Form 990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

2019
Open to Public

AF	For the 2019	calendar year, or tax year beginning 07/01, 2019.	and ending		06/30, 20 20
_		C Name of organization	- 101	D Employer ide	ntification number
В	meck if applicable:	HELEN KELLER SERVICES		11-163	0807
	Address charge	Doing business as			
	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu	mber
	Initial cetum	180 LIVINGSTON STREET		(718) 52	2-2122
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended	BROOKLYN, NY 11201		G Gross receipts	65,044,560
	Application pending	F Name and address of principal officer: SUSAN RUZENSKI		H(a) is this a grow	up return for Yes X N
		180 LIVINGSTON STREET, BROOKLYN, NY 11201		H(b) Are at subord	
1	Tax-exempt st		or 527		tach a list. (see instructions)
-	Market Brown To Company of the Company	WWW.HELENKELLER.ORG	1 021	H(c) Group exem	
	****	nization: X Corporation Trust Association Other	I Year of for		State of legal domicile: NY
10000	The second second	immary	L real or loss	mation, 2000 in	otate of legal dollions.
(A)	The second name of the local division in which the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division is not a second name of the local division in the local division in the local division in the l	y describe the organization's mission or most significant activities: TO ENA	BLE INDIV	TDUALS WHO	ARE BLIND.
0	VIS	UALLY-IMPAIRED, DEAF-BLIND AND/OR HAVE COMBINE	D HEARING	-VISION LOS	S
anc		LIVE, WORK AND THRIVE IN THEIR COMMUNITY OF CH		120201 200	~
ern		this box larger if the organization discontinued its operations or disposer	0,000,000	E0/ of the cost occup.	
Activities & Governance					1 1 4 7
త	4 Numb	er of voting members of the governing body (Part VI, line 1a)			
68	5 Total	er of independent voting members of the governing body (Part VI, line 1b)			
N.	o Total	number of individuals employed in calendar year 2019 (Part V, line 2a)			
Act	6 Total	number of volunteers (estimate if necessary)	<i></i>		6 28.
ै		unrelated business revenue from Part VIII, column (C), line 12			7a 0.
	b Net u	nrelated business taxable income from Form 990-T, line 39			7b 0.
				Prior Year	Current Year
90		butions and grants (Part VIII, line 1h)		17,728,41	
Revenue	9 Progra	am service revenue (Part VIII, line 2g)		10,640,56	
Re		ment income (Part VIII, column (A), lines 3, 4, and 7d)		3,999,32	
		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-136,22	
_		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		32,232,07	
	13 Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		1,015,78	3. 679,650.
- 1	14 Benefi	its paid to or for members (Part IX, column (A), line 4)			0. 0.
Se	15 Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).		22,732,00	2. 24,476,102.
Expenses	16 a Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0. 0.
Ď.	b Total f	fundraising expenses (Part IX, column (D), line 25) ▶ 1,272,445.		200 1000 1000	
	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,716,13	3. 9,018,619.
- 1	18 Total e	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,463,91	8. 34,174,371.
	19 Reven	ue less expenses. Subtract line 18 from line 12		-1,231,84	52,709,259.
500				ginning of Current Y	ear End of Year
Setr	20 Total a	assets (Part X, line 16)		107,713,19	3. 107,920,385.
Net Assets Fund Balanc		abilities (Part X, line 26)		27,355,83	6. 33,949,800.
SE		sets or fund balances. Subtract line 21 from line 20,		80,357,35	7. 73,970,585.
Pai	AND DESCRIPTION OF THE PERSON	nature Block			
Und	er penalties o	f perjury, I declare that I have examined this retirm, including accompanying schedul complete. Declaration of preparer (other than order) is based on all information of which	es and statements	s, and to the best of	my knowledge and belief, it is
true,	correct, and	complete. Declaration of preparer (other than officer) is based on all information of which	h preparer has any	y knowledge.	
		Muson, Kupin		4	122/21
Sign		ignature of officer O Divi	1 11	Date	
Her	e	Susan Ruzenski Chief Executi	il Off	101	
	T	/pe or print name and title		• 1170/50 • 611	
utvirans.	Print/T	ype preparer's name Preparer's signature	Date	March 1	r PTIN
Paid	PAUL	The state of the s	4/22/2021	Self-employe	
Prep	arer Firm'e	(Co / touto year mits	Transaction Value 1	17 11 11 10 10 10 10 10 10 10 10 10 10 10	3-5381590
Use (Only -	address >100 PARK AVENUE, NEW YORK, NY 10017-5001		-	12-885-8000
May		scuss this return with the preparer shown above? (see instructions).		Phone no. 2	
		Reduction Act Notice, see the separate instructions.			X Yes No
. OF P	Sherwork b	reduction Act Notice, see the separate instructions.			Form 990 (2019)

Form 990 (2019) Page 2 Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission: TO ENABLE INDIVIDUALS WHO ARE BLIND, VISUALLY-IMPAIRED, DEAF-BLIND AND/OR HAVE COMBINED HEARING-VISION LOSS TO LIVE, WORK AND THRIVE IN THEIR COMMUNITY OF CHOICE. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No 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 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 17,715,641. including grants of \$ 679,650.) (Revenue \$ 2,894,762. HELEN KELLER SERVICES OPERATES HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS (HKNC). (SEE SCHEDULE O)) (Expenses \$ 3,286,254. including grants of \$ o.) (Revenue \$ 1,664,969. COMPREHENSIVE REHABILITATION SERVICES - PROVIDES TRAINING IN SAFE TRAVEL, DAILY LIVING SKILLS, BRAILLE, VOCATIONAL ASSESSMENT AND JOB PLACEMENT AND SOCIAL SUPPORT. 576 PERSONS RECEIVED LOW VISION SERVICES AND 533 RECEIVED REHABILITATION SERVICES. 4c (Code:) (Expenses \$ 2,533,588. including grants of \$ o.) (Revenue \$ 2.589.870. DAY HABILITATION SERVICES - PROVIDES INDIVIDUALIZED TRAINING AND HABILITATION TO DEVELOPMENTALLY DISABLED ADULTS. THE PROGRAM EMPHASIS IS ON DEVELOPING SKILLS THAT LEAD TO GREATER INDEPENDENCE, COMMUNITY INTEGRATION AND EXPOSURE TO COMMUNITY RESOURCES AND ACTIVITIES. DELIVERED 14,609 DAYS OF PROGRAM SERVICES TO APPROXIMATELY 89 INDIVIDUALS THIS YEAR. ATTACHMENT 1 4d Other program services (Describe on Schedule O.) 5,516,736. including grants of \$ o.) (Revenue \$ 3,518,482.) 4e Total program service expenses ► 29,052,219.

Part IV Checklist of Required Schedules Page 3

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	v	Λ
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	0. 7	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	E	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		6 1	254.00
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	50 51	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	Special Control	-	x
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	9 1	^
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1.00000		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	0. 9	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1 3	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		Х
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		Х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		- 3	77.5
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Par	Checklist of Required Schedules (continued)			Page
para u		_	Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		251	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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		>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	0 -2	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		2
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			Г
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		>
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		0 -0	
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	4	X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		-	
	complete Schedule N, Part II	32		×
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		0	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	100/17		
	or IV, and Part V, line 1	34		x
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		>
	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		
3	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-	-	- 50
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	0,	· 2	-
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
	V Statements Regarding Other IRS Filings and Tax Compliance	30	**	
	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s	· · · i	Yes	No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 120			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 .	85		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	
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ane.				CEU

Form 990 (2019)

orm 9	990 (2019)		P	age 5
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	- 1	V	***
	False the number of employee constant on Fam. W.O. Tarana Wall of Warrand Tay.		Yes	No
	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 443			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		х
	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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	8		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).		-8	
	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?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
570	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	P - 10		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	- 6		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ŭ III		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1	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			
1	the organization is licensed to issue qualified health plans	8		
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	20	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	3000		9,000
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	3332		1221
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	5 52		

HELEN KELLER SERVICES 11-1630807 Form 990 (2019) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 16 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person?.... X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X Each committee with authority to act on behalf of the governing body?........... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, X 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c X 13 13 Did the organization have a written whistleblower policy?........ X 14 Did the organization have a written document retention and destruction policy?...... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?............ Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

18

X Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records
SHARONA HEBRONI, 180 LIVINGSTON STREET BROOKLYN, NY 11201
718-522-2122 20

Form 990 (2019)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 week	(C) Position (do not check more than or box, unless person is both a officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOSEPH F. BRUNO (THRU 6/24/19)	35.00									
FORMER PRESIDENT/CEO	0.						х	347,271.	0.	25,000
(2)MARC FELDMAN	35.00						- 555	111111111111111111111111111111111111111		
CFO	0.			Х				186,463.	0.	27,633
(3) KIMBERLY ZIMMER (THRU 7/20)	35.00									
PRESIDENT/CEO	0.			Х				184,091.	0.	15,409
(4)LORRAINE MUZIO	35.00				П		Г			
EXECUTIVE DIRECTOR-HKSB	0.					х		167,052.	0.	29,077
(5) SUSAN RUZENSKI	35.00									
EXECUTIVE DIRECTOR-HKNC	0.					Х		155,658.	0.	24,606
(6) BARRY NEGRI	35.00				П					
DIRECTOR OF ACCOUNTING-HKS	0.					Х		138,152.	0.	14,065
(7)MIA MURRO	35.00				8	0 -0		A STATE OF THE PARTY OF THE PAR		0.000.000.000
CHIEF HR OFFICER	0.					Х		117,743.	0.	27,879
(8) ELIZABETH MEADE	35.00									Des Many
ASSOCIATE EXEC. DIRHKSB	0.					Х		117,289.	0.	20,502
(9) LARRY KINITSKY	3.00									
CHAIRMAN AS OF 11/19	0.	Х		X				0.	0.	. 0
(10) CHRISTOPHER D. MAHER	3.00									
TRUSTEE (CHAIR. THRU 11/19)	0.	Х		Х				0.	0.	. 0
(11) ALVIN ADELMAN, ESQ.	3.00									
VICE CHAIR. (SEC. THRU 11/19)	0.	Х		Х				0.	0.	0
(12) SETH CUMMINS	3.00		100			0 = 6		8		V
VICE CHAIRMAN AS OF 11/19	0.	Х		X				0.	0.	0
(13)RICHARD DZWLEWICZ	3.00	90						2502		90000
TREASURER	0.	Х		Х				0.	0.	. 0
(14)ALKA NISCHAL	3.00									
SECRETARY AS OF 11/19	0.	X		X		1	1	0.	0.	. 0

Form 990 (2019)

orm 990 (2019)

(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensate	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and relate organization	ed
15) ANTHONY BARONCI	3.00		Г								
TRUSTEE	0.	Х				18 1		0	0.		(
16) HON. MIRIAM CYRULNIK	3.00										
TRUSTEE	0.	Х						0	0.		(
17) STELLA GUARNA	3.00					(V					
TRUSTEE	0.	Х	L					0	0.		(
18) GARY HETT	3.00					100			0000		110
TRUSTEE	0.	Х	L					0	0.		(
19) KEITH HUTCHINSON	3.00							200	80		
TRUSTEE	0.	X				100		0	0.		3
20) JAMES KLANCIK	3.00		Г								
TRUSTEE	0.	X				8 -8		0	0.		- 1
21) FRANK LAROCCA TRUSTEE	3.00	х				7		0	0.		
22) DIANA L. NICHOLSON, ESQ. TRUSTEE	3.00	х				v		0	0.		(
23) STEPHEN PETRICK	3.00		Т		Т						
TRUSTEE	0.	X						0	0.		
24) JOHN SHATTUCK	3.00		- 8			8 3	Г		25.8		36
TRUSTEE	0.	Х	_		L		_	0	0.		- (
25) FRANK SIRACUSA (THRU 11/19) TRUSTEE	3.00	х						0	0.		
1b Sub-total							•	1,413,719.	0.	184,	171
c Total from continuation sheets to Part VII, S	ection A .							0.	0.	104	171
d Total (add lines 1b and 1c)	limited to t		liste							184,	1/1
reportable compensation nom the organization		1	_							Yes	No
3 Did the organization list any former office								loyee, or highes		3 X	

				1 22.00
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 9

						r
-	'n	ò	u	è	1	

	(A) Name and title	(B) Average hours per week (list any hours for	age Position (do not check more the box, unless person is to officer and a director/to						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) stimated nount of other spensat	of tion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the panization d relate anization	on ad
26)	PROCTOR N. WONG TRUSTEE	3.00	х						0	0.			
					3								
							G 90						
					(e. c)								_
					0 3								
C	Sub-total	ection A .						A	0.	0.			
	Total (add lines 1b and 1c)	limited to the	nose	iste				o re	ceived more than	\$100,000 of			
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schede	er, directo	r, or	tru	iste	e, I	key e	emp	loyee, or highes	t compensated	3	Yes	1
4	For any individual listed on line 1a, is the sorganization and related organizations great	sum of rep eater than	ortab \$15	le c	om 00?	pen	satio	n ai	nd other compens	sation from the le J for such			
5	individual	accrue cor	mpen	satio	on f	from	any	un	related organization	on or individual	5	X	
_	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c	pensated in	ndepe	nde	ent o	con	tracto	rs t	hat received more	than \$100,000		An	
_	year. (A)						,,,	T	(B)	organizatio	(C)		
	Name and business add	Iress							Description of se	rvices (Compen		000

Part VIII Statement of Revenue

10					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
st st	1a	Federated campaigns	1a					
oun	b	Membership dues	1b	1				
Đ,	С	Fundraising events	1c	66,779.				
ar ar	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e	18,230,115.				
Sign	f	All other contributions, gifts, grants,						
her		and similar amounts not included above .	1f	1,710,446.			I.	1
Ξŏ	g	Noncash contributions included in	2000					
52	1000	lines 1a-1f			1201200000			
- 10	n	Total. Add lines 1a-1f		Business Code	20,007,340.			
ø.	-	TRAINING FEES AND ALLOWANCES	- 3	900099	10,668,083.	10,668,083.		
5.	2a			300099	10,668,083.	10,668,083.		
Program Service Revenue	D							
a a	6	-	100		0		3-	1
Pag		No.	100					
Ĕ		All other program service revenue	- 638					*
	g	Total. Add lines 2a-2f		▶	10,668,083.			
	3	Investment income (including divid						
		other similar amounts)		5004006868176 F150000	2,817,085.			2,817,085
	4	Income from investment of tax-exemp			0.			
	5	Royalties	7.1		0.			
		(i) Re	al	(ii) Personal				
	6a		1,789.					
	b		9,864.				ľ	
	C	Tromas modino or (loss)	,075.		128 075		8	138 075
	d 7a	Net rental income or (loss) (i) Secu	023900000 00	(ii) Other	-138,075.		N. C.	-138,075
	/ a	sales of assets	MIGO	(ii) Oliver				
		other than inventory 7a 30,863	,135.					
	b	Less: cost or other basis						
Revenue	133	and sales expenses 7b 32,929	,662.					
ev	c	Gain or (loss) 7c -2,066	,527,					
-	d	Net gain or (loss)			-2,066,527.			-2,066,527
Other	8a	Gross income from fundraising						
0		events (not including \$ 66,779						
		of contributions reported on line		2000-00000				
		1c). See Part IV, line 18	. 8a	129,922.				
	b	Less: direct expenses		129,922.			J	-
	C	Net income or (loss) from fundraising	events.		0.			-
	9a	Gross income from gaming		0.				
		activities. See Part IV, line 19	9a 9b	0.				
	b	Less: direct expenses			٥.			1
			-					+
	10a	Gross sales of inventory, less returns and allowances	1	0.				
	b	Less: cost of goods sold	10b	0.				1
	c	Net income or (loss) from sales of inven			a.			
o		A STATE OF THE STA	8	Business Code			0	
Revenue	11a	MISCELLANEOUS INCOME		900099	177,206.			177,206
ent	b	38	88		-		97	
Sev Sev	c			17				
SIN	d	All other revenue	- 6	300000			V	
930		Total. Add lines 11a-11d			177,206.			
	12	Total revenue. See instructions			31,465,112.	10,668,083.		789,689

11-1630807

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Dο	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
	9b, and 10b of Part VIII.	rotal expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	433,564.	433,564.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	246,086.	246,086.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	591,954.		496,933.	95,021
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	20, 620		24 026	4 504
-	persons described in section 4958(c)(3)(B)	28,620. 17,114,476.	15,646,010.	24,026.	4,594 245,032
7	Other salaries and wages	17,114,476.	15,646,010.	1,223,434.	245,032
8	Pension plan accruals and contributions (include	1,614,874.	1,480,583.	117,127.	17,164
	section 401(k) and 403(b) employer contributions)	3,067,442.	2,841,128.	183,261.	43,053
9	Other employee benefits	2,058,736.	1,804,863.	224,767.	29,106
10	Payroll taxes	2,030,730.	1,004,003.	224,707.	23,100
11		0.			
	Management	268,735.	690.	268,045.	
	Legal	187,761.		187,761.	
	Accounting	130,221.	130,221.		
	Professional fundraising services. See Part IV, line 17.	0.			
	Investment management fees	196,010.		196,010.	
20	Other. (# line 11g amount exceeds 10% of line 25, column	1,509,237.	1,125,059.	178,566.	205,612
12	(A) amount, list line 11g expenses on Schedule C.)	2,647.		150.	2,497
13	Office expenses	911,000.	462,228.	436,165.	12,607
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	524,506.	497,287.	19,877.	7,342
17	Travel	626,542.	607,820.	12,286.	6,436
18	그래면 가입하다 있는 사람이 가입니다 이 경기를 보고 있다면 보고 있다면 보고 있다면 하는데 하는데 되어 있다면 그래요?				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	25,983.	24,980.	699.	304
20	Interest	0.			
21	Payments to affiliates	0.	1		
22	Depreciation, depletion, and amortization	353,658.	312,769.	40,889.	
23	Insurance	364,033.	309,671.	51,028.	3,334
24	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 O.)				
а	BUILDING ALLOCATIONS	2,829,868.	2,223,640.	423,834.	182,394
10.75	FUNDRAISING EXP. ALLOCATED			-388,624.	388,624
	OUTSIDE SERVICES	351,875.	240,718.	111,157.	
d	CLIENT AIDS	185,327.	185,327.		
е	All other expenses	551,216.	479,575.	42,316.	29,325
25	Total functional expenses. Add lines 1 through 24e	34,174,371.	29,052,219.	3,849,707.	1,272,445
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,544,699.	1	1,068,926.
2		2,260,004.	2	7,524,704.
3		525,109.	3	1,235,947.
4	Accounts receivable, net	3,136,710.	4	2,850,353.
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
1	controlled entity or family member of any of these persons	0.	5	0
6	- 27 N N N N N N N N N N N N N N N N N N		_	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0
7	Notes and loans receivable, net	0.	7	0
8	Inventories for sale or use	0.	8	0
9	Prepaid expenses and deferred charges	659,768.	9	603,745.
- 370	a Land, buildings, and equipment: cost or other		-	
100	basis. Complete Part VI of Schedule D 10a 33,009,669.			
	b Less: accumulated depreciation 10b 22,926,914.	9,894,206.	10c	10,082,755.
11	Investments - publicly traded securities	89,368,772.	11	84,273,326.
12	Investments - other securities. See Part IV, line 11	0.	12	0.
13	Investments - program-related. See Part IV, line 11.	0.	13	0.
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	323,925.	15	280,629
16	Total assets. Add lines 1 through 15 (must equal line 33)	107,713,193.	16	107,920,385.
17	Accounts payable and accrued expenses.	4,236,723.	17	3,657,050.
18		0.	18	0,007,000
19	Grants payable	480,632.	19	481,696.
20	Deferred revenue.	0.	20	0.
21	Tax-exempt bond liabilities	0.	21	0
180	Loans and other payables to any current or former officer, director,	0.	21	
22				
	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.		0
23	NOT THE PROPERTY OF THE PROPER	0.	22	0.
24	Secured mortgages and notes payable to unrelated third parties	0.	24	0.
25	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
	500 W 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22,638,481.	0.5	29,811,054.
26	of Schedule D	27,355,836.		33,949,800.
	Total liabilities. Add lines 17 through 25	27,333,030.	26	33,343,000.
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	76,465,786.	27	70,343,658.
28	Net assets with donor restrictions.	3,891,571.	28	3,626,927.
20		3,031,371.	28	3,020,921.
	Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
30	Detained assets and assets and the second assets at the second at the se		31	
30 31	Retained earnings, endowment, accumulated income, or other funds,			
70000	Total net assets or fund balances	80,357,357.	32	73,970,585.

HELEN KELLER SERVICES 11-1630807 Page **12** Form 990 (2019) Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI 31,465,112. 1 34,174,371. 2 2 -2,709,259. 3 3 80,357,357. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 490,767. 5 0. 6 6 0. 7 7 0. 8 -4 168 280

9	Other changes in net assets or fund balances (explain on Schedule O)	9	217	.00,2	.00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	73,9	70,5	85.
art	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	npiled or		122	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ted on a			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain on			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo Single Audit Act and OMB Circular A-133?		3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	lergo the	3b	х	
			Form	990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

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

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number HELEN KELLER SERVICES 11-1630807 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2019

Total

Schedule A (Form 990 or 990-EZ) 2019 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	tion A. Public Support			- 13			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,880,779.	14,238,252.	15,282,456.	17,728,417.	20,007,340.	81,137,244.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	13,880,779.	14,238,252.	15,282,456.	17,728,417.	20,007,340.	81,137,244.
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)						0.
6	Public support. Subtract line 5 from line 4						81,137,244.
Sec	tion B. Total Support						
-	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	13,880,779.	14,238,252.	15,282,456.	17,728,417.	20,007,340.	81,137,244.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,014,805.	2,062,992.	3,108,160.	3,097,794.	2,679,010.	13,962,761.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	117,352.	126,163.	110,929.	113,226,	177,206.	644,876.
11	Total support. Add lines 7 through 10						95,744,881.
12	Gross receipts from related activities, etc. (se	e instructions) .				12	53,961,817.
13	First five years. If the Form 990 is for organization, check this box and stop here.	the organizati	ion's first, second	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Supp	ort Percentag	ge				
14	Public support percentage for 2019 (line	e 6, column (f)	divided by line	11, column (f)).		14	84.74%
15	Public support percentage from 2018 S	chedule A, Pa	rt II, line 14			15	76.93%
	331/3% support test - 2019. If the organization qui	alifies as a pub	licly supported of	organization			▶ X
b	331/3% support test - 2018. If the organization						
17a	10%-facts-and-circumstances test - 20 10% or more, and if the organization Part VI how the organization meets the organization	meets the "fac e "facts-and-c	cts-and-circumsta ircumstances* te	ances" test, che st. The organiz	eck this box ar cation qualifies	d stop here. E as a publicly su	xplain in upported
b	10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organ Explain in Part VI how the organizatio supported organization	018. If the org nization meets n meets the "I	anization did no the "facts-and facts-and-circum	t check a box -circumstances" stances" test. 7	on line 13, 16a test, check th The organizatio	a, 16b, or 17a, his box and st o n qualifies as a	and line op here. publicly
18	Private foundation. If the organization constructions	did not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and see	

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	uspo	•

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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					2	
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		y				-
Sec	tion B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends,		1	(t			
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			× =			
	and 12.)						
14	First five years. If the Form 990 is for	r the organiza	tion's first, seco	nd, third, fourth	, or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			mn (f))	marrama anamarrama a	15	9
16	Public support percentage from 2018 Sched					16	9
Sec	ion D. Computation of Investment					Landaria Lan	
17	Investment income percentage for 2019 (line		According to the last of the l	13, column (f))		17	9
8	Investment income percentage from 2018 S					- Contraction	9/
	331/3% support tests - 2019. If the org						7744770
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the organ						14.7
-	line 18 is not more than 331/3%, check t						2000 CO 000
20	Private foundation. If the organization di	a not check a	a box on line 1	4. 19a. or 19b.	cneck this box	and see instruc	ctions 🗩 i

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Schedule A (Form 990 or 990-EZ) 2019

Part IV

Supporting Organizations

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

Sect	ion A. All Supporting Organizations			1
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
775				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		_
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in 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.	9c		
10 a	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 10b below.	10a		
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.)	10b		

Part	IV Supporting Organizations (continued)			ugo o
NAME OF TAXABLE PARTY.			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
		11c		
Secti	ion B. Type I Supporting Organizations	- 0.0		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 supporting organization.	2		
Secti	on C. Type II Supporting Organizations	4		
2001	The state of the s		Yes	No
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 the supported organization(s).	1	100	
Secti	on D. All Type III Supporting Organizations			
1	Did the arganization provide to each of its supported expenizations, but he lest dou of the fifth month of the		Yes	No
*3	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 in (2), 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.	3		
Secti	on 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 in	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.		000001500	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	_	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
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.	3h		

Schedule A (Form 990 or 990-EZ) 2019

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instructions. All other Type III non-functionally integrated supporting organization A. Adjusted Net Income			(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .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 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2019

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Part	V Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	8			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	10000		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	W	·	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019		·	
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e		×	
g	Applied to underdistributions of prior years		<u> </u>	
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	8		
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years	N		
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			11
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j	2		
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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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.)

					ATTACHMENT 1	
SCHEDULE A, PART II -	OTHER INCOME	3				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS	117,352.	126,163.	110,929.	113,226.	177,206.	644,876.
TOTALS	117,352.	126,163.	110,929.	113,226.	177,206.	644,876.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

HELEN KELLER SERVICES 11-1630807 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 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 or 990-EZ), 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, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number 11-1630807

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$16,273,056.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization HELEN KELLER SERVICES

ubiolei	identification	mum
11-	1630807	

Part II Nond	ash Property (see instructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	. s .
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization HELEN KELLER SERVICES

Employer identification number

7000		
	11-1630807	

Part III	(10) that total more than \$1,000 for the following line entry. For organizat	the year from any one contrib tions completing Part III, enter th	s described in section 501(c)(7), (8), or outor. Complete columns (a) through (e) and e total of exclusively religious, charitable, etc.
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the contributions of the contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the Use duplicate copies of the Use dupl		nce. See instructions.) ▶ \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift and 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
		-	
	Transferee's name, address, a	(e) Transfer of gift and 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.	5		
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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

Tax)	(see separate instructions), the Section 501(c)(4), (5), or (6) or		y raxy (see separate i	instructions) or Form 950-1	zz, Part V, line 350 (Proxy	
	e of organization	garnestions, complete i art in.		Employer ide	ntification number	
	EN KELLER SERVICES			11-163		
CONTRACT		organization is exempt unde	r section 501(c) or		- Control - Cont	
1		e organization's direct and indirect				
200	definition of "political camp		political campaign a	otivities iii i ait iv. (see ii	istructions for	
2		expenditures (see instructions)		▶ \$		
3		al campaign activities (see instructions)				
and the latest designation of the latest des		organization is exempt under				
1		cise tax incurred by the organizat				
2	Enter the amount of any e	cise tax incurred by organization	managers under sect	ion 4955 🕨 \$		
3	If the organization incurred	a section 4955 tax, did it file Forr	n 4720 for this year?		. Yes No	
2772						
	If "Yes," describe in Part IV.					
200		organization is exempt unde	r section 501(c), e	cept section 501(c)(3	i).	
1		expended by the filing organization				
2		ing organization's funds contribute				
Ξ,		ties				
3		penditures. Add lines 1 and 2. E				
8						
4						
5	Enter the names, addresse	s and employer identification num	nber (EIN) of all secti-	on 527 political organiza	ations to which the filing	
		nts. For each organization listed, e				
		ntributions received that were pro und or a political action committee				
			T			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
				filing organization's funds. If none, enter -0	contributions received and promptly and directly	
				Turido. Il riorio, dritor o .	delivered to a separate	
					political organization. If	
					none, enter -0	
(1)						
2)						

3)						
COURT						
4)		L	=			
		\$	-			
5)		2				
			o ce			
6)					7	

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019	HELEN	KELLER SERVICES	11-16	30807 Page 2
Part II-A Complete if the or section 501(h)).	ganizati	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	er's name,
B Check ▶ if the filing organ	ization ch	ecked box A and "limited control" provisions app	oly.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to	influence	public opinion (grassroots lobbying)		
b Total lobbying expenditures to	influence	a legislative body (direct lobbying)	130,221.	
c Total lobbying expenditures (a	dd lines 1	a and 1b)	130,221.	
			32,771,705.	
		d lines 1c and 1d)	32,901,926.	
	ying nontaxable amount. Enter the amount from the following table in both		1,000,000.	
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
Not over \$500,000		20% of the amount on line 1e.		
Over \$500,000 but not over \$1,00	00,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,	500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	Over \$17,000,000 \$1,000,000.		250,000.	
g Grassroots nontaxable amoun	g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. I	h Subtract line 1g from line 1a. If zero or less, enter -0			0.
i Subtract line 1f from line 1c. If	zero or le	ess, enter -0	0.	0.
		on either line 1h or line 1i, did the organiza		Yes No
		4-Year Averaging Period Under Section 501(h)))	w u.u. 1.00.000
(Some organizations the	at made	a section 501(h) election do not have to compl	ete all of the five column	ns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expend	itures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	225,401.	173,577.	164,545.	130,221.	693,744.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures			1		

Schedule C (Form 990 or 990-EZ) 2019

Page 3

During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Hallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Did the organization incurred as section 4912 tax, did it file Form 4720 for this year? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Dues, assessments and similar amounts from members Section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line answered "Yes." Dues, assessments and similar amounts from members Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line answered "Yes." Dues, assessments and similar amounts from members Corrover from last year. Corrover from last year. Corrover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) d	Yes No Amount	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?
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Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year. Carryover from last year. Carryover from last year. Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 5 synde the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Par		
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Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	" OR (b) Part III-A, line 3, is	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C answered "Yes."
political expenses for which the section 527(f) tax was paid). Current year		
Carryover from last year	12/25	political expenses for which the section 527(f) tax was paid).
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	to t	
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If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	10001 1 1 1 1	
and political expenditure next year?	421 C 200 E 200 C 200 C 200 E 2	
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ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, li		
see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ted group list); Part II-A, lines 1 a	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated e instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2019

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury

Nam	e of the organization		Employer identification number
HE	LEN KELLER SERVICES		11-1630807
Pa	organizations Maintaining Donor Advis	sed Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		1995 C
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	(BEECH NEW PORTS) [1] : [2] :	100 Carlotte 100 Ca
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		20 27 28 Hamiltonia Hamiltonia
Pá	rt II Conservation Easements.	MASSE THE TIME SUCCESSION CHARGE CARRESTON TO THE CO.	
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example,	recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution in	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements , , , , , ,		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in (c)	acquired after 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or termi	inated by the organization during the
	tax year ▶		
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy rega	arding the periodic monitoring, inspect	ion, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing co	onservation easements during the year
	> \$		
8	Does each conservation easement reported on line 2		
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ial statements that describes the
De	organization's accounting for conservation easemen	The second secon	Cimilar Assats
Pa	Organizations Maintaining Collections Complete if the organization answered		r Similar Assets.
X5(300			
1a	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	SB ASC 958, not to report in its revenue	e statement and balance sheet works
	service, provide in Part XIII the text of the footnote to	o its financial statements that describes the	nese items.
b	If the organization elected, as permitted under FA	SB ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held	for public exhibition, education, or res	earch in furtherance of public service,
	provide the following amounts relating to these item		1277
	(i) Revenue included on Form 990, Part VIII, line 1.		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		assets for financial gain, provide the
967	following amounts required to be reported under FA	(C.) : (C.) : [
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
Eor I	Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2019
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HELEN KELLER SERVICES 11-1630807 Schedule D (Form 990) 2019 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program a b Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 10 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 2,708,884 2,734,297. 2,662,418 34,450,435. 38,651,751. 1a Beginning of year balance 50,360,090. Net investment earnings, gains, -25,413. 71,879 4,044,712. -1,816,838. and losses........ d Grants or scholarships Other expenditures for facilities 2,384,478. and programs Administrative expenses f 2,708,884. 2,708,884. 2,734,297. 88,855,237. 34,450,435. g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment ▶ 100.0000 % c Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No X 3a(i) X 3a(ii) 3b Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		412,000.		412,000.
	Buildings		26,317,606.	17,665,611.	8,651,995.
C	Leasehold improvements				
d	Equipment		6,280,063.	5,261,303.	1,018,760.
е	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10)c.) ▶	10,082,755.

Schedule D (Form 990) 2019

Page 3	530				-
	Р	n	ń	B	-3

Part VII Investments - Other Securities. Complete if the organization answered	"Ves" on Form 990	0 Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	n:
(1) Financial derivatives			200
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 99	0, 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-of-year marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	
	cription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	(F)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ne 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	990, Part X,
1. (a) Descript	ion of liability		(b) Book value
(1) Federal income taxes			
(2) ACCRUED PENSION LIABILITY			19,286,614.
(3) DEFERRED RENT			5,341,849.
(4) DUE TO OTHER FUNDS			207,455
(5) REFUNDABLE DEPOSITS			165,977
(6) FUNDS HELD IN TRUST FOR EMPLOYEES			69,159
(7) PAYCHECK PROTECTION PROGRAM LOAN			4,740,000.
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			29,811,054.
1 The total			,,,

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019 Page 4

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	31,955,879.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		400 767
е	Add lines 2a through 2d	2e	490,767.
3	Subtract line 2e from line 1	3	31,405,112.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,465,112.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	34,174,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	34,174,371.
3	Subtract line 2e from line 1	3	34,1/4,3/1.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	34,174,371.
2; Parl	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		
			-

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR
ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A STREAM OF RETURNS THAT WOULD
BE UTILIZED TO FUND VARIOUS PROGRAMS WHILE SEEKING TO MAINTAIN THE
PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2:

HELEN KELLER SERVICES ADOPTED THE PROVISIONS OF ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES". UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2020, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. AS OF JUNE 30, 2020, THE YEARS STILL SUBJECT TO EXAMINATION BY A TAXING AUTHORITY ARE 2017 THROUGH 2019.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public

Department of the Treasury Internal Revenue Service

Inspection

IELEN I	KELLER SERVICES					11-1630807	
Part I	Fundraising Activities. Comp Form 990-EZ filers are not re				Yes" on Form 99	00, Part IV, line 1	7.
1 Ind a b	cate whether the organization rai Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations		Solid	itation of r	activities. Check a non-government g government grant ising events	rants	
2a Did or l b If "	the organization have a written of key employees listed in Form 990 Yes," list the 10 highest paid indi npensated at least \$5,000 by the	, Part VII) or entit viduals or entities	ty in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(1) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			`
2							
3							
4							
5					14		
6							
7							
8							
9					75		
10							
3 List	all states in which the organiza	tion is registered	or licensed	▶ I to solicit	contributions or	has been notified	it is exempt from
reg	istration or licensing.	04448					

Page 2

		(a) Event #1 GALA	(b) Event #2 WALKATHON	(c) Other events	(d) Total events (add col. (a) through
40		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	105,811.	19,940.	70,950.	196,701
æ	2 Less: Contributions	22,090.	14,310.	30,379.	66,779
	3 Gross income (line 1 minus line 2)	83,721.	5,630.	40,571.	129,922
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
t Expe	7 Food and beverages				
Direc	8 Entertainment				-
	9 Other direct expenses	83,721.	5,630.	40,571.	129,922
	Direct expense summary. Add lirNet income summary. Subtract I	ine 10 from line 3 col	umn (d)	•	
Pa	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ganization answered " ne 6a. 	Yes" on Form 990, F	Part IV, line 19, or	8
Pa	tt III Gaming. Complete if the org	ganization answered " ne 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	reported more than (d) Total gaming (add col. (a) through col. (c))
Revenue	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ganization answered " ne 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Revenue	ft III Gaming. Complete if the org \$15,000 on Form 990-EZ, ling	ganization answered " ne 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Expenses Revenue	Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue	ganization answered " ne 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Expenses Revenue	Gaming. Complete if the org \$15,000 on Form 990-EZ, line Gross revenue	ganization answered " ne 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add
Expenses Revenue	f III Gaming. Complete if the ord \$15,000 on Form 990-EZ, line 1 Gross revenue	ganization answered " ne 6a. (a) Bingo	Yes" on Form 990, F	Part IV, line 19, or	(d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	full Gaming. Complete if the ord \$15,000 on Form 990-EZ, line 1 Gross revenue	yanization answered " ne 6a. (a) Bingo Yes% No	Yes" on Form 990, F	Part IV, line 19, or (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Expenses Revenue	Gaming. Complete if the ord \$15,000 on Form 990-EZ, line 1 Gross revenue	Yes % No yes 2 through 5 in columes	Yes" on Form 990, F	Yes%	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue	Yes % No Tes 2 through 5 in columbtract line 7 from line anization conducts ga	Yes" on Form 990, F (b) Pull tabs/instant bingo/progressive bingo Yes% No Imm (d) 1, column (d) tin each of these states	Yes% No	(d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
~	amount of gaming revenue retained by the third party ▶ \$
c	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE (Form

Grants and Other Assistance to Organizations.

IB IND. 1343-0047	2019	pen to Public
OMO	0	ď

er identification number -1630807 X Yes

Inspection

(Form 990)	Governments, and Individuals in the United States	45
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	
Department of the Treasury Internal Revenue Service	▶ Go to www.irs.gov/Form990 for the latest information.	
Name of the organization	Employ	Employer identificat
HELEN KELLER SERVICES		11-163080
Part I General Inform	General Information on Grants and Assistance	
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	issistance, and
the selection criteria used to award	sed to award the grants or assistance?	

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

		0.5000.00						
	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	 (f) Method of valuation (book, FMV, appraisal, other) 	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST	(1) WESTERN OREGON UNIVERSITY							
345	345 N. MONMOUTH AVENUE, MONMOUTH, OR 97361	47-2887845	501(C)(3)	167,681.				SUBAWARD PAYMENT
(2) VIRG	(2) VIRGINIA COMMONWEALTH UNIVERSITY							NCDB EVALUATION
P.0.	P.O. BOX 843039, RICHMOND, VA 23284	54-6001758	501(C)(3)	106,817.				COORDINATOR SUBAWARD
(3) UNIV	(3) UNIVERSITY OF COLORADO							OPERATION &
P.O.	P.O. BOX 910238, DENVER, CO 80291	84-6000555	501(C)(3)	72,633.				CONTINUING DEVE.
(4) UNIV	(4) UNIVERSITY OF MONTANA							SUBAWARD FOR
32 C	32 CAMPUS DRIVE, MISSOULA, MT 59812	81-0362989	501(C)(3)	46,277.				TRANSITION CONSULT.
(5) PERK	(5) PERKINS SCHOOL FOR THE BLIND							LIBRARY & INFO.
175	175 NORTH BEACON ST., WATERTOWN, MA 02472	04-2103616	501(C)(3)	26,353.				SERVICES SUBAWARD
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)			5 6					
2 Ent	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government	organizations list	ted in the line 1 tab			A	5.
3 Ent	Enter total number of other organizations listed in the line 1 table.	ted in the line	1 table				A	
For Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ions for Form 9	.06				Sch	Schedule I (Form 990) (2019)

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Page 2

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUPPLIES FOR VISUALLY IMPAIRED/BLIND/DEAF-BLIND	.68		246,086.	FMV	AIDS & DEVICES
2					
8					
4					
9					
9					

3 PART I, LINE JUSTIFICATION OF NATIONAL CENTER ON DEAF BLINDNESS ("NCDB") SUBAWARDS TO

UNIVERSITY PARTNERS:

NCDB USES SUBAWARDS WITH A RANGE OF UNIVERSITY AND NONPROFIT PARTNERS TO

BRING NEEDED EXPERTISE INTO THE PROJECT FOR PROJECT MANAGEMENT AS WELL AS

THE SUBAWARDS EACH HAVE A DIFFERENT PURPOSE AND EACH CONTENT-BASED WORK.

SUBAWARD AGREEMENT IS ACCOMPANIED BY A BUDGET AND SCOPE OF WORK (WHICH

CAN BE FURNISHED UPON REQUEST)

THE HELEN KELLER CASE MANAGEMENT STAFF MONITORS THE ELIGIBILITY OF

Schedule I (Form 990) (2019)

11-1630807

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information	he information re	quired in Part I,	line 2, Part III, c	column (b); and any oth	er additional

CONSUMERS TO RECEIVE THE ALDS AND DEVICES AS DOES THE SPONSORING STATE

AGENCY OF THAT CONSUMER.

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SCHEDULE J (Form 990)

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

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

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

2019 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HELEN KELLER SERVICES

Employer identification number

11-1630807

Par	Questions Regarding Compensation			
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on For		Yes	No
14	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	m		
	First-class or charter travel Housing allowance or residence for personal use	117		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme	24		MAG
	or reimbursement or provision of all of the expenses described above? If "No." complete Part III	to		(22)
2000	explain	. 1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by	all		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on lin			
	1a?	. 2		
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.		100	
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study	1	8	
	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			
а	organization or a related organization: Receive a severance payment or change-of-control payment?	4	1155	х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	40 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40	1000	41
	The second secon			20
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		15.11	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue ar	ıv		
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue ar	ıy		
	compensation contingent on the net earnings of:			
a	The organization?			Х
D	Any related organization?	6b		Х
~				12
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe payments not described on lines 5 and 6? If "Yes," describe in Part III	d 7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	1		A
- 10 -2 -11	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describ	0		
	in Part III			х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described i	n J	SIL	WED)
	Regulations section 53.4958-6(c)?	0		

Schedule J (Form 990) 2019

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

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

	Н	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
KIMBERLY ZIMMER (THRU 7	ε	134,091.	50,000.	0	12,000.	3,409.	199,500.	0.
PRESIDENT/CEO	1	0	0.	0	0.	0	0.	0
JOSEPH F. BRUNO (THRU 6	ε	148,621.	75,000.	123,650.	25,000.	.0	372,271.	0.
2 FORMER PRESIDENT/CEO	1	.0	0.	.0	0.	0.	0.	0.
MARC FELDMAN	8	186,463.	0.	0.	20,800.	6,833.	214,096.	0.
3°FO	€	0	0	0.	0.	0	0.	0.
LORRAINE MUZIO	ε	160,433.	6,619.	.0	25,000.	4,077.	196,129.	0.
EXECUTIVE DIRECTOR-HKSB	1	.0	0	0.	0.	.0	0.	0.
SUSAN RUZENSKI	8	155,658.	0	0.	22,750.	1,856.	180,264.	0.
SEXECUTIVE DIRECTOR-HENC	€	.0	0.	.0	0.	.0	0.	0.
BARRY NEGRI	ε	138,152.	0.	0.	8,815.	5,250.	152,217.	0
DIRECTOR OF ACCOUNTING-HKS	E	.0	0	0.	0.	0	0.	0.
	€							
7	(1)							
	(E)							
8	(1)		20.0					
	(3)							
6	(E)							
	ε							
10	(1)						0 0	
	€							
11	(1)							
	€							
12	1							
	€							
13	•							
	€							550
14	•							
	8							
15	•							
	€							

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Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

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

Schedule J (Form 990) 2019

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SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number HELEN KELLER SERVICES 11-1630807

-	CHESCOL	answered "Yes" on Form 990, Part IV, line 25a of the Pelationship between disqualified person and	1015000 7050 90 0 7050		Correct	2000
1	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	s N	lo
(1)						
(2)					T	
(3)					T	
(4)						
(5)					Т	
(6)						
2		by the organization managers or disqualified per				
3	Enter the amount of tax, if any, on	line 2, above, reimbursed by the organization	▶ s			

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In o	lefault?	(h) Ap by bo comm	ard or	(i) W agree	ritten ment
			То	From			Yes	No	Yes	No	Yes	No
(1)						is a second	10					
(2)												
(3)				s = 23.5								
(4)						0.4					(i =)	
(5)												
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(7)						(
(8)	- 12						10			8 8	3	
(9)	- P			100							00	
10)	- 10											

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(2)				÷ .
(4)				
(5)				
(6)				
(7)				
(8)				
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(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019

Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
(1) DIANA NICHOLSON, ESQ.	BOARD TRUSTEE	54,000.	SEE PART V		х
(2)					
(3)		6			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			Y.		
(10)				J	

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV:

DIANA NICHOLSON, ESQ., BOARD TRUSTEE, OPERATED AS A PARTNER OF A LEGAL FIRM THAT PROVIDED LEGAL AND CONSULTING SERVICES TO THE ORGANIZATION. THESE SERVICES AMOUNTED TO \$54,000.

THE ENTIRE BOARD OF TRUSTEES IS AWARE OF THE RELATIONSHIP THAT EXISTS. ALSO, DIANA NICHOLSON, ESQ. EXCUSES HERSELF FROM ANY VOTE CONCERNING THESE TRANSACTIONS. FINALLY, THE CHARGES FOR SERVICES REFLECT FAIR MARKET VALUE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization HELEN KELLER SERVICES

11-1630807

FORM 990, PART III, LINE 4A:

HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS (HKNC)
ENABLES EACH PERSON WHO IS DEAF-BLIND TO LIVE AND WORK IN THE COMMUNITY
OF THEIR CHOICE. TO ACCOMPLISH THIS, THE CENTER HAS DEVELOPED PROGRAMS
THAT PROVIDE SERVICES TO DEAF-BLIND PEOPLE, THEIR FAMILIES AND THE
PROFESSIONALS SERVING THEM IN ALL FIFTY STATES. IN ADDITION TO THE REHAB
TRAINING PROGRAM HOUSED AT THE CENTER'S HEADQUARTERS IN SANDS POINT, NY
WHICH PROVIDED VOCATIONAL AND INDEPENDENT LIVING SKILLS TRAINING TO 145
YOUNG ADULTS. HKNC HAS TEN REGIONAL OFFICES ACROSS THE COUNTRY WHICH
OFFER TECHNICAL ASSISTANCE, INFORMATION AND REFERRAL, CONSULTATION AND
TRAINING. COLLECTIVELY, THE REGIONAL OFFICES SERVED 1,712 INDIVIDUALS,
503 FAMILIES AND 1,267 AGENCIES THIS YEAR.

FORM 990, PART VI, SECTION A, LINE 8B:

MINUTES ARE MAINTAINED FOR THE OPERATIONS COMMITTEE, AUDIT COMMITTEE,
INVESTMENT COMMITTEE, DEVELOPMENT COMMITTEE, PROPERTIES COMMITTEE AND
EXECUTIVE COMMITTEE BUT NOT FOR OTHER COMMITTEES.

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

THE CFO DOES A DETAILED AND CONSCIENTIOUS REVIEW OF FORM 990 AND VERIFIES

ITS ACCURACY INCLUDING A COMPARISON TO THE PRIOR YEAR. A COPY OF DRAFT

FORM 990 IS THEN PROVIDED TO THE BOARD OF TRUSTEES AND ALL QUESTIONS,

CONCERNS, ETC. OF THE BOARD OF TRUSTEES ARE ADDRESSED BY THE CFO.

Employer identification number 11-1630807

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

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

CONFLICT OF INTEREST POLICY IS PROVIDED TO BOARD MEMBERS PRIOR TO
APPOINTMENT, AND OFFICERS AND KEY EMPLOYEES PRIOR TO HIRE AND ANNUALLY.
THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE AUDIT COMMITTEE.

EXECUTIVE COMMITTEE (ALL INDEPENDENT PERSONS) OF THE BOARD OF TRUSTEES

SERVE AS COMPENSATION COMMITTEE TO REVIEW AND APPROVE COMPENSATION ON AN

ANNUAL BASIS USING COMPARABILITY DATA AND PERFORMANCE INFORMATION FOR THE

PRESIDENT/CEO OF THE AGENCY. PRESIDENT/CEO AND EXECUTIVE COMMITTEE (ALL

INDEPENDENT PERSONS) OF THE BOARD OF TRUSTEES SERVE AS COMPENSATION

COMMITTEE TO REVIEW AND APPROVE COMPENSATION ON AN ANNUAL BASIS USING

COMPARABILITY DATA AND PERFORMANCE INFORMATION FOR KEY EMPLOYEES OF THE

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9:

INCREASE IN UNFUNDED PENSION OBLIGATION.....\$(4,168,280).

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES			ATTACHMENT 1		
DESCRIPTION	GRANTS		EXPENSES	REVENUE	
BLIND CHILDREN PROGRAM		Ο.	3,457,618.	1,895,311.	
RESIDENTIAL		0.	771,516.	835,811.	

AGENCY.

Name of the organization		Employer identification number			
HELEN KELLER SERVICES			11-1630807		
			ATTACHMENT 1	(CONT'D)	
FORM 990, PART III, LINE 4D - OTHER PROGRA	M SERVICES				
DESCRIPTION	GRANTS		EXPENSES	REVENUE	
ASSISTIVE TECHNOLOGY		0.	555,747.	93,552.	
LOW VISION		0.	474,567.	348,150.	
SUMMER CAMP		0.	218,144.	64,875.	
SUPPORTED EMPLOYMENT SERVICES		0.	39,144.	280,783.	
TOTALS		0.	5,516,736.	3,518,482.	

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

990,	PARI	ATT-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	TMD.	CONTRACTORS	
											_

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TAURINO MANAGEMENT INC	CONSTRUCTION	675,892.
224 W. 35TH STREET		
NEW YORK, NY 10001		
LISS CONSULTING CORP.	IT SUPPORT/EQUIP.	546,925.
3000 MARCUS AVENUE		
NEW HYDE PARK, NY 11042		
MAC CLEANING SERVICES	COMMERCIAL CLEANING	260,844.
37-63 83RD STREET		
JACKSON HEIGHTS, NY 11372		
TRI-STAR CONSTRUCTION	CONSTRUCTION	213,326.
770 LEXINGTON AVENUE		AC-30 TA-10 (1)
NEW YORK, NY 10065		

Name of the organization

HELEN KELLER SERVICES

Employer identification number

11-1630807

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

BDO USA, LLP

100 PARK AVENUE

NEW YORK, NY 10017

AUDIT AND TAX

161,692.