CENTRAL AFRICAN REPUBLIC, CIVILIANS
τu	Other program services (Describe on Schedule O.) (Expenses \$ 10,218,322. including grants of \$ 10,139,436.) (Revenue \$)
4e	Total program service expenses 42,641,668.
	Form 99
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	2
	2

2___1

Form	990	(2023)

 Form 990 (2023)
 HANDICAP
 INTERNATIONAL

 Part IV
 Checklist of Required Schedules

			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					
	If "Yes," complete Schedule A	1	X			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for					
	Yes," complete Schedule A			<u>X</u>		
4	"Yes," complete Schedule A					
		4		<u> </u>		
5						
		5		<u> </u>		
6				37		
		6		<u> </u>		
7				37		
-		7		<u> </u>		
8				v		
~	,	8		<u> </u>		
9						
				х		
10		9		<u> </u>		
10		40		х		
44	or in quasi-endowinents (If "Yes," complete Schedule D, Part V	10		<u>_</u>		
11						
~						
a		11a	x			
h		<u> 11a</u>				
b		11b		х		
с		110				
Ŭ		11c		х		
d						
		11d		х		
е		11e	x			
f						
		11f		х		
12a						
		12a	x			
b	,					
		12b	x			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х		
14a		14a		Х		
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	Х			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any					
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to					
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"					
	complete Schedule G, Part III	19		<u> </u>		
20a		20a		X		
		20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
		21	000	X 2023)		
332003 12-21-23						

332003 12-21-23

3 2023.05000 HANDICAP INTERNATIONAL

2023)

 Form 990 (2023)
 HANDICAP
 INTERNATIONAL

 Part IV
 Checklist of Required Schedules (continued)

T ai	Continued)									
			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23	X							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a	24a		X						
	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								
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a								
D	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	0.5%		x						
06	Schedule L, Part I	25b								
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current									
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x						
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20								
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x						
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		- 23						
20	instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>									
a	"Yes," complete Schedule L, Part IV	28a		x						
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X						
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200								
Ŭ	"Yes," complete Schedule L, Part IV	28c		x						
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
	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		X						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete									
	Schedule N. Part II	32		x						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations									
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and									
	Part V, line 1	34		x						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х						
b	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		X						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X						
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 1a 10	-								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	X	[
332004	12-21-23 A	Form	990	(2023)						
	4									

2023.05000 HANDICAP INTERNATIONAL 18222__1

Form 990 (2023) HANDICAP INTERNATIONAL 55-091	4744	Р	age 5
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 2	6		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_ 2 b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. <u>3a</u>		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	. 3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 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 Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7 a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
sponsoring organization have excess business holdings at any time during the year? N/A	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	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:			
a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a 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.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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.			
b Enter the amount of reserves the organization is required to maintain by the states in which the			
organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand 13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
excess parachute payment(s) during the year?	15		x
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 investment income?	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 activities			
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		1
If "Yes," complete Form 6069.			
332005 12-21-23	Form	9 90	(2023)

05581113	745960	18222
----------	--------	-------

5 2023.05000 HANDICAP INTERNATIONAL 18222_1

HANDICAP INTERNATIONAL

55-0914744 Page 6

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.

	tion A. Governing Body and Management		Yes				
10	Enter the number of voting members of the governing body at the end of the tax year 1a	7	Tes				
Id		4					
	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.						
Ŀ.		7					
		4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
_	officer, director, trustee, or key employee?	2					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?						
6	Did the organization have members or stockholders?	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
	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 at the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9					
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Ye				
0a	Did the organization have local chapters, branches, or affiliates?	10a					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Х				
	 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 						
-	on Schedule O how this was done	120	Х				
3	Did the organization have a written whistleblower policy?		Х				
4	Did the organization have a written document retention and destruction policy?		X				
5	Did the process for determining compensation of the following persons include a review and approval by independent						
0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
~	The organization's CEO, Executive Director, or top management official	150	X				
	Other officers or key employees of the organization						
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150					
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
0a		16-					
Ŀ.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	108					
b		4 5 6 7a 7b 8a 8b 9 10a 10b 11a 12b 12c 13 14 15b 16a 16b					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	101					
	exempt status with respect to such arrangements?	100					
7	List the states with which a copy of this Form 990 is required to be filed <u>SEE SCHEDULE O</u>						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3		avail				
0	for public inspection. Indicate how you made these available. Check all that apply.	js only)	avan				
0	X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are specified or the second se	nd finan					
9		iu iinah	Cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	KELLEY SKELTON - (301)891-2138						
	8757 GEORGIA AVENUE, 420, SILVER SPRING, MD 20910						
	5 12-21-23	_					

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

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss per	C) sition more than one erson is both an director/trustee)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JEFFREY MEER EXECUTIVE DIRECTOR (UNTIL 5/24)	40.00	-		x				147,045.	0.	45,115.
(2) NANCY KELLY PRESIDENT	1.00	x		x				0.	0.	0.
(3) CHRISTINE KANUCH TREASURER	0.50	x		x				0.	0.	0.
(4) ANTHONY SEARING VICE PRESIDENT	0.50	x		x				0.	0.	0.
(5) GAEL O'SULLIVAN	0.50			x				0.	0.	
SECRETARY (6) DR. SUSAN GIROIS	0.50	X		<u> </u>						0.
MEMBER, (UNTIL JUNE 2023) (7) JOSEPH O'MEARA	0.50	X						0.	0.	0.
MEMBER, (FROM JUNE 2023) (8) JOHN O'DONNELL	0.50	X						0.	0.	0.
MEMBER (FROM JUNE 2023) (9) NATOSCHIA SCRUGGS	0.50	X						0.	0.	0.
MEMBER (FROM JUNE 2023)		X						0.	0.	0.
		-								
		-								

7

332007 12-21-23

Form 990 (2023)

Form 990 (2023)	HANDICAP	INTERNA	TI	ON.	AL					55-09	914	744	Pa	age 8
Part VII Section	A. Officers, Directors, Trust	tees, Key Emp	ploye	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
Na	(A) ame and title	(B) Average hours per week	box, offic	not ch unles	s per	nore f	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga anc	pensat om the anization I relate nization	e on ed
									145.045					
c Total from co	ontinuation sheets to Part VI es 1b and 1c)	I, Section A							147,045. 0. 147,045.		0. 0. 0.		5,11 5,11	0.
	of individuals (including but non the organization	ot limited to th	ose	listeo	d ab	ove)) who	o re	eceived more than \$100,0	000 of reportable				1
	ization list any former officer,												Yes	No X
4 For any individ	s," complete Schedule J for si dual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from th	ne organization		3	x	Λ
5 Did any perso	ganizations greater than \$150 n listed on line 1a receive or a ne organization? <i>If</i> "Yes." com	iccrue compen	Isatio	on fro	om a	any	unre					5		X
	ndent Contractors		, 0 1 0	<u>) su</u>		16150	011 .					Ŭ		
	table for your five highest cor on. Report compensation for t	-	-								ensat	tion fro	m	
	(A) Name and business	address	NC	ONE]				(B) Description of s	ervices	С	(C omper		1
	of independent contractors (ir ompensation from the organiz		ot lin	nited	to t	hos: 0		ed:	above) who received mo	pre than				
												- (an in	

332008 12-21-23

Part of the second se	orm §	990 (2	2023) HANDICAP INT	<u>'ERNATIONAI</u>	4		55-0914	744 Page
Total revenue Construction revenue <thconstruction revenue<="" th=""> Construction reve</thconstruction>	Part	: VIII	Statement of Revenue					
Total revenue Construction revenue <thconstruction revenue<="" th=""> Construction reve</thconstruction>			Check if Schedule O contains a respons	se or note to any line	e in this Part VIII			
In a Faderated campaigns In a b					(A)	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Barbareship dues Ib Fundaming wents Ib Government grants (contributions) Ib Id Id Id <t< td=""><td>ω _ω</td><td>1 0</td><td>Endorated compaigns</td><td></td><td></td><td></td><td></td><td></td></t<>	ω _ω	1 0	Endorated compaigns					
Building Section Building Section Secti								
Building Section Building Section Secti								
Building Section Building Section Secti	Γs,							
Building Section Building Section Secti	<u>la</u> r G			40, 100, 070				
Building Section Building Section Secti	ns,		-	40,120,273.				
Building Section Building Section Secti		f						
Building Section Building Section Secti	Ē			3,581,686.				
Building Section Building Section Secti		-						
2 a CONFRACTS 90009 778,424. 778,424. 4	ы Б	h	Total. Add lines 1a-1f		43,701,959.			
Degregation b				Business Code				
a Total. Add lines 2a? 778,424. a Investment income (including dividends, interest, and other similar amounts) 52,752. 4 Income from investment of tax exempt bond proceeds 52,752. 5 Royatties (i) Personal 6 Gross rents (ii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 7 Gross amount from sales of assets other than incentory (iii) Securities b Less: cost or other bais 7/2 7 Gross mount from sales of assets other than incentory 7/2 b Less: cost or other bais 7/2 7 Gross income from lundraising events (not including \$ of contributions reported on line to). See Part IV, line 18 Ba b Less: direct expenses Bb Est c Natione or (loss) from fundraising events 0 9 Gross income from gaming activities. See Part IV, line 19 9a 9 Gross sales of inventory, less returns and allowances 00 10 Gross sales of inventory, less returns and allowan	e l	2 a	CONTRACTS	900099	778,424.	778,424.		
a Total. Add lines 2a? 778,424. a Investment income (including dividends, interest, and other similar amounts) 52,752. 4 Income from investment of tax exempt bond proceeds 52,752. 5 Royatties (i) Personal 6 Gross rents (ii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 7 Gross amount from sales of assets other than incentory (iii) Securities b Less: cost or other bais 7/2 7 Gross mount from sales of assets other than incentory 7/2 b Less: cost or other bais 7/2 7 Gross income from lundraising events (not including \$ of contributions reported on line to). See Part IV, line 18 Ba b Less: direct expenses Bb Est c Natione or (loss) from fundraising events 0 9 Gross income from gaming activities. See Part IV, line 19 9a 9 Gross sales of inventory, less returns and allowances 00 10 Gross sales of inventory, less returns and allowan	ž	b						
a Total. Add lines 2a? 778,424. a Investment income (including dividends, interest, and other similar amounts) 52,752. 4 Income from investment of tax exempt bond proceeds 52,752. 5 Royatties (i) Personal 6 Gross rents (ii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 7 Gross amount from sales of assets other than incentory (iii) Securities b Less: cost or other bais 7/2 7 Gross mount from sales of assets other than incentory 7/2 b Less: cost or other bais 7/2 7 Gross income from lundraising events (not including \$ of contributions reported on line to). See Part IV, line 18 Ba b Less: direct expenses Bb Est c Natione or (loss) from fundraising events 0 9 Gross income from gaming activities. See Part IV, line 19 9a 9 Gross sales of inventory, less returns and allowances 00 10 Gross sales of inventory, less returns and allowan	nu ve	с						
a Total. Add lines 2a? 778,424. a Investment income (including dividends, interest, and other similar amounts) 52,752. 4 Income from investment of tax exempt bond proceeds 52,752. 5 Royatties (i) Personal 6 Gross rents (ii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 7 Gross amount from sales of assets other than incentory (iii) Securities b Less: cost or other bais 7/2 7 Gross mount from sales of assets other than incentory 7/2 b Less: cost or other bais 7/2 7 Gross income from lundraising events (not including \$ of contributions reported on line to). See Part IV, line 18 Ba b Less: direct expenses Bb Est c Natione or (loss) from fundraising events 0 9 Gross income from gaming activities. See Part IV, line 19 9a 9 Gross sales of inventory, less returns and allowances 00 10 Gross sales of inventory, less returns and allowan	E a	d						
a Total. Add lines 2a? 778,424. a Investment income (including dividends, interest, and other similar amounts) 52,752. 4 Income from investment of tax exempt bond proceeds 52,752. 5 Royatties (i) Personal 6 Gross rents (ii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 6a Gross rents (iii) Personal 7 Gross amount from sales of assets other than incentory (iii) Securities b Less: cost or other bais 7/2 7 Gross mount from sales of assets other than incentory 7/2 b Less: cost or other bais 7/2 7 Gross income from lundraising events (not including \$ of contributions reported on line to). See Part IV, line 18 Ba b Less: direct expenses Bb Est c Natione or (loss) from fundraising events 0 9 Gross income from gaming activities. See Part IV, line 19 9a 9 Gross sales of inventory, less returns and allowances 00 10 Gross sales of inventory, less returns and allowan	г Б С	е						
g Total. Add lines 2a 21 778,424. 3 Investment income (including dividends, interest, and other similar amounts) 52,752. 52, 4 Income from investment of tax-exempt bond proceeds 5 52, 52, 6 Gross rents 6 6 5 52, 6 Gross rents 6 6 5 52, 7 Gross rental expenses 0 5 5 5 8 Gross income for fundrasing events (not including \$ 0 5 6 5 8 Gross income form fundrasing events 0 5 5 5 9 Gross income form fundrasing events 5 5 5 5 9 Gross income fo	2		All other program service revenue	-				
3 investment income (including dividends, interest, and other similar amounts) 52,752. 52, 4 income from investment of tax exempt bond proceeds 5 52,752. 52, 6 a Gross rents 6a (i) Real (ii) Personal 6a 5 6 a Gross rents 6a (i) Real (ii) Personal 6a 5 7 a Gross amount from sales of assets other than inventory 6a 6a 5 5 7 a Gross amount from sales of assets other than inventory 6a 5 5 5 9 C Gain or (loss) 7a 7a 5 7 7a 7a Gross income from fundraising events 7a 7					778 424.			
other similar amounts) 52,752. 52, 52, 6 income from investment of tax exempt bond proceeds 0 0 6 a Gross rents 6a 0 0 6 a Gross rents 6a 0 0 0 7 B Gross rents 6a 0 0 0 0 7 a Gross mount from sales of the basis and sales expenses 0					· · · · /·			
4 Income from investment of tax exempt bond proceeds Royatties Royatties		5			52 752			52,752
5 Royalties (i) Real (ii) Personal 6 a Gross rents 6 a (i) Real (ii) Personal 6 b Less: rental expenses 6 b (i) Cher 7 a Gross amount from sales of assets other than inventory 7 a (ii) Other assets other than inventory 7 a (iii) Cher (iiii) Other assets other than inventory 7 a (iii) Cher (iiii) Other assets other than inventory 7 a (iii) Cher (iii) Other assets other than inventory 7 a (iii) Other (iii) Other assets other than inventory 7 a (iii) Other (iii) Other assets other than inventory 7 a (iii) Other (iii) Other assets other than inventory 7 a (iii) Other (iiii) Other assets other than inventory (ising events) (iiii) Other (iiii) Other assets other than inventory (iiii) Other (iiii) Other (iiii) Other assets other one or (loss) from gaming activities. See (iiiiiii) Other (iiiiii) Other (iiiii) Other			,					
6 a Gross rents 6 a (i) Personal b Less: rental expenses 6 b			-	· ·				
6 a Gross rents 6 a 6 b 6 b b Less: rental expenses 6 b 6 b 6 b c Rental income or (loss) 6 c 6 b 6 b 7 a Gross amount from sales of assets other than inventory 6 c 6 b 6 b 7 a Gross amount from sales of assets other than inventory 6 c 7 a 7 a 7 b Less: cost or other basis and sale expenses 7 b 7 a 7 a 7 a a Gross income trom fundraising events (not including \$ or (loss) 7 a 7 a 7 a a Gross income from gaming activities 8 b 6 b 6 b 6 b 9 a Gross income from gaming activities 9 b		5						
b Less: rental expenses 6b 6c c Rental income or (loss) 6c 6c 6c 7 a Gross amount from sales of assets other than inventory b 6c 7a Gross amount from sales of assets other than inventory b 6c 7a Gross amount from sales of assets other than inventory b 6c 7a Gross amount from sales of assets other than inventory b 6c 7a Gross amount from sales of assets other than inventory b 6c Gross income from fundraising events (not including \$\$				(II) Personal				
Sec Sec <td></td> <td>6 a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		6 a						
a Net rental income or (loss) Image: set of the mask		b						
7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other assist and sales expenses (iii) Other for a contributions reported on line 1c). See Part IV, line 18 7b 7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8a 9 a Gross income from gaming activities. See Part IV, line 18 8a 8a 9b 9 a Gross income from durdraising events 9a 9a 9a 9 a Gross income or (loss) from fundraising events 9a 9b 9b 9 a Gross income or (loss) from gaming activities. See Part IV, line 19 9a 9a 9b 9 a Gross sales of inventory, less returns and allowances 9b 9b 9b 9b 10 a Gross sales of inventory, less returns and allowances 10a 10b 10b 10b c Net income or (loss) from sales of inventory 900099 59, 872. 59, 672. 11 a OTHER REVENUE 900099 59, 872. 59, 752. c d All other revenue 59, 872. 112, 778, 424. 0.		С	Rental income or (loss) 6c					
assets other than inventory Ta Ta b Less: cost or other basis and sales expenses To To c Gain or (loss) To To d Net including \$ To To e Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb Ba Ba Ba g Gross income from gaming activities. See Part IV, line 19 Ba Ba Ba b Less: direct expenses Bb Ba Ba Ba g Gross income from gaming activities. See Part IV, line 19 Ba Ba Ba b Less: direct expenses Bb Ba Ba Ba in a dilowances Dia Dia Dia Dia Dia b Less: cost of goods sold Dib Business Code Dia Dia b C C C C C C C C c Mit income or (loss) from sales of inventory Dia Dia Dia Dia		d	· · /					
Bull Less: cost or other basis and sales expenses To To c Gain or (loss) To To To d Net gain or (loss) To To To 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba Ba See 9 a Gross income from fundraising events See See See See 9 a Gross income from gaming activities. See Part IV, line 19 See See See See 9 a Gross income from gaming activities. See Part IV, line 19 See See See See 10 a Gross sales of inventory, less returns and allowances Ioa Ioa Ioa Ioa 11 a OTHER REVENUE Business Code Ioa Ioa Ioa Ioa 11 a OTHER REVENUE Ioa Ioa Ioa Ioa Ioa Ioa 12 Total revenue. See instructions Ioa Ioa Ioa Ioa Ioa 12 Total revenue. See instructions Ioa Ioa Ioa Ioa Ioa Iotal revenue. See instructions <t< td=""><td></td><td>7 a</td><td>Gross amount from sales of (i) Securities</td><td>s (ii) Other</td><td></td><td></td><td></td><td></td></t<>		7 a	Gross amount from sales of (i) Securities	s (ii) Other				
and sales expenses 7b 7c c Gain or (loss) 7c			assets other than inventory 7a					
sec Gain or (loss) 7c Image: constraint of the second secon		b	Less: cost or other basis					
sec Gain or (loss) 7c Image: constraint of the second secon	ne		and sales expenses 7b					
a Ner gain or (icoss)	en	с						
B a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events								
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See 9 Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 generation 900099 59,872. 11 a OTHER REVENUE 900099 59,872. b c - - c d All other revenue - - e Total. Add lines 11a:11d 59,872. 59,872. 12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,	er							
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See 9 Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 generation 900099 59,872. 11 a OTHER REVENUE 900099 59,872. b c - - c d All other revenue - - e Total. Add lines 11a:11d 59,872. 59,872. 12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,	£	•						
Part IV, line 18 Ba b Less: direct expenses 8b c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9a c Net income or (loss) from gaming activities 9b c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 g OTHER REVENUE 900099 59,872. b C 0 0 c direct revenue 0 0 d All other revenue 0 0 e Total. Add lines 11a-11d 59,872. 0 12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,	Ŭ							
b Less: direct expenses Bb Ab 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 8usiness Code 11 a OTHER REVENUE 900099 59,872. c All other revenue 59,872. 59, c All other revenue 59,872. 112,112				80				
c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 11 a OTHER REVENUE 900099 59,872. b C 4ll other revenue 0 e Total revenue. See instructions 44,593,007. 778,424. 0.		h						
9 a Gross income from gaming activities. See Part IV, line 19 9a <								
Part IV, line 19 9a 9a 9b 9c 9c<				· · · · · · · · · · · · · · · · · · ·				
b Less: direct expenses 9b Image: construction of the system of th		э а						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances 10a Image: Construction of the set in the set			_	9b				
and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory source Business Code 900099 59,872. c			- -					
b Less: cost of goods sold 10b 6 6 7 8 100 100 100 100 100 100 100 100 100 1	1	10 a	-					
Business Code 900099 59,872. 59, 0 All other revenue			and allowances1	0a				
Business Code Image: Code		b	Less: cost of goods sold	0b				
Business Code Image: Second system Business Code b 900099 59,872. 59,872. c		с	Net income or (loss) from sales of inventory					
e Total. Add lines 11a-11d 59,872. 12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,								
e Total. Add lines 11a-11d 59,872. 12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,	sug 1	11 a	OTHER REVENUE	900099	59,872.			59,872
e Total. Add lines 11a-11d 59,872. 12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,	Due			-	·			
e Total. Add lines 11a-11d 59,872. 12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,	ella			-				
e Total. Add lines 11a-11d 59,872. 12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,	Be		All other revenue	-				
12 Total revenue. See instructions 44,593,007. 778,424. 0. 112,	Σ				59 872			
						778 424	0	112,624
					11,000,007.	1 770,121.		Form 990 (202

HANDICAP INTERNATIONAL

55-0914744 Page 9

HANDICAP INTERNATIONAL Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respon	<u>se or note to any line in</u> (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	10 210 170	12 212 172		
	individuals. See Part IV, lines 15 and 16	42,312,472.	42,312,472.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	192,161.	64,777.	114,531.	12,853
6	trustees, and key employees Compensation not included above to disqualified	172,101.	01,777.	,JJI•	12,055
6	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,143,506.	203,086.	845,812.	94,608
7 8	Pension plan accruals and contributions (include	1,11,5000	203,000	040,0120	54,000
0	section 401(k) and 403(b) employer contributions)	49,268.	6,986.	36,097.	6 185
9	Other employee benefits	244,232.	33,844.	179,494.	<u>6,185</u> 30,894
0	Payroll taxes	98,142.	20,503.	69,515.	8,124
1	Fees for services (nonemployees):	5071120	20,0000		0/121
a	Management				
b	Legal	26,887.		26,887.	
	Accounting	84,965.		84,965.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	64,088.		45,567.	18,521
12	Advertising and promotion	68,374.		20,991.	<u>18,521</u> 47,383
13	Office expenses	43,772.		32,678.	11,094
4	Information technology	82,139.		58,401.	23,738
15	Royalties				
6	Occupancy	101,407.		92,444.	8,963
17	Travel	72,486.		66,803.	5,683
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	16,553.		14,038.	2,515
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	11,104.		11,104.	
3	Insurance	27,628.		27,628.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SUBSCRIPTIONS & PUBS.	53,326.		52,385.	941
b	DONOR MAILINGS	49,262.		41.	49,221
c	STAFF TRAINING	23,793.		23,347.	446
d		-		-	
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	44,765,565.	42,641,668.	1,802,728.	321,169
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

332010 12-21-23

Form 990 (2023)

HANDICAP INTERNATIONAL Part X Balance Sheet

55-0914744 Page 11

		Check if Schedule O contains a response or note	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			251,104.	1	450,024.
	2	Savings and temporary cash investments			1,621,922.	2	2,856,200.
	3				16,869,314.	3	16,100,907.
	4	Accounts receivable, net			47,808.	4	736,800.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes		E E E E E E E E E E E E E E E E E E E		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				41,865.	9	38,965.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	51,201.			
	b	Less: accumulated depreciation	10b	38,653.	23,652.	10c	12,548.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			413,403.	15	321,981.
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	19,269,068.	16	20,517,425.
	17	Accounts payable and accrued expenses			348,893.	17	101,351.
	18	Grants payable			17,375,587.	18	18,958,620.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV c	f Schedule D		21	
Se	22	Loans and other payables to any current or form	er office	er, director,			
liti		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	420.004		
		of Schedule D			439,994.	25	525,418.
	26	Total liabilities. Add lines 17 through 25		T7	18,164,474.	26	19,585,389.
s		Organizations that follow FASB ASC 958, chee	ck here	X			
JCe		and complete lines 27, 28, 32, and 33.			200 440		200 440
alar	27	Net assets without donor restrictions		I	289,440.	27	289,440.
ä	28	Net assets with donor restrictions			815,154.	28	642,596.
ũ		Organizations that do not follow FASB ASC 95	b8, che	ck here			
Net Assets or Fund Balances	0	and complete lines 29 through 33.		-			
its (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq				30	
зţА	31	Retained earnings, endowment, accumulated inc			1,104,594.	31	932,036.
ž	32	Total net assets or fund balances			19,269,068.	32 33	20,517,425.
	33	Total liabilities and net assets/fund balances			17,209,000.	აა	Form 990 (2023)

Form **990** (2023)

Form 990 (2023)

Form	990 (2023) HANDICAP INTERNATIONAL	55-	0914744	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,593		
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,765	5,50	65.
3	Revenue less expenses. Subtract line 2 from line 1	3	-172	, 5!	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,104	.,59	94.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	932	,0:	<u>36.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	,			
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

ī.

Name of the organization

Name of	ame of the organization Employer identification number							
	HANDICAP INTERNATIONAL 55-0914744							5-0914744
Part I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(⁻	1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 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	l or operat	ed by a go	overnmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local go	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 f	rom a gove	ernmental	unit or from th	ne general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
	university:							
10	An organization that norma							
	activities related to its exen		-					-
	income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Co							
	An organization organized a	•	, ,	•				
12	An organization organized a	-	-	-			•	
	more publicly supported or lines 12a through 12d that	-						
a	Type I. A supporting orga	• •					-	aivina
a	the supported organization		-	• • • •	-			
	organization. You must o			i majonty c				apporting
b	Type II. A supporting org	-		tion with it	s sunnorte	ad organizatio	n(s) hy hay	<i>i</i> na
	control or management o	-				-		-
	organization(s). You mus						go the cup	
c	Type III functionally inte			in connect	tion with.	and functional	lv integrate	ed with.
	its supported organization						.,	,
d	Type III non-functionally		-				ted organi:	zation(s)
	that is not functionally int						-	
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
	functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f Ente	er the number of supported o	organizations						
	vide the following information					1		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								
Total				1				

Schedule A (Form 990) 2023

HANDICAP INTERNATIONAL

55-0914744 Page 2

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

Sec	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	26139317.	<u>36613864.</u>	<u>31908103.</u>	42102263.	<u>43701959.</u>	<u>180465506</u>
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	0.64.0.0.4.5			1010000		
	Total. Add lines 1 through 3	26139317.	36613864.	31908103.	42102263.	43701959.	180465506
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)						5114703.
	Public support. Subtract line 5 from line 4.						175350803
	ction B. Total Support	Т	Γ	1	I	1	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2013931/.	30013804.	31908103.	42102263.	43701959.	180465506
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0.045	C 107	1 0 1 1	0 1 0 2		
	and income from similar sources \dots	2,845.	6,187.	1,871.	9,183.	52,752.	72,838.
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	7 7 20	11,341.	F 220		E0 070	01 101
	assets (Explain in Part VI.)	7,738.	11,341.	5,230.		59,872.	<u>84,181.</u> 180622525
	Total support. Add lines 7 through 10		\				925,042.
	Gross receipts from related activities,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				925,042.
13	First 5 years. If the Form 990 is for the	0	rst, secona, thira,	fourth, or fifth tax y	year as a section 5	U1(C)(3)	
Sec	organization, check this box and stor ction C. Computation of Public		centade				
_			-	acluma (f))		14	97.08 %
	Public support percentage for 2023 (I Public support percentage from 2022		•	(1)		15	96.92 %
	33 1/3% support test - 2023. If the						
100	stop here. The organization qualifies	-					77
b	33 1/3% support test - 2022. If the		•				
~	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	• •					
	and if the organization meets the fact						
	meets the facts-and-circumstances te			•			
b	10% -facts-and-circumstances test	•			•		
	more, and if the organization meets th						
	organization meets the facts-and-circ				• •		
18	Private foundation. If the organization						s
						Schedule A	(Form 990) 2023

HANDICAP INTERNATIONAL

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	ction A. Public Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
_	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves						
17 18	Investment income percentage for 20 Investment income percentage from		·			17 18	<u>%</u> %
						· · ·	
	9a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support tests - 2022. If the						3%, and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23			,			dule A (Form 990) 2023
			15			50	

2023.05000 HANDICAP INTERNATIONAL 18222_1

HANDICAP INTERNATIONAL

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Ye<u>s</u> No

Part IV | Supporting Organizations

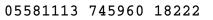
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

16

332024 12-21-23



ule A (Form 990)	2023	HANDICAP	INTERNATIONAL

Supporting Organizations (continued)

2

Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised.	or controlled the sur	oporting organization.	
Section C. Tv	ne II Supporting	Organizations	

Part IV

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

Section D. All Type III Supporting Organizations	
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	З		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
-		(000 0.000 0.0000)

- a 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 instructions).	
---	--	---	---	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

05581113 745960 18222

2023.05000 HANDICAP INTERNATIONAL 18222_1

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus		,	Part VI). See instructions.
Sect	ion 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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
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		
Section 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			1
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023 Part V

HANDICAP INTERNATIONAL

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2023

HANDICAP INTERNATIONAL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

			(
Secti	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	h Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
_	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Schedule A (Form 990) 2023

05581113 745960 18222

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

55-0914744

Internal Revenue Service	
Name of the organization	

Η

Schedule B

Department of the Treasury

(Form 990)

ANDICAP	INTERNATIONAL

Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization		
	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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Page **2** Employer identification number

HANDICAP INTERNATIONAL

55-0914744

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>15,564,492.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>24,555,781.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>2,093,517.</u> 	Person X 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 Noncash Complete Part II for noncash contributions.)
(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
323452 12-26-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

18222_1

05581113 745960 18222

18222_1

55-0914744 (d) Date received

Schedule B (Form 990) (2023)	
Name of organization	

HANDICAP INTERNATIONAL

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

Employer identification number

(d) Date received

(d) **Date received**

(d) Date received

(d) Date received

(d) Date received

Schedule B (Form 990) (2023)



ame of org	ganization		Employer identification number				
ANDIC	AP INTERNATIONAL		55-0914744				
		through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee				
3454 12-26-2	23	24	Schedule B (Form 990) (20				

2023.05000 HANDICAP INTERNATIONAL 18222_1

(Forn	HEDULE D n 990) ment of the Treasury Revenue Service	Complete if the orga Part IV, line 6, 7, 8, 9, 10 A	al Financial Statements nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990. 0 for instructions and the latest information.	OMB No. 1545-0047 2023 Open to Public Inspection						
	ame of the organization Employer									
Dec		HANDICAP INTERNATI		55-0914744						
Par	_	n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or A	CCOUNTS. Complete if the						
	organizatio	Transwered fes off-offit 990, Part IV, in	(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at er	ad of year								
2		nd of year f contributions to (during year)								
3		f grants from (during year)								
4		t end of year								
5			writing that the assets held in donor advised fur	nds						
	are the organizatio	on's property, subject to the organization's	exclusive legal control?	Yes 📃 No						
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	only						
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose confer	rring						
Dee	impermissible priv									
Par			ganization answered "Yes" on Form 990, Part IV	/, line 7.						
1		servation easements held by the organizati								
		n of land for public use (for example, recrea f natural habitat		torically important land area tified historic structure						
		n of open space								
2			fied conservation contribution in the form of a co	onservation easement on the last						
-	day of the tax year			Held at the End of the Tax Year						
а	Total number of co	onservation easements		2a						
b	Total acreage rest			2b						
с	Number of conser		ucture included on line 2a	2c						
d	Number of conser	vation easements included on line 2c acqu	ired after July 25, 2006, and not							
	on a historic struc	ture listed in the National Register		2d						
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization during the tax						
	year									
4		where property subject to conservation eas								
5	-	tion have a written policy regarding the per								
6	,	orcement of the conservation easements it	holds? handling of violations, and enforcing conservati							
6	Stall and voluntee	a nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on easements during the year						
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements during the year						
8	Does each conser	vation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)	(i)						
	and section 170(h))(4)(B)(ii)?		Yes 🗌 No						
9	In Part XIII, describ	be how the organization reports conservati	on easements in its revenue and expense stater	ment and						
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements th	nat describes the						
De		ounting for conservation easements.	Ant Historical Tracquires or Other (Cimilar Acasta						
Par	-	-	f Art, Historical Treasures, or Other \$	Similar Assets.						
4		f the organization answered "Yes" on Form								
18	U U		8, not to report in its revenue statement and ba							
		· ·	blic exhibition, education, or research in furtheran ncial statements that describes these items.							
b	· •		8, to report in its revenue statement and balance	e sheet works of						
~	-		exhibition, education, or research in furtherance							
		ing amounts relating to these items.	· · · · · · · · · · · · · · · · · · ·	. ,						
	•	с с		\$						
2			asures, or other similar assets for financial gain,							
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:							
а										
b	Assets included in	Form 990, Part X		\$						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23 Schedule D (Form 990) 2023

__ __

05581113 745960 18222

25		
2023.05000	HANDICAP	INTERNATIONAL

Sche		P INTERNAT						55-09	14744	4 P	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other	Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sig	gnificant u	use of its			
	collection items (check all that apply).										
а	Public exhibition	d	1 🗌	Loan or exc	change progra	m					
b	Scholarly research	e	,	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ney further t	he organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical trea	sures, or othe	r similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		te if the	organizatio	n answered "Y	′es" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contributio	ns or other ass	sets not i	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for (escrow or c	ustodial accou	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if								_		
		(a) Current year	(b) F	Prior year	(c) Two year	s back ((d) Three y	ears back	(e) Four	years	back
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 curr	ent year end balance	e (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses		ation tha	it are held a	nd administere	ed for the	9				
	organization by:	0								Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered), Part IV	/, line 11a. \$	See Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or o			t or other		cumulate	h	(d) Boo	k valu	ρ
	Description of property	basis (investr		. ,	(other)	• •	reciation		(u) 200	it valu	0
1a	Land	· · ·	,		. ,						
	Buildings										
	Leasehold improvements										
				-	32,022.		21,00	59.	1	0,9	53.
	EquipmentOther				L9,179.		17,58		<u> </u>		95.
_	. Add lines 1a through 1e. (Column (d) must e		V line 1				<u> </u>		1	2,5	
Total	The most a through te. (Column (a) must e	<u>uuai romi 990. Pan</u>	<u>, iirie I</u>	uc, column		<u></u>		Schedule			

Schedule D (Form 990) 2023

	(Form 990) 202		INTERNATIONAL
Part VII	Investmen	s - Other Securities	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.		·	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			· ·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(8)			
(8) (9)			
(8) (9) vtal. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B)</i>)		
(8) (9) Dtal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
(8) (9) Dtal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of		11e or 11f. See Form 990, Part X, line 25	
(8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) vtal. (Column (b) must equal Form 990, Part X, line 15, col. vart X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) tal. (Column (b) must equal Form 990. Part X. line 15. col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) REFUNDABLE ADVANCES		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) REFUNDABLE ADVANCES (4)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) REFUNDABLE ADVANCES (4) (5)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(8) (9) Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) REFUNDABLE ADVANCES (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25	
(8) (9) Datal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITY (3) REFUNDABLE ADVANCES (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25	(b) Book value

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) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 HANDICAP INTERNATIONAL			55-	0914744	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I				• *
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	44,693	,899.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	100,892.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	100	,892.
3	Subtract line 2e from line 1			3	44,593	,007.
4	Amounts included on Form 990, Part VIII, line 12, 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.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	44,593	,007.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents 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	44,866,	,457.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	100,892.	-		
b	Prior year adjustments	2b				
С	Other losses	2c		-		
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,892.
3	Subtract line 2e from line 1			3	44,765	,565.
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					
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	44,765	,565.
Pa	t XIII Supplemental Information					

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

332054 09-28-23

Department of the Treasury			Attach to Form 990.			Open to	o Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	nformation.		Inspect	tion
Name of the organization					Employer	identifica	ation number
HANDICAP INTERN	ATIONAL				55-091	L4744	
Part I General Info Form 990, Part IV		ctivities Out	side the United States. Comple	ete if the organ	ization answ	ered "Yes	s" on
		n maintain record	ds to substantiate the amount of its gra	nts and other	assistance,		
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	X Y	es 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside	e the
3 Activities per Region. (T			n be duplicated if additional space is n				
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (gram service e specific type (s) in the regi	e	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND	0	0	GRANTS TO RECIPIENTS				1 221 070
THE CARIBBEAN	0	0	LOCATED IN THE REGION				1,331,070.
EAST ASIA AND THE			GRANTS TO RECIPIENTS				
PACIFIC	0	0	LOCATED IN THE REGION				5,471,406.
			GRANTS TO RECIPIENTS				
EUROPE	0	0	LOCATED IN THE REGION				1,492,101.
MIDDLE EAST AND			GRANTS TO RECIPIENTS				
NORTH AFRICA	0	0	LOCATED IN THE REGION				8,147,964.
							-,,
RUSSIA AND THE NEWLY			GRANTS TO RECIPIENTS				
INDEPENDENT STATES	0	0	LOCATED IN THE REGION				5,985,443.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION				5,989,221.
	, , , , , , , , , , , , , , , , , , ,	Ŭ					5,505,221.
			GRANTS TO RECIPIENTS				
SOUTH ASIA	0	0	LOCATED IN THE REGION				6,887,429.
	_		GRANTS TO RECIPIENTS				7 007 000
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION				7,007,838.
3 a Subtotal b Total from continuation	0	0					12,312,472.
sheets to Part I	0	0					0.
c Totals (add lines 3a							
and 3b)	0	0				4	12,312,472.

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

2023

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Schedule F (Form 990) 2023	3 HANDICAP	ICAP INTERNATIONAL	IONAL		55-0914744	14744		Page 2
Part II Grants and Othe recipient who rec	er Assistance to Or, seived more than \$5,	Grants and Other Assistance to Organizations or Entities Outsid recipient who received more than \$5,000. Part II can be duplicated if	e the United States. additional space is ne	omplete if the or; ded.	ganization answered	"Yes" on Form 9	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	any
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					
			KIGHTS/INCLUSION,					
			HEALTH & PREVENTION,					
		AND THE CARIBBEAN	ARMED VIOLENCE	1331070.		.0		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
		EAST ASIA AND THE	HEALTH & PREVENTION,					
		PACIFIC	ARMED VIOLENCE	5471406.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
			HEALTH & PREVENTION,					
		EUROPE	ARMED VIOLENCE	1492101.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
		MIDDLE EAST AND	HEALTH & PREVENTION,					
		NORTH AFRICA	ARMED VIOLENCE	8147964.		0.		WIRE
			DISABILITY					
		RUSSIA AND THE	RIGHTS/INCLUSION,					
		NEWLY INDEPENDENT	HEALTH & PREVENTION,					
		STATES	ARMED VIOLENCE	5985443.		0.		WIRE
			DISABILITY					
		_	RIGHTS/INCLUSION,					
			HEALTH & PREVENTION,					
		SOUTH AMERICA	ARMED VIOLENCE	5989221.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
			HEALTH & PREVENTION,					
		SOUTH ASIA	ARMED VIOLENCE	6887429.		0.		WIRE
			DISABILITY					
			RIGHTS/INCLUSION,					
		SUB-SAHARAN	HEALTH & PREVENTION,					
		AFRICA	ARMED VIOLENCE	7007838.		0.		WIRE
2 Enter total number of	recipient organizatio	${\sf n}{\sf s}{\sf n}{\sf s}{\sf listed}$ above that are ${\sf r}$	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	oreign country, r	ecognized as a tax			
	inization by the IRS,	or for which the grantee (exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ion 501(c)(3) equi	ivalency letter			
3 Enter total number of other organizations or entities	other organizations	or entities						<u> </u>
	11 MAKA 440		מוווווישבדם"משת (ה)				Schec	Schedule F (Form 990) 2023

SEE PART V FOR COLUMN (D) DESCRIPTIONS

332072 11-29-23

30

Page <u>3</u>		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
	IV, line 16.	(g) Description of noncash assistance					Schedu
55-0914744	n Form 990, Part	(f) Amount of noncash assistance					
55	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
-		(d) Amount of cash grant					
RNATIONAI	e the United Stat J.	(c) Number of recipients					
HANDICAP INTERNATIONAL	e to Individuals Outsid	(b) Region					
Schedule F (Form 990) 2023 H.	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

332073 11-29-23

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 HANDICAP INTERNATIONAL

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: 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

IMPLEMENTING PARTNER HI FEDERATION

REGION: EUROPE

(D) PURPOSE OF GRANT: DISABILITY RIGHTS/INCLUSION, HEALTH & PREVENTION,

ARMED VIOLENCE REDUCTION, REHABILITATION AND EMERGENCY RESPONSE VIA OUR 332075 11-29-23
Schedule F (Form 990) 2023 33
05581113 745960 18222
2023.05000 HANDICAP INTERNATIONAL 18222 1 Schedule F (Form 990) 2023 HANDICAP INTERNATIONAL

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.

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

332075 11-29-23

SC	HEDULE J Compensation Information		OMB No. 1	545-004	47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2023		
Department of the Trassury Attach to Form 990. Open					
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ction	
Name of the organization Employer identific					nber
HANDICAP INTERNATIONAL 55-091474			1474	4	
Ра	Int 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 99	3 0,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel				
	Travel for companions Payments for business use of personal resid	Jence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, o	chel)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
D			1b		
2	 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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 1a2 				
2			2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				
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 Form 990 of other organizations X Approval by the board or compensation committee					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		. 4a		X
b			. 4b		X
С			. 4 c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				37
	The organization?				X
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	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:		0		X
a L	The organization?				X
a	Any related organization?		6b		
7	If "Yes" on line 6a or 6b, describe in Part III.				
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		X
8	not described on lines 5 and 6? If "Yes," describe in Part III		· -'		<u> </u>
0			8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				<u> </u>
3	Regulations section 53.4958-6(c)?		9		
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2023
	• • • • • • • • • • • • • • • • • • • •				

LHA 332111 11-06-23

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	nplo	yees, and Highest C	compensated Emplo	oyees. Use duplica	te copies if additional s	pace 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.	orm (ported on Schedule J 990, Part VII.	, report compensatio	on from the organize	ation on row (i) and from	n related organization:	s, described in the inst	ructions, on row (ii).
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.	ed inc	dividual must equal th	le total amount of Fc	orm 990, Part VII, Se	ection A, line 1a, applica	able column (D) and (E	 amounts for that indi 	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC 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	Ξ	147,045.	.0	0.	6,808.	38,307.	192,160.	0.
EXECUTIVE DIRECTOR (UNTIL 5/24)	1	0.	0.	.0	.0	0.	0.	.0
	=							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	Ē							
	Ξ							
	≘							
	Ξ							
	Ē							
	Ξ							
	<u>(</u>							
	Ξ							
	<u> </u>							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	≘							
	Ξ							
	(ii)							
							Sched	Schedule J (Form 990) 2023

36

332112 11-06-23

Page 2

55-0914744

L T HANDICAP INTERNATIONAL È Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 HANDICAP INTERNATIONAL	55-0914744 Page 3
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.	e this part for any additional information.
	Schedule J (Form 990) 2023

332113 11-06-23

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



55-0914744

HANDICAP INTERNATIONAL

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

THOSE ACTIONS INCLUDED HUMANITY & INCLUSION RESPONSE TO EARTHQUAKES IN

SYRIA, AFGHANISTAN AND MOROCCO. HI SPECIALISTS, WORKING WITH LOCAL

PARTNERS, PROVIDED EMERGENCY PSYCHOSOCIAL CARE, REHABILITATION, AND

BASIC NEEDS KITS. IN SYRIA, HI TEAMS ALSO WORKED TO TEACH CIVILIANS HOW

TO STAY AS SAFE AS POSSIBLE AMID RESIDUAL EXPLOSIVE ORDNANCE THAT MAY

HAVE SHIFTED DURING THE FEBRUARY EARTHQUAKES. HI'S EMERGENCY RESPONSE

IN SYRIA WAS SUPPORTED IN PART BY USAID.

IN OCTOBER, HUMANITY & INCLUSION ADAPTED ITS PROGRAMMING IN THE OCCUPIED PALESTINIAN TERRITORIES TO SUPPORT CIVILIANS DISPLACED BY CONFLICT. TEAMS FACILITATED NEARLY 4,000 REHABILITATION SESSIONS FOR PEOPLE WITH DISABILITIES OR NEW INJURIES, DISTRIBUTED MOBILITY AIDS SUCH AS WHEELCHAIRS AND WALKERS. TEAMS ALSO ORGANIZED RECREATIONAL ACTIVITIES FOR CHILDREN AT EMERGENCY SHELTERS, DISTRIBUTED HYGIENE SUPPLIES AND CONDUCTED EXPLOSIVE ORDNANCE RISK EDUCATION SESSIONS FOR CHILDREN AND ADULTS. IN SOUTHERN LEBANON, HI'S TEAMS ALSO ADJUSTED PROGRAMMING TO SUPPORT PALESTINIAN REFUGEES AND DISPLACED LEBANESE CIVILIANS.

 FACING ONGOING WAR, DISPLACED UKRAINIANS WERE SUPPORTED THROUGH

 REHABILITATION AND MENTAL HEALTH SESSIONS, DISTRIBUTION OF HYGIENE KITS

 AND EXPLOSIVE ORDNANCE RISK EDUCATION. WITH SUPPORT FROM USAID'S BUREAU

 FOR HUMANITARIAN ASSISTANCE, HI'S ATLAS LOGISTICS TEAM COORDINATED THE

 STORAGE AND TRANSPORT OF EMERGENCY SUPPLIES FOR 42 HUMANITARIAN

 ORGANIZATIONS SERVING COMMUNITIES NEAR THE FRONT LINE AND ACROSS

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule 0 (Form 990) 2023

 LHA
 332211 11-14-23

38

Name of the organization

UKRAINE.

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

ACCESSIBLE AND INCLUSIVE SCHOOLS. IN NIGER, 15 HI-TRAINED "TRAVELING"

TEACHERS WORKED WITH MORE THAN 1,500 STUDENTS WITH DISABILITIES, GOING

FROM TO SCHOOL TO SCHOOL TO PROVIDE ADDITIONAL, SPECIALIZED LEARNING

SUPPORT.

IN COUNTRIES LIKE BENIN AND SENEGAL, HI'S ECONOMIC INCLUSION ACTIVITIES BROUGHT TOGETHER PEOPLE WITH DISABILITIES TO BOND AND FORM FRIENDSHIPS DURING VOCATIONAL TRAININGS. INDIVIDUALS LEARNED TRADES SUCH AS WEAVING AND SEWING, PARTICIPATED IN FINANCIAL LITERACY COURSES AND RECEIVED EQUIPMENT TO START THEIR OWN BUSINESSES AND MAKE A LIVING WAGE TO SUPPORT THEMSELVES AND THEIR FAMILIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: INJURED BY ARMED VIOLENCE RECEIVED TAILORED REHABILITATION SERVICES, INCLUDING FITTINGS FOR PROSTHETICS AND OTHER MOBILITY AIDS. IN UGANDA, HI'S TEAMS SERVING REFUGEES AND HOST COMMUNITIES, UTILIZED 3D-PRINTING TO CREATE STATE-OF-THE-ART, CUSTOM BRACES AND PROSTHETICS FOR INDIVIDUALS. THIS INNOVATIVE TECHNOLOGY HELPS PATIENTS UNABLE TO TRAVEL BACK AND FORTH TO PROSTHETICS WORKSHOPS AND REHABILITATION CLINICS TO BE FITTED WITH DEVICES THROUGH HOME VISITS BY HI'S SPECIALISTS.

IN 2023, HI ADVOCATED FOR A LANDMARK RESOLUTION ON REHABILITATION, WHICH WAS ADOPTED AT THE WORLD HEALTH ASSEMBLY IN MAY. MORE THAN 2 BILLION PEOPLE CURRENTLY HAVE HEALTH CONDITIONS THAT COULD BENEFIT FROM REHABILITATION, BUT MORE THAN 50% OF THEM HAVE NO ACCESS TO THE Schedule O (Form 990) 2023 332212 11-14-23 39

2023.05000 HANDICAP INTERNATIONAL

18222_1

Schedule O (Form 990) 2023	Page 2
Name of the organization HANDICAP INTERNATIONAL	Employer identification number 55-0914744
HANDICAP INTERNATIONAL	JJ-0914/44
SERVICES THEY NEED. BARRIERS TO ACCESS ARE EVEN GREATER FO	R CERTAIN
POPULATION GROUPS, ESPECIALLY PEOPLE WITH DISABILITIES. HI	LOBBIED FOR
A RESOLUTION THAT WOULD SERVE AS A MAJOR POLICY FRAMEWORK	ESTABLISHING
POLITICAL COMMITMENT TO THE STRENGTHENING OF REHABILITATIO	N SERVICES
WORLDWIDE, INTEGRATING THIS VITAL SERVICE INTO EXISTING HE	ALTH SYSTEMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 2023, 16% OF FUNDS RAISED IN THE U.S. SUPPORTED ACTIVITIES TO REDUCE ARMED VIOLENCE, AND SUPPORT VICTIMS OF EXPLOSIVE REMNANTS OF WAR IN PLACES SUCH AS COLOMBIA, CAMBODIA, LAOS AND SENEGAL.

AFTER LIVING IN FEAR FOR 20 YEARS, THE COLOMBIAN VILLAGE OF SANTANDER DE QUILICHAO WAS DECLARED FREE OF LANDMINES IN APRIL 2023! HI'S EXPERTS SPENT FOUR YEARS ASSESSING AND CLEARING MORE THAN 125 ACRES OF LAND. AGRICULTURE, THE MAINSTAY OF THE LOCAL ECONOMY, HAS TAKEN OFF AGAIN WITH THE CULTIVATION OF COFFEE, SUGAR CANE, PINEAPPLE, CASSAVA AND BANANA CROPS. HI ALSO DELIVERED AND HELPED PLANT 150 TREES IN SANTANDER DE QUILICHAO AND CAJIBO TO RESTORE THE BIODIVERSITY IMPACTED BY WEAPONS CONTAMINATION AND CLEARANCE.

MEANWHILE, IN CAMBODIA, DEMINING TEAMS CONTINUED WORK IN PARTNERSHIP WITH THE CAMBODIAN SELF-HELP DEMINING ORGANIZATION (CSHD) TO CLEAR Schedule O (Form 990) 2023 332212 11-14-23 40 2023.05000 HANDICAP INTERNATIONAL 18222_{1}

Name of the organization HANDICAP INTERNATIONAL	Employer identification number 55-0914744
MINEFIELDS AND RESTORE THE LAND CONDITIONS REQUIRED FOR SU	STAINABLE
ECONOMIC AND SOCIAL DEVELOPMENT, AS WELL AS THE SAFETY OF	COMMUNITIES.
THE GOAL IS FOR CSHD TO TAKE OVER RESIDUAL CONTAMINATION A	CTIONS AFTER
2025, WHEN CAMBODIA AIMS TO BE LANDMINE-FREE. THESE TWO PR	OJECTS ARE
FUNDED IN LARGE PART BY THE AMERICAN PEOPLE THROUGH U.S. D	EPARTMENT OF
STATE OFFICE OF WEAPONS REMOVAL AND ABATEMENT GRANTS.	
EXPENSES \$ 6,750,928. INCLUDING GRANTS OF \$ 6,698,810.	REVENUE \$ 0.
HEALTH AND PREVENTION: -	
WORLDWIDE, MORE PEOPLE ARE BEING EXPOSED TO DISEASE, ROAD	ACCIDENTS, OR

INJURIES THAT CAN RESULT IN PERMANENT DISABILITY. IN 2023, 8% OF FUNDS

RAISED SUPPORTED A MIX OF PREVENTION AND HEALTH PROJECTS.

HI'S TEAMS IN HAITI RESPONDED TO A CHOLERA EPIDEMIC. WITH USAID'S SUPPORT, THEY DECONTAMINATED MORE THAN 1,400 HOUSES, INSTALLED THREE COMMUNITY CHLORINATION POINTS TO ENSURE ACCESS TO SAFE DRINKING WATER, AND INSTALLED HAND-WASHING STATIONS TO IMPROVE HYGIENE CONDITIONS AND PREVENT THE SPREAD OF THE DISEASE.

IN 26 COUNTRIES, HI STAFF WORKED TO HELP MORE WOMEN AND GIRLS 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 AND THEREFORE DO NOT PROVIDE THEM WITH ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH CARE, INCLUDING FAMILY PLANNING. HI WORKS WITH LOCAL HEALTHCARE PROVIDERS AS WELL AS Schedule O (Form 990) 2023 332212 11-14-23

05581113 745960 18222

41 2023.05000 HANDICAP INTERNATIONAL

 18222_{1}

Name of the organization

Page 2

COMMUNITY VOLUNTEERS TO RAISE AWARENESS OF THE IMPORTANCE OF INCLUSIVE

HEALTH SERVICES.

EXPENSES \$ 3,467,394. INCLUDING GRANTS OF \$ 3,440,626. 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.

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

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

 332212 11-14-23

 42

2023.05000 HANDICAP INTERNATIONAL 18222_1

Schedule O (Form 990) 2023	Page 2			
Name of the organization HANDICAP INTERNATIONAL	Employer identification number 55-0914744			
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 JUNE 2023. 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:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, 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.

05581113 745960 18222