Form	9	9	0
Departm	nent o	f the	Treasury

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.

Open to Public

G

OMB No. 1545-0047

Inter	nal Reve	enue Serv	ice Inform	nation about Form 990	and its instruction	s is at www.ir	's.gov/f	orm990.		Inspection
A F	or th	ne 202 ⁻	1 calendar year, or tax yea	r beginning	07/01/2021	and endin	ng		06	/30/2022
_			C Name of organization					D Employer ide		
B c	heck if ap	pplicable:	HELEN KELLER SERV	ICES						
	Addre		Doing Business As					11-1630	807	7
	-	e change	Number and street (or P.O. box	if mail is not delivered to stree	et address)	Room/suite		E Telephone n		
	-	l return	180 LIVINGSTON ST					(718)5	· · · -	21 22
-	-	inated	City or town, state or province, of		stal code			(710)5.	<u> </u>	2122
	Amen							G Gross receip	te ¢	02 112 704
	return Applig	n cation	BROOKLYN, NY 1120 F Name and address of principal o					H(a) Is this a grou		83,113,704.
	pendi			Boblat Ho				subordinates	?	
	-		180 LIVINGSTON STR	·				H(b) Are all subord		
<u> </u>		empt sta		01(c) () (insert no	b.) 4947(a)(1)	or 527				t. (see instructions)
J		ite: 🕨	WWW.HELENKELLER.OR					H(c) Group exem		
			nization: X Corporation Tru	ist Association 0	Other 🕨	L Year of	formatio	on: 1893 M	State	of legal domicile: NY
P	art I		mmary							
	1	Briefly	y describe the organization's mi	ssion or most significant	activities: <u>TO</u> E1	NABLE_INI	DIVID	UALS WHO	AR	E_BLIND,
e		VISU	UALLY-IMPAIRED, DEAD	F-BLIND AND/OR	HAVE COMBIN	ED HEARII	NG-VI	ISION LOS	<u>s</u>	
Governance		TO I	LIVE, WORK AND THRI	VE IN THEIR COM	MUNITY OF CI	HOICE.				
ver	2	Check	this box <> if the organiz	ation discontinued its or	perations or dispose	ed of more tha	an 25% (of its net asset	5.	
ß	3	Numb	er of voting members of the go	verning body (Part VI, line	e 1a)				3	1
<u>مە</u>	4		er of independent voting memb						4	1.
ties	5		number of individuals employed						5	38
Activities &			number of volunteers (estimate i						6	1
Ac	7a	Total	unrelated business revenue from	n Part VIII. column (C). lin	e 12				7a	NON
			nrelated business taxable incom						7b	NON
		Not ui			, , , , , , , , , , , , , , , , , , ,			Prior Year		Current Year
	8	Contri	ibutions and grants (Part VIII, line	a 1b)				21,375,23	18	28,681,697.
anu						Y FOR		<u>8,305,55</u>		9,690,380.
Revenue	3	Progra	am service revenue (Part VIII, line	$z \ge 2y$	PUBLIC II	NSPECTION				
Re			ment income (Part VIII, column					5,152,89		4,095,572.
			revenue (Part VIII, column (A),					1,242,50		435,258.
			revenue - add lines 8 through 1					36,076,19		42,902,907.
			s and similar amounts paid (Part					487,89		741,401.
	14		its paid to or for members (Part						ONE	NONI
es	15		es, other compensation, employ					22,181,93	31.	23,243,800.
Expenses	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)				N	ONE	NON
ц.	b		fundraising expenses (Part IX, co							
	17		expenses (Part IX, column (A),					9,508,13		10,518,406.
	18	Total e	expenses. Add lines 13-17 (mus	st equal Part IX, column (/	A), line 25)			32,177,96	55.	34,503,607.
	19	Reven	nue less expenses. Subtract line	18 from line 12				3,898,22	29.	8,399,300.
Net Assets or Fund Balances							Beginn	ning of Current Y	'ear	End of Year
set	20	Total a	assets (Part X, line 16)				1	24,201,52	27.	106,192,765.
dBã	21	Total I	liabilities (Part X, line 26)					20,408,01	1.	10,292,660.
P. E	22		ssets or fund balances. Subtrac				1	03,793,51	6.	95,900,105.
Pa	art II	Sig	gnature Block							
Un	der per	nalties o	of perjury, I declare that I have exar	nined this return, including	accompanying sched	ules and statem	nents, ar	nd to the best of	my l	knowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (o	ther than officer) is based on	all information of whi	ich preparer has	s any kno	owledge.		
Sig			Signature of officer					Date		
He	re									
			Type or print name and title							
			Type preparer's name	Preparer's signatur	re	Date		Choole	if F	PTIN
Paic	k						12025	Check self-employ		
Pre	parer	PAUI			IERSCHMIDT	04/24				P01384178
Use	Only		sname BDO USA, LLP			1		Firm's EIN		3-5381590
		∣ ⊢ırm's	address 🕨 100 PARK AVE	INUE NEW YORK, I	NI IUUI/-500	L .	1	Phone no.	2.	12-885-8000

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions.

	HELEN KELLER SERVICES	11-1630807
For	m 990 (2021)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	x
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.	
2	Did the organization undertake any significant program services during the year which were not listed prior Form 990 or 990-EZ?	d on the 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 p	orogram
	services?	
4	Describe the organization's program service accomplishments for each of its three largest program expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gram the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code:) (Expenses \$ 17,428,559. including grants of \$ 741,401.) (Revenue \$	1 053 597)
	HKNC IS THE ONLY NATIONAL PROGRAM DESIGNED EXCLUSIVELY TO OFFER	,
	SERVICES TO OPTIMIZE EMPLOYMENT, INDEPENDENT LIVING AND COMMUNITY	
	ACCESS FOR YOUTH AND ADULTS WHO ARE DEAFBLIND. HKNC PROVIDES	
	INTENSIVE SERVICES TO ANY INDIVIDUAL AT ITS COMPREHENSIVE	
	VOCATIONAL REHABILITATION PROGRAM AND/OR FIELD SERVICES. HKNC	
	PROVIDES TRAINING AND SUPPORT TO FAMILIES AND PROFESSIONALS,	
	CONDUCTS APPLIED RESEARCH AND DEMONSTRATION PROJECTS AND MAINTAINS A NATIONAL REGISTRY.	
4b	(Code:) (Expenses \$ 4,934,530. including grants of \$ NONE) (Revenue \$	3,037,714.)
	HKSB COMPREHENSIVE REHABILITATION SERVICES - HKSB PROVIDES	
	COMPREHENSIVE REHABILITATION SERVICES TO YOUTH, WORKING AGE ADULTS	
	AND SENIORS WHO ARE BLIND OR HAVE VISION LOSS. THESE SERVICES	
	INCLUDE BUT ARE NOT LIMITED TO EMPLOYMENT TRAINING, JOB	
	DEVELOPMENT AND PLACEMENT SERVICES, ORIENTATION AND MOBILITY,	
	VISION REHABILITATION, SOCIAL WORK, LOW VISION, AND ADAPTIVE	
	TECHNOLOGY.	
4c	(Code:) (Expenses 3,825,650. including grants of S NONE) (Revenue S THE CHILDREN'S LEARNING CENTER PROVIDES A FULL-DAY CENTER BASED	2,002,366.)

THE CHILDREN'S LEARNING CENTER PROVIDES A FULL-DAY CENTER BASED	
SPECIAL EDUCATION PRESCHOOL PROGRAM THAT SPECIALIZES IN SERVING	
CHILDREN AGES 3-5 YEARS OLD WITH DISABILITIES AND DEVELOPMENTAL	
DELAYS SUCH AS CHILDREN WHO ARE BLIND AND HAVE LOW VISION, AUTISM,	
NEUROLOGICAL AND ORTHOPEDIC IMPAIRMENTS. THE CENTER ALSO OFFERS A	
HOME BASED EARLY INTERVENTION PROGRAM TO CHILDREN FROM INFANCY TO	
3 YEARS OF AGE.	

 4d Other program services (Describe on Schedule O.)
 SEE
 SCHEDULE O

 (Expenses \$ 3,024,744.
 including grants of \$ NONE) (Revenue \$ 3,596,703.
 3,596,703.

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Form 9	90 (2021)		F	Page 3				
Part	V Checklist of Required Schedules							
			Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"							
•	complete Schedule A	1	X					
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		v				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X				
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II							
5								
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х				
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		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		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							
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X				
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	v					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X					
	VII, VIII, IX, or X, as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"							
u	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							
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х				
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more							
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	X					
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete							
	Schedule D, Parts XI and XII.	12a	X					
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		v				
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X				
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X				
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140						
	fundraising, business, investment, and program service activities outside the United States, or aggregate							
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or							
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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							
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X					
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?							
00 -	If "Yes," complete Schedule G, Part III	19		X				
	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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х					
ISA		L 1	Λ					

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Form 990 (2021)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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			
_ a	\$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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C				
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	200		v
L	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
C	· · ·	202		37
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
-	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part				
- art	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 00	
		-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	v	
JSA	reportable gaming (gambling) winnings to prize winners?		X QQN	(2021)
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Form 990 (2021)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 382			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	C -		37
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70	v	
	and services provided to the payor?	7a 7b	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		<u></u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	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		
10	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			
	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14 a	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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
JSA		Form	990	(2021)
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Form 9	990 (2021) HELEN KELLER SERVICES 11	-163080)7	P	age 6
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b	below, a	nd fo	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Scheo				ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			Х
Sect	ion 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	14			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with			
	any other officer, director, trustee, or key employee?	L <i>i</i>	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?.	· · · L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	· · · ⊢	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	· · · ⊢	5		X
6	Did the organization have members or stockholders?	· · · _ ·	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
	one or more members of the governing body?	••• ⊢	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) men		.		
	stockholders, or persons other than the governing body?	••• –	'b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	Juring			
	the year by the following:				
а	The governing body?	••• –	Ba	Х	
b	Each committee with authority to act on behalf of the governing body?	••• -	ßb		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach		<u> </u>		37
Sacti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9 200		X
Secu	on b. Policies (This Section B requests information about policies not required by the internal Net			Yes	No
		1	0a	X	
	Did the organization have local chapters, branches, or affiliates?	· · · ⊢	Va	<u>_</u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	·	0b	х	
44.0	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	· · · .	1a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for Describe on Schedule O the process, if any, used by the organization to review this Form 990.	m?•			
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1:	2a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	· · · ⊢			
D.	rise to conflicts?		2b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
Ŭ	describe on Schedule O how this was done	-	2c	Х	
13	Did the organization have a written whistleblower policy?		3	Х	
14	Did the organization have a written document retention and destruction policy?	-	4	Х	
15	Did the process for determining compensation of the following persons include a review and approv				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec				
а	The organization's CEO, Executive Director, or top management official		5a		Х
b	Other officers or key employees of the organization		5b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement			
	with a taxable entity during the year?	1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguar				
	organization's exempt status with respect to such arrangements?	<u></u> [10	6b		
Secti	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and (2) apply available for public important indicate how you made these available. Check all that apply	d 990-T (s	sectio	on 50)1(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	۱			
	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, co	nflict of it	ntere	st p	olicy,
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and SHARONA HEBRONI, 180 LIVINGSTON STREET BROOKLYN, NY 11201	records			
	718-522-2122			90/	2021)
JSA		F	0111 3		2021)
1E1042	$\frac{1.000}{0.000} = 0.0000 = 0.00000 = 0.0000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.00000 = 0.000000 = 0.00000000$		~		

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art VII	Compensation o	of Officers,	Directors,	Trustees,	кеу	Employees,	Hignest	Compensated	Employees,	and
	Independent Con	ntractors								
	Independent Con	ntractors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unles:	s pe	ition more rson	e than c is both or/trust employee	an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SUSAN RUZENSKI	35.00									
CEO	NONE			Х				217,885.	NONE	25,559.
(2) LORRAINE MUZIO	35.00							21,7000.		
EXECUTIVE DIRECTOR-HKSB	NONE					x		168,904.	NONE	30,557.
(3) MIA MURRO	35.00							,		
CHIEF HR OFFICER	NONE					x		138,980.	NONE	29,602.
(4) SHARONA HEBRONI	35.00									
CFO	NONE			х				160,223.	NONE	7,092.
(5) ELIZABETH MEADE	35.00									
ASSOC. EXEC. DIR HKSB	NONE					Х		129,569.	NONE	31,886.
(6) STACEY B. SULLIVAN	35.00									
COORDINATOR OF PROF. DEV.	NONE					X		133,062.	NONE	26,000.
(7) LAURA ROCCHIO	35.00									
DIR. OF DIRECT SERVICES-HKNC	NONE					X		130,781.	NONE	23,206.
(8) DEBORAH HARLIN	35.00									
EXECUTIVE DIRECTOR	NONE			Х				131,980.	NONE	12,127.
(9) LARRY KINITSKY	3.00									
CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(10) ALVIN ADELMAN	3.00									
VICE CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(11) SETH J. CUMMINS	3.00									
VICE CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(12) RICHARD DZWLEWICZ	3.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(13) ALAK NISCHAL MD, FACP	3.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(14) ANTHONY BARONCI	3.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE

JSA 1E1041 1.000 92060C 702V **04/24/2023 11:32:08** Form **990** (2021)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	bye	es,	and H	lig	hest Compensat	ed Employees (continued)
(A)	(B)	ľ	•		C)		-	(D)	(E)	(F)
Name and title	Average			Pos	sition			Reportable	Reportable	Estimated
	hours per	per (do not check more than or						compensation	compensation from	
	week (list any					is both or/trust		from	related	other
	hours for related		-	1		1		the	organizations	compensation from the
	organizations	r dii	stit	Officer	eye	mpl	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	below dotted	dividual director	utio	e,	mp	est o	er	(00-2/1099-00130)		and related
	line)	or tr	nal		Key employee	eom				organizations
		Individual trustee or director	Institutional trust		ð	pen				
		œ	tee			Highest compensated employee				
			-			ă				
5) HON. MIRIAM CYRULNIK	3.00							NONT		
RUSTEE	NONE	X	-					NONE	NONI	e non
6) STELLA GUARNA	3.00									
RUSTEE	NONE	X						NONE	NON1	e non
.7) CARY S. HETT	3.00	-								
RUSTEE	NONE	X						NONE	NONI	E NON
.8) JAMES M. KLANCNIK, JR. MD	3.00	_								
RUSTEE	NONE	X	-					NONE	NONI	e non
9) CHRISTOPHER D. MAHER	3.00	_								
RUSTEE	NONE	Х						NONE	NONI	e non
0) DIANA L. NICHOLSON, ESQ.	3.00									
RUSTEE	NONE	Х						NONE	NONI	e non
1) RENE G. PELLERIN	3.00									
RUSTEE	NONE	Х						NONE	NONI	E NON
2) STEPHEN PETRICK (THRU 11/21)	3.00									
 TRUSTEE	NONE	x						NONE	NONI	e non
23) ELISE SCHROEDER	3.00									
TRUSTEE	NONE	x						NONE	NONI	e non
			1							
	+	-								
			1							
	+	1								
lb Sub-total			-		1			1,211,384.	NONI	<u> </u>
lb Sub-total c Total from continuation sheets to Part VII, S	ection A	• • •	• •	• •	•••	• • •	5	NONE		
d Total (add lines 1b and 1c)	-			• •			•	1,211,384.	NONI	
2 Total number of individuals (including but not									-	100,025
reportable compensation from the organizatio		1036	11310	ua		16	510		φ100,000 0i	
	,					10				Yes No
Did the energiation list and former offic									• • • • • • • • • • • • • • • •	
B Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3 X
										3 X
For any individual listed on line 1a, is the										
organization and related organizations gr										
individual										4 X
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	es," comple	te Scl	hedı	ıle J	J for	such	per	son		5 2
Section B. Independent Contractors										
Complete this table for your five highest com										
compensation from the organization. Report of	compensati	on foi	r the	e ca	lend	dar ye	ar e	ending with or with	nin the organization	on's tax
year.									1	
(A)								(B)		(C)
SEE SCHEDULE O Name and business add	dress							Description of se	ervices	Compensation

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 ► 3
JSA 1E1055 2.000

11

Pa	't VII						
		Check if Schedule O contains a resp	onse or note to an	y line in this Part V			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Its	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
٦ ٩ ٣	с	Fundraising events	137,511.				
ar /	d	Related organizations					
عي ii	е	Government grants (contributions) 1e	27,093,947.				
Sil	f	All other contributions, gifts, grants,					
ler uti		and similar amounts not included above . 1f	1,450,239.				
ĘĘ	g	Noncash contributions included in					
d		lines 1a-1f	\$				
<u></u>	h	Total. Add lines 1a-1f	<u> ▶</u>	28,681,697.			
			Business Code				
Program Service Revenue	2a	TRAINING FEES AND ALLOWANCES	900099	9,690,380.	9,690,380.		
le c	b		_				
n S ent	c		_				
ran lev	d		_				
60	е		_				
Ē	f	All other program service revenue	-				
	g	Total. Add lines 2a-2f		9,690,380.			
	3	Investment income (including dividend	s, interest, and				
		other similar amounts).	🏲	2,928,561.			2,928,561
	4	Income from investment of tax-exempt bo		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 612,32					
	b	Less: rental expenses 6b 264,42					
	c	Rental income or (loss) 6c 347,89					
	d	Net rental income or (loss)		347,897.			347,897
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 40,930,99	97.				
venue	b	Less: cost or other basis					
		and sales expenses . 7b 39,763,99					
Re	C .	Gain or (loss) 7c 1,167,02		1 1 65 011			
Other Re	d	Net gain or (loss)	•••••	1,167,011.			1,167,011
đ	8a	Gross income from fundraising					
-		events (not including \$137,511.					
		of contributions reported on line	a 158,253.				
		1c). See Part IV, line 18					
	b	Less: direct expenses		-24,133.			-24,133
	c		.ts ▶	21,155.			21,155
	9a	Gross income from gaming activities. See Part IV, line 19	a NONE				
	h		-				
	b c	Less: direct expenses		NONE			
	10a	Gross sales of inventory, less					
	IVa	returns and allowances	a NONE				
	b	Less: cost of goods sold					
	с С	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	900099	111,494.			111,494
ane	b						
eve	c						
lisc R	d	All other revenue					
Σ	е	Total. Add lines 11a-11d		111,494.			
	12	Total revenue. See instructions		42,902,907.	9,690,380.		4,530,830
10.4							

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 503,235 and domestic governments. See Part IV, line 21 503,235 2 Grants and other assistance to domestic 238,166. 238,166 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 581,108. 473,363. 107,745. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 16,799,811. 15,495,112. 1,062,791. 241,908. 934,417. 934,417. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,173,385. 2,616,758. 453,346 103,281. 1,755,079. 1,636,272. 101,847. 16,960. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 78,5<u>63</u> 13,994 64,569 **b** Legal 282,803 282,803. c Accounting 187,380 187,380 d Lobbying NONE e Professional fundraising services. See Part IV, line 17. 292,905 292,905. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 1,743,127. 1,219,357. 319,240. 204,530. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 11,515 850 10,665 945,660. 657,420. 211,844. 76,396. 13 Office expenses 14 Information technology NONE NONE 15 Royalties 7,724. Occupancy 495,326 466,691. 20,911. 16 641,121 627,575. 12,375. 1,171. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 88,097 63,549 142. Conferences, conventions, and meetings 24,406. 19 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 332,744 290,747 41,997. 22 416,152. 372,620. 38,947. 4,585. Insurance 23 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.) a SPECIAL EVENTS OTHER DIR EXP -157,454 -157,454. 495,572 **b** BUILDING ALLOCATIONS 3,515,627 2,815,895 204,160. c OUTSIDE SERVICES 857,916 483,103. 374,813. d CLIENT AIDS 178,141. 178,141 608,783 412,201. 182,970 13,612. e All other expenses Total functional expenses. Add lines 1 through 24e 34,503,607. 29,213,483. 4,454,699. 835,425. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

Form 990 (2021)

following SOP 98-2 (ASC 958-720)

if

Form 990 (2021)

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	Check if Schedule O contains a response or note to any line in this Pa			
_		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	271,809.	1	1,556,716
2	Savings and temporary cash investments	11,503,577.	2	4,442,326
3	Pledges and grants receivable, net	3,777,674.	3	2,988,829
4	Accounts receivable, net	2,545,079.	4	4,008,328
5	Loans and other receivables from 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	NONE	5	NO
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NO
7	Notes and loans receivable, net	NONE	7	NO
7 8	Inventories for sale or use	NONE	8	NO
9	Prepaid expenses and deferred charges	655,775.	9	560,87
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 34, 203, 850.			
b	Less: accumulated depreciation	9,470,106.	10c	9,766,67
11	Investments - publicly traded securities	95,548,839.	11	82,440,34
12	Investments - other securities. See Part IV, line 11	NONE		NC
13	Investments - program-related. See Part IV, line 11	NONE	13	NC
14	Intangible assets	NONE		NC
15	Other assets. See Part IV, line 11	428,668.	15	428,66
16	Total assets. Add lines 1 through 15 (must equal line 33)	124,201,527.	16	106,192,76
17	Accounts payable and accrued expenses.	3,152,547.	17	3,841,88
18	Grants payable	NONE		NC
19	Deferred revenue	NONE		264,70
20	Tax-exempt bond liabilities	NONE		NC
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NC
	Loans and other payables to any current or former officer, director,			110
~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	NONE	22	NC
23	Secured mortgages and notes payable to unrelated third parties	NONE		NC
23	Unsecured notes and loans payable to unrelated third parties	4,740,000.	23	NC
24	Other liabilities (including federal income tax, payables to related third		27	INC
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	12,515,464.	25	6,186,06
26	Total liabilities. Add lines 17 through 25.	20,408,011.	25	10,292,66
	Organizations that follow FASB ASC 958, check here ► X	20,100,011.	20	10,292,00
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	99,302,394.	27	91,523,58
28	Net assets with donor restrictions.	4,491,122.	27	4,376,52
20	Organizations that do not follow FASB ASC 958, check here ►	7,791,144.	20	т, 370, 52
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		20	
29	Paid-in or capital surplus, or land, building, or equipment fund		29	
27 28 29 30 31 32			30	
31	Retained earnings, endowment, accumulated income, or other funds	100 000 516	31	
32	Total net assets or fund balances	103,793,516.	32	95,900,10
33	Total liabilities and net assets/fund balances	124,201,527.	33	106,192,76

Form 990 (2021)

	HELEN KELLER SERVICES 1	1-163	30807			
Form 99	90 (2021)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)		1	42,9	02,	907
2	Total expenses (must equal Part IX, column (A), line 25)		2	34,5	03,	607
3	Revenue less expenses. Subtract line 2 from line 1		3	8,3	99,	300
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	103,7	93,	516
5	Net unrealized gains (losses) on investments		5	-15,4	78,	537
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O).		9	- 8	14,	174
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X	, line				
	32, column (B))		10	95,9	00,	105
Part	XII Financial Statements and Reporting			-		
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "O	ther," ex	plain on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accou	ntant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year w					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate ba	isis				
h	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 we					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis	isis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibilit		rsight of			
·	the audit, review, or compilation of its financial statements and selection of an independent a		•		X	
	If the organization changed either its oversight process or selection process during the tax					
	Schedule O.	, oui, o/				
3 3	As a result of a federal award, was the organization required to undergo an audit or audits a	is set for	th in the			
Ja	Single Audit Act and OMB Circular A-133?			3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo		•		x	
		ut				(2021)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury	
Internal Revenue Service	

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

						Encolaria i de activ	
	e of the organization					Employer identif	
Par	LEN KELLER SERVICES	parity Status (All	organizations must	complet	o this n		.630807
	organization is not a private for		-			,	<u>. </u>
1	A church, convention of c		•	•	•	,	
2	A school described in sec						
3	A hospital or a cooperativ			-		(1)(A)(iii).	
4	A medical research organ	-	-)(iii). Enter the
	hospital's name, city, and						
5	An organization operated		a college or universi	ty owned	d or ope	rated by a governme	ental unit described ir
	section 170(b)(1)(A)(iv).	(Complete Part II.)					
6	A federal, state, or local g	government or gove	rnmental unit describe	ed in sect	ion 170(b)(1)(A)(v).	
7	x An organization that norr	-		upport fro	om a go	vernmental unit or fr	om the general public
	described in section 170(
8	A community trust descril			-			
9	An agricultural research o	-			-		
	or university or a non-land	d-grant college of ac	griculture (see instruc	tions). Ei	nter the i	name, city, and state c	if the college or
10	university: An organization that norm	$\frac{1}{2}$	are then 224 (e. 9/ of ite	oupport	from oor	atributiona mambarak	ain face, and gross
10 11	An organization that norm receipts from activities re support from gross invest acquired by the organizat An organization organized	elated to its exempt f tment income and u tion after June 30, 1	functions, subject to c inrelated business tax 975. See section 509	ertain ex able inco (a)(2). (C	ceptions me (less complete	s; and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
12	An organization organized	•	•				rry out the nurnoses of
12	one or more publicly supp	-	-				
	the box on lines 12a throu	•					
а	Type I. A supporting or	-				-	-
ŭ	the supported organizat		-	-		- · ·	
	supporting organization						
b	Type II. A supporting of				with its	supported organizat	ion(s), by having
	control or management						
	organization(s). You mu	st complete Part IV	, Sections A and C.				
С	Type III functionally int	egrated. A supporti	ing organization opera	ated in co	onnectio	n with, and functiona	Ily integrated with,
	its supported organization						
d	Type III non-functional			-			- · ·
	that is not functionally in			-		-	d an attentiveness
	requirement (see instru		-				U T W
е	Check this box if the org	-					п, туре п
f	functionally integrated, Enter the number of supporte			porting c	nganizai	.1011.	
							•••••
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
			above (see instructions))	Yes	nent? No	instructions)	instructions)
(A)							
(A)							
(B)							
(5)							
(C)							
/							
(D)							
(E)							
							+
Tota	ll in the second s						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1210 1.000

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,282,456.	17,728,417.	20,007,340.	21,375,238.	28,681,697.	103,075,148.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	15,282,456.	17,728,417.	20,007,340.	21,375,238.	28,681,697.	103,075,148.
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).						NONE
6	Public support. Subtract line 5 from line 4						103,075,148.
	tion B. Total Support						103,075,148.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	15,282,456.	17,728,417.	20,007,340.	21,375,238.	28,681,697.	103,075,148.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,108,160.	3,097,794.	2,679,010.	2,651,760.	3,276,458.	14,813,182.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . SEE SUPP PAGE .	110,929.	113,226.	177,206.	786,233.	111,494.	1,299,088.
11	Total support. Add lines 7 through 10						119,187,418.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	50,252,773.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (li					14	86.48 %
15	Public support percentage from 2020					15	85.60 %
16a	331/3% support test - 2021. If the org	-					
	box and stop here. The organization q						
b	331/3% support test - 2020. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990) 2021

11-1630807

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 gualify under Part II

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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 $\hfill a$						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	() 0047	(1) 0040	() 0040	()) 00000	() 0001	(0 T)
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	<u> </u>					
IUa	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.	<u> </u>					
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	<u> </u>					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						504())(0)
14	First 5 years. If the Form 990 is for	0					
<u> </u>	organization, check this box and stop here			<u></u>		<u></u>	
15	tion C. Computation of Public Sup Public support percentage for 2021 (line 8	•	-	(f))		15	%
16	Public support percentage for 2021 (inte of Public support percentage from 2020 Sche		•				<u> </u>
	tion D. Computation of Investmen					10	/0
				12 oolump (f))		17	%
17 10	Investment income percentage for 2021 (li						%
18 19 a	Investment income percentage from 2020 331/3% support tests - 2021. If the or					18	
199	17 is not more than 331/3%, check thi	-					
F	331/3% support tests - 2020. If the org	-	•	-			
a	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						
20 JSA	invate roundation. In the organization	and HOL CHECK A		- - , 13a, 01 19D	, oneok une DU		A (Form 990) 2021
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

1

2

Page 5

Part	V Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

-	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).
•		Yes	N
2	Activities Test. Answer lines 2a and 2b below.		

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

2a

2b

3a

HELEN KELLER SERVICES			1630807 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	ng trust on	Nov. 20, 1970 (<i>expla</i>	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		· · · = · · · · · · · ·	

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

Schedule A (Form 990) 2021

Schedu	le A (Form 990) 2021				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	5	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017			_	
C	From 2018			_	
d	From 2019			_	
е	From 2020			_	
f	Total of lines 3a through 3e			_	
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$			_	
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount			_	
	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result				
6	greater than zero, <i>explain in Part VI.</i> See instructions. Remaining underdistributions for 2021. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
a b	Excess from 2017				
<u>а</u> 2	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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

SCHEDULE	Δ.	PART	ΤТ	_	OTHER	INCOME
DCILEDOLLE	n,	FULL	± ±		OTHER	TINCOME

Schedule A (Form 990 or 990-EZ) 2021

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS	110,929.	113,226.	177,206.	786,233.	111,494.	1,299,088.
TOTALS	110,929.	113,226.	177,206.	786,233.	111,494.	1,299,088.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

HELEN KELLER SERVI	CES	11-1630807
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as	s a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a p	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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

(a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 1 N/A Person Payroll \$ 20,809,941. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Х N/A Person Payroll 3,988,276. \$ Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 3 N/A Х Person Payroll 1,414,204. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х N/A Person Payroll 772,491. \$ 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

\$

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Schedule B (Form 990) (2021)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

		Paç
Employer	identification	number

11-1630807

Name of organization

HELEN KELLER SERVICES

Page 2

Schedule B (Form 990) (2021)
Name of organization

Part I

JSA 1E1253 2.000

RVICES ctions). Use duplicate copies (b) procash property given	of Part II if additional space is ne	-1630807 eded.
	(c)	
sicusii property given	FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) oncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) oncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) oncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(b) oncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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	(b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(b) poncash property given (c) FMV (or estimate) (See instructions.) (b) poncash property given (c) FMV (or estimate) (See instructions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

(1 th	HELEN KELLER SERVICES Exclusively religious, charitable, etc., 10) that total more than \$1,000 for t	. contributions to o		Employer identification number 11-1630807
(1 th	Exclusively religious, charitable, etc., 10) that total more than \$1,000 for t	. contributions to o		11-1630807
	ontributions of \$1,000 or less for the Jone of the Jone of \$1,000 or less for the Jone of \$1,000 or less for the Jone of	the year from any ons completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship 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) Transf and ZIP + 4	-	ship 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) Transf and ZIP + 4	-	ship 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) Transf	-	
	Transferee's name, address, a 	and ZIP + 4	Relation:	ship of transferor to transferee Schedule B (Form 990) (2021)

	Section 501(c)(4), (5), or (6) org			Employer	ntification number
	U U				
	LEN KELLER SERVICES	organization is exempt under	anotion E01/a) ar		530807
	•	• •	· · ·	•	
1	•	he organization's direct and ind	irect political camp	aign activities in Part	IV. See instructions to
2	definition of "political campa	xpenditures. See instructions			
2 3		campaign activities. See instructions			
-	rt I-B Complete if the c	organization is exempt under	ns section 501(c)(3)		
га 1	-	cise tax incurred by the organization		5 • ¢	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section	on 4955 ►\$	
3		a section 4955 tax, did it file Form			
	If "Yes," describe in Part IV.				
		organization is exempt under	section 501(c), ex	cept section 501(c)(3	s).
1		xpended by the filing organization			
2	Enter the amount of the filir	ng organization's funds contributed	I to other organization	ons for section	
3		enditures. Add lines 1 and 2. En	ter here and on Fo	rm 1120-POL,	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes
4 5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were prom	per (EIN) of all section ter the amount pair apply and directly de	on 527 political organiza I from the filing organiz livered to a separate po	Yes No ations to which the filir ation's funds. Also ento litical organization, suc
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er	per (EIN) of all section ter the amount pair apply and directly de	on 527 political organiza I from the filing organiz livered to a separate po	Yes No ations to which the filin ation's funds. Also entro- litical organization, suc nformation in Part IV.
5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were prom and or a political action committee (per (EIN) of all section of the amount pair of the amount pair of the amount pair of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of t	on 527 political organiz from the filing organiz livered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	Yes No ations to which the filin ation's funds. Also ente- olitical organization, suc nformation in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
1)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were prom and or a political action committee (per (EIN) of all section of the amount pair of the amount pair of the amount pair of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of t	on 527 political organiz from the filing organiz livered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	Yes No ations to which the filin ation's funds. Also enter olitical organization, suc nformation in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
5 1) 2)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were prom and or a political action committee (per (EIN) of all section of the amount pair of the amount pair of the amount pair of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of t	on 527 political organiz from the filing organiz livered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	Yes No ations to which the filin ation's funds. Also entro- plitical organization, suc nformation in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
5 1) 2) 3)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were prom and or a political action committee (per (EIN) of all section of the amount pair of the amount pair of the amount pair of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of t	on 527 political organiz from the filing organiz livered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	Yes No ations to which the filir ation's funds. Also entro- plitical organization, suc nformation in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
5 1) 2) 3) 4)	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were prom and or a political action committee (per (EIN) of all section of the amount pair of the amount pair of the amount pair of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of t	on 527 political organiz from the filing organiz livered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	Yes Nations to which the filir ation's funds. Also entro- plitical organization, suc nformation in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
	Did the filing organization fil Enter the names, addresses organization made payment the amount of political cont as a separate segregated fur	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, er tributions received that were prom and or a political action committee (per (EIN) of all section of the amount pair of the amount pair of the amount pair of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the amount of the of the amount of t	on 527 political organiz from the filing organiz livered to a separate po pace is needed, provide i (d) Amount paid from filing organization's	Yes No ations to which the filir ation's funds. Also entro- plitical organization, suc nformation in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.

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.

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.

SCHEDULE C

Department of the Treasury

(Form 990)

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.

28

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JSA

OMB No. 1545-0047

Sch	edule C (Form 990) 2021 HELEN	KELLER SERVICES	11-	-1630807 Page 2
Ра	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group memb	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	187,380.	
c	: Total lobbying expenditures (add lines 1	a and 1b)	187,380.	
c	d Other exempt purpose expenditures		33,480,802.	
e	• Total exempt purpose expenditures (add	d lines 1c and 1d)	33,668,182.	
f	Lobbying nontaxable amount. Enter th	e amount from the following table in both		
	columns.		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 \$1,000,000	\$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	\$1,000,000.		
g	g Grassroots nontaxable amount (enter 28	5% of line 1f)	250,000.	
h	N Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?			Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

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

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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.			
с	Total lobbying expenditures	164,545.	130,221.	180,226.	187,380.	662,372.			
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.			
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.			
f	Grassroots lobbying expenditures								

Schedule C (Form 990) 2021

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For	and "Van" manager on lines to through the below provide in Port IV a detailed	(2	a)	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount	
1	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:				
a b c	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. Media advertisements?				
d e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
f g	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
j 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b C d	If "Yes," enter the amount of any tax incurred under section 4912				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Par	t III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or se	ectio	on	
		501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	t III-A	A, line 3	3, is
		answered "Yes."			
	Dura		4		

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	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?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

Part IV Supplemental Information

Provide 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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEE	DULE I	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.

20 21 **Open to Public**

OMB No. 1545-0047

Dep	artment of the Treasury		Attach to Form 990.			Open to Public
Internal Revenue Service		► Go to www.irs.gov/	/Form990 for instructions an	id the latest info		Inspection
	e of the organization				Employer identifie	
	LEN KELLER SER				11-1630)807
Pa		tions Maintaining Donor Advi			or Accounts.	
	Complete	e if the organization answered				
			(a) Donor advised	funds	(b) Funds an	d other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3	Aggregate value o	of grants from (during year)				
4		at end of year				
5		ion inform all donors and donor				
	-	inization's property, subject to the	-	-		
6		on inform all grantees, donors, a				
		e purposes and not for the benef				
		nissible private benefit?			<u></u>	YesNo
Pa		tion Easements.	")/			
_		e if the organization answered				
1		servation easements held by the		- · · · · ·		
		n of land for public use (for example	, recreation or education)		n of a historically in	
		of natural habitat] Preservatio	n of a certified hist	oric structure
~		n of open space			in the former of a sec	
2		through 2d if the organization he	eid a qualified conservatio	n contribution		e End of the Tax Year
_		ast day of the tax year.				
a		onservation easements			2a	
b		tricted by conservation easements			2b 2c	
C A		vation easements on a certified		. ,	20	
d		rvation easements included in (c isted in the National Register			2d	
3		rvation easements modified, trai			· · · ·	appization during the
3	tax year ►		nsieneu, releaseu, eximy		initiated by the of	yanization during the
4	•	where property subject to conse	rvation assemant is located	4 🕨		
4 5		ation have a written policy reg				
5	-	orcement of the conservation east			-	Yes No
6		hours devoted to monitoring, insp				
U		nours devoted to monitoring, insp	ecting, nanoling of violation	s, and enforcin	ig conservation ease	ments during the year
7	Amount of expens	es incurred in monitoring, inspect	ting handling of violations	and enforcing	conservation ease	ments during the year
•	►\$		ang, nananng or violationo,	and enterening		inonio during the your
8	· • •	vation easement reported on line 2	2(d) above satisfy the requi	rements of sec	ction 170(h)(4)(B)(i)	
•)(4)(B)(ii)?				
9	In Part XIII. descri	be how the organization reports	conservation easements i	n its revenue a	ind expense statem	ent and
		d include, if applicable, the text of			•	
	organization's acc	ounting for conservation easeme	nts.			
Pa		tions Maintaining Collections			er Similar Asset	S.
	Complete	e if the organization answered	"Yes" on Form 990, Pa	rt IV, line 8.		
1a	If the organization	n elected, as permitted under FA	SB ASC 958, not to repo	ort in its rever	nue statement and	balance sheet works
	of art, historical f	treasures, or other similar asset Part XIII the text of the footnote	ts held for public exhibit	ion, education	n, or research in t	furtherance of public
b		n elected, as permitted under FA				lance sheet works of
b		sures, or other similar assets hel				
		ing amounts relating to these iter				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				\$
	(ii) Assets include	d in Form 990, Part X				\$
2		n received or held works of a				
	-	s required to be reported under F				
а	Revenue included	on Form 990, Part VIII, line 1				\$
b	Assets included in	Form 990, Part X				\$

For	Paperwork Reduction	Act Notice,	see the	Instructions	for Form 990.
JSA					
1E12	268 1.000				

Schee	dule D (Form 990) 2021 HEL	EN KELLER SEN	RVICES					11-1	630807	Page 2
Ра	rt III Organizations Maintaini	ng Collections o	f Art, Histo	rical Tre	easures	, or O	ther Similar A	Assets (c	ontinue	d)
3	Using the organization's acquisition	n, accession, and	other recor	ds, checl	k any of	the for	ollowing that m	nake sigr	ificant us	se of its
	collection items (check all that app	ly):		_						
а	Public exhibition		d	Loan d	or excha	nge pr	ogram			
b	Scholarly research		e	Other						
С	Preservation for future gener									
4	Provide a description of the organ	nization's collection	ns and expla	ain how t	they furt	ther th	e organization	s exempt	: purpose	e in Part
	XIII.									
5	During the year, did the organization									
	assets to be sold to raise funds rath		tained as pa	art of the o	organiza	tion's c	collection?	[Yes	No
Pa	rt IV Escrow and Custodial A	-	(Set. 1) / 1					
	Complete if the organiza 990, Part X, line 21.	tion answered "Y	es" on For	m 990, F	Part IV, I	line 9,	or reported a	n amour	it on For	m
10	Is the organization an agent, trus	too quatadian ar	othor intorm	adian (fr	r oontri	bution	a ar athar and	oto not		
Id				-					Yes	No
b	included on Form 990, Part X? If "Yes," explain the arrangement in							•••• _	res	
b				nowing tai	ле.			Amount		
с	Beginning balance				-	1c		Amount		
	Additions during the year					1d				
e	Distributions during the year				-	1e				
f	Ending balance					1f				
2a	Did the organization include an am						dial account lia	bilitv?	Yes	No
b	If "Yes," explain the arrangement in								 	
	rt V Endowment Funds.			•						
	Complete if the organiza	tion answered "\	'es" on For	m 990, F	Part IV, I	line 10).			
		(a) Current year	(b) Pric	or year	(c) Two	years ba	ack (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	3,192,487.	2,7	08,884.	2,7	08,884	. 2,73	4,297.	2,6	62,418.
b	Contributions									
с	Net investment earnings, gains,									
	and losses	-546,605.	4	83,603.		NON	E - 2	25,413.		71,879.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	2,645,882.	3,1	92,487.	2,7	08,884	. 2,70	8,884.	2,7	34,297.
2	Provide the estimated percentage			e (line 1g,	column	(a)) he	ld as:			
a	Board designated or quasi-endowm	-	%							
b	Permanent endowment ▶ 100.0									
С		%	4000/							
20	The percentages on lines 2a, 2b, a Are there endowment funds not in			tion that	ara hald	landa	dministered for	the		
Ja	organization by:	the possession of	the organiza	ation that	are neiu	i anu a		line	Y	es No
	(i) Unrelated organizations								3a(i)	<u>x</u>
	(ii) Related organizations								3a(ii)	X
h	If "Yes" on line 3a(ii), are the relate								3b	
4	Describe in Part XIII the intended u	0								
_	rt VI Land, Buildings, and Equ	lipment.					_			
	Complete if the organiza			1			1			
			or other basis estment)		or other bas ther)		c) Accumulated depreciation	(d) Book valu	e
1a	Land			4	112,00	0.			412	2,000.
b	Buildings	[27,2	17,553	3. 1	8,659,693.		8,557	,860.
С	Leasehold improvements									
d	Equipment.			6,5	74,29	7.	5,777,479.		796	5,818.
e	Other									
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	rm 990, Part	X, colum	n (B), line	e 10c.)	<u></u> •		9,766	678.

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990) Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuati	
	(including name of security)		Cost or end-of-year marke	et value
. ,	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered	Yes" on Form 990), Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990) Part IV line 11d See Form 990	Part X line 15
	· · ·	scription	, ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	Tres on Form 990), Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.	() 1	tion of liability		(b) Book value
	al income taxes			
(2)DEFERI	RED RENT			5,567,191.
	O OTHER FUNDS			346,497.
	DABLE DEPOSITS			218,478.
	HELD IN TRUST FOR EMPLOYEES			53,903.
(6)				
(7)				
(8)				
(9) Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)			£ 10£ 0C0
	n (b) must equal Form 990, Fart X, col. (b) me 23.)			6,186,069.

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 .

Schedu	IN D (Form 990) 2021 HELEN KELLER SERVICES	11-	-1630807	Page 4
Part		n.		
	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	27,581,8	324.
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			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	-15,321,0	083.
3	Subtract line 2e from line 1	3	42,902,9	907.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	42,902,9	907.
Part		ırn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		I	
1	Total expenses and losses per audited financial statements	1	21 661 6	161
2		-	34,661,0	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	34,001,0	
а	Donated services and use of facilities	-	34,661,0	
a b	Donated services and use of facilities 2a Prior year adjustments 2b		34,001,0	
	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c		34,001,0	
b	Donated services and use of facilities 2a Prior year adjustments 2b			
b c	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c	2e	157,4	454.
b c d	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2d157,454.			454.
b c d e	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2d	2e	157,4	454.
b c d e 3	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b	2e	157,4	454.
b c d e 3 4	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d157,454.Subtract line 2e from line 14mounts included on Form 990, Part IX, line 25, but not on line 1:	2e	157,4	454.
b c d e 3 4 a	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)Add lines 4a and 4b	2e 3 4c	157,4 34,503,6	<u>454.</u> 507.
b c d 3 4 a b c 5	Donated services and use of facilities2aPrior year adjustments2bOther losses2cOther (Describe in Part XIII.)2dAdd lines 2a through 2d2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	2e 3	157,4	<u>454.</u> 507.

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

SEE SUPPLEMENTAL PAGE

PART V, LINE 4:

THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT FUND 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 FUND 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 (IRS) FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2022, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. AS OF JUNE 30, 2022, THE YEARS STILL SUBJECT TO EXAMINATION BY A TAXING AUTHORITY ARE 2018 THROUGH 2021. PART XI, LINE 2D AND PART XII, LINE 2D:

SPECIAL EVENTS OTHER DIRECT EXPENSES......\$157,454.

SCHEDULE G (Form 990)	Complete if t	Information Re	red "Yes" or	Form 990, F	Part IV, line 17, 18, or 1	•	OMB No. 1545-0047 എ റ്റെ 1
		organization entered r		15,000 on Foi) or Form 99			
Department of the Treasury Internal Revenue Service	► G	io to www.irs.gov/Form					Open to Public Inspection
Name of the organization						Employer identificati	
HELEN KELLER SE	RVICES					11-16308	07
	ng Activities. Comp	-			Yes" on Form 99	90, Part IV, line 1	17.
	-EZ filers are not re	• •					
	r the organization rai	sed funds through		-			
a Mail solicita		e			non-government g		
	d email solicitations	f			government grant	S	
c Phone solic d In-person s		g		cial fundra	ising events		
or key employee b If "Yes," list the	ation have a written o es listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	ction with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and add or entity (fi		(ii) Activity	custody of	ndraiser have or control of outions?	(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
			Yes	No			
1							
2							
3							
Ū							
4							
5							
6							
7							
-							
8							
9							
40							
10							
3 List all states in	which the organiza	tion is registered of	or license	⊥ ► d to solicit	contributions or	has been notified	d it is exempt from
registration or lie	censing.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 1E1281 1.000 92060C 702V 04/24/2023 11:32:08 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,000				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF (event type)	R <u>UN WALK RIDE</u> (event type)	4 (total number)	(add col. (a) through col. (c))
е			(event type)	(event type)	(total humber)	
Revenue	1	Gross receipts	126,300.	12,331.	157,133.	295,764.
ĸ	2	Less: Contributions	80,079.	12,331.	45,101.	137,511.
	3	Gross income (line 1 minus line 2).	46,221.		112,032.	158,253.
	4	Cash prizes	1,325.			1,325.
	5	Noncash prizes	23,536.			23,536.
Direct Expenses	6	Rent/facility costs				
st Exp	7	Food and beverages	20,760.			20,760.
Direc	8	Entertainment				
	9	Other direct expenses	600.	24,133.	112,032.	136,765.
	10 11	Direct expense summary. Add lin Net income summary. Subtract lin	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) ımn (d)	· · · · · · · · · · · · · · · · · · ·	182,386.
Ра	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "			
-		\$15,000 OII FOIIII 990-EZ, III				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	4					
_		Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	►	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
_						
9 a		Enter the state(s) in which the organization licensed to con			s?	Yes No
k						
10a	l	Were any of the organization's gaming	g licenses revoked, sus	pended, or terminated du	ring the tax year?	Yes No
k						

Schedule G (Form 990) 2021

Sched	lule G (Form 990 or 990-EZ) 2021 HELEN KELLER SERVICES	11-1	630807	Page 3
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 entit	.y		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party ► \$			
С	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 pro	oceeds to)	
	retain the state gaming license?			No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga			
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio (see instructions).			

SCHEDULE I (Form 990)	Go	vernme	nts, and Ir	Assistance t Idividuals in Wered "Yes" on F	n the United	d States		OMB No. 1545-0047
Department of the Treasury			-	ttach to Form 990		,		Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information).		Inspection
Name of the organization							Employer identificat	ion number
HELEN KELLER SE	CRVICES						11-1630807	
Part I General I	nformation on Grants an	d Assistanc	e					
the selection crit 2 Describe in Part Part II Grants an	zation maintain records to s eria used to award the grant IV the organization's procee nd Other Assistance to D	s or assistanc dures for mor omestic Or	e? hitoring the use ganizations ar	of grant funds in the	e United States. ernments. Com	plete if the organiz	zation answered "	X Yes No
Part IV, lir	ne 21, for any recipient t	hat received	more than \$5	,000. Part II can b	e duplicated if a	additional space is r	needed.	
	d address of organization government	(b) 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) UNIVERSITY OF KANS	SAS							
1450 JAYHAWK BOULEVARI	D LAWRENCE, KS 66045	48-0680117	501(C)(3)	168,065.				PROGRAM SUPPORT
(2) VIRGINIA COMMONWER	ALTH UNIVERSITY							
P.O. BOX 843039 RICHMO	OND, VA 23284	54-6001758	501(C)(3)	145,660.				PROGRAM SUPPORT
(3) UNIVERSITY OF COLO	ORADO							
P.O. BOX 910238, DENVE	ER, CO 80291	84-6000555	501(C)(3)	89,857.				PROGRAM SUPPORT
(4) UNIVERSITY OF MONT	TANA							
32 CAMPUS DRIVE MISSOU	JLA, MT 59812	81-0368989	501(C)(3)	73,487.				PROGRAM SUPPORT
(5) PERKINS SCHOOL FOR	R THE BLIND	_						
175 NORTH BEACON ST.,	WATERTOWN, MA 02472	04-2103616	501(C)(3)	26,166.				PROGRAM SUPPORT
_(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	er of section 501(c)(3) and er of other organizations lis	•	•					5

Schedule I (Form 990) 2021

11-1630807

Part III 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.

(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
1 TRAINING EQUIPMENT FOR DEAF-BLIND INDIVIDUALS	70		238,166.	FMV	AIDS & DEVICES
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information.	information re	equired in Part I,	line 2, Part III, o	column (b); and any c	ther additional

PART I, LINE 2:

NATIONAL CENTER ON DEAF BLINDNESS USES SUBAWARDS WITH A RANGE OF UNIVERSITY AND NONPROFIT PARTNERS TO BRING NEEDED EXPERTISE INTO THE PROJECT FOR PROJECT MANAGEMENT AS WELL AS CONTENT-BASED WORK. THE SUBAWARDS EACH HAVE A DIFFERENT PURPOSE AND EACH 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 CONSUMERS TO RECEIVE THE AIDS AND DEVICES AS DOES THE SPONSORING STATE AGENCY OF THAT CONSUMER.

Page 2

SCHEDULE J Compensation Information ON (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest ON					OMB No.	OMB No. 1545-0047			
•	,	Co	mpen	sated Employees		20	21		
Departr	nent of the Treasury		Attac	swered "Yes" on Form 990, Part IV, line : h to Form 990.		Open t	o Pul	olic	
Internal	Revenue Service	Go to www.irs.gov/Forms	1990 fo	r instructions and the latest information			ectio	n	
	of the organization				Employer identificat		er		
Part	EN KELLER	SERVICES Is Regarding Compensation			11-16308	307			
Paru	Question						Yes	No	
1a		propriate box(es) if the organization pro Section A, line 1a. Complete Part III to				m			
	First-cla	ss or charter travel		Housing allowance or residence for	personal use				
	Travel fo	or companions		Payments for business use of perso	nal residence				
	Tax inde	emnification and gross-up payments		Health or social club dues or initiation	on fees				
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)				
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	xpens	es described above? If "No," com	plete Part III	to			
2	Did the orga	anization require substantiation prior stees, and officers, including the CEC	r to	reimbursing or allowing expenses	incurred by a	all			
						2			
3	Indicate which organization's	n, if any, of the following the organizations CEO/Executive Director. Check all the ization to establish compensation of the ization to establish compensition to esta	ion us nat app	ed to establish the compensation of ply. Do not check any boxes for metho	ds used by a				
		nsation committee		Written employment contract					
	· · ·	dent compensation consultant		Compensation survey or study					
	·	00 of other organizations	Х	Approval by the board or compensation	ation committee				
4		ar, did any person listed on Form 990, or a related organization:	, Part	VII, Section A, line 1a, with respect t	o the filing				
а	•	verance payment or change-of-control p	bayme	ent?		. 4a		Х	
b	Participate in	or receive payment from a supplement	ntal no	onqualified retirement plan?		. 4b		Х	
С		or receive payment from an equity-bas				. 4c		X	
	If "Yes" to an	y of lines 4a-c, list the persons and p	orovide	e the applicable amounts for each in	em in Part III.				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) of	organi	zations must complete lines 5-9.					
5		listed on Form 990, Part VII, Section contingent on the revenues of:	tion A	A, line 1a, did the organization pa	ly or accrue ar	יא			
а		ion?						Х	
b	-	rganization?				. 5b		X	
6	-	listed on Form 990, Part VII, Section contingent on the net earnings of:	tion A	A, line 1a, did the organization pa	ly or accrue ar	лу			
а	The organizat	ion?				. 6a		Х	
b	-	rganization? e 6a or 6b, describe in Part III.				. <u>6</u> b		X	
7	For persons	listed on Form 990, Part VII, Section							
8		described on lines 5 and 6? If "Yes," d ounts reported on Form 990, Part VII,				. 7		X	
		l contract exception described in	-						
								X	
9		ine 8, did the organization also fol							
	Regulations s	ection 53.4958-6(c)?		<u> </u>		. 9			

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

Schedule J (Form 990) 2021

Dent II	Officers Discretes	The stars Kan Frankright and High and Organization for the	and the double state of the delition of succession and ad	
Schedule J	(Form 990) 2021	HELEN KELLER SERVICES	11-1630807	Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable		
		(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
SUSAN RUZENSKI	(i)	217,885.	NONE	NONE	23,400.	2,159.	243,444.	NONE
1 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LORRAINE MUZIO	(i)	168,904.	NONE	NONE	26,000.	4,557.	199,461.	NONE
2 EXECUTIVE DIRECTOR-HKSB	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MIA MURRO	(i)	138,980.	NONE	NONE	19,500.	10,102.	168,582.	NONE
3 CHIEF HR OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH MEADE	(i)	129,569.	NONE	NONE	20,000.	11,886.	161,455.	NONE
4 ASSOC. EXEC. DIR HKSB	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STACEY B. SULLIVAN	(i)	133,062.	NONE	NONE	26,000.	NONE	159,062.	NONE
5 COORDINATOR OF PROF. DEV.	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SHARONA HEBRONI	(i)	160,223.	NONE	NONE	2,600.	4,492.	167,315.	NONE
6 CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LAURA ROCCHIO	(i)	130,781.	NONE	NONE	22,750.	456.	153,987.	NONE
7 DIR. OF DIRECT SERVICES-HKNC	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021

Department of the Treasury

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.

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



Internal Revenue Service Name of the organization

11-1630807

FORM 990, PART III, LINE 4A:

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 1,005 INDIVIDUALS, 290 FAMILIES AND 888 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.

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

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.

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

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

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

HELEN KELLER SERVICES

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 AGENCY.

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:

DECREASE IN UNFUNDED PENSION OBLIGATION\$ 8	,066,842
LOSS ON DISSOLUTION OF PENSION PLAN\$(8)	,881,016)
TOTAL\$	(814,174)

Name of the organization	Employer identification number
HELEN KELLER SERVICES	11-1630807

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

		======		
DESCRIPTION		GRANTS	EXPENSES	REVENUE
DAY HABILITATION SERVICES		NONE	1,881,464.	1,550,017.
RESIDENTIAL		NONE	991,383.	1,961,336.
SUMMER CAMP		NONE	140,564.	85,350.
SUPPORTED EMPLOYMENT SERVICES		NONE	11,333.	NONE
	TOTALS	NONE	3,024,744.	3,596,703.
			=================	================

Schedule O	(Form 990	or 990-EZ) 2021

Name of the organization

HELEN KELLER SERVICES

Employer identification number

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,

Schedule O (Form 990 or 990-EZ) 2021		Page 2	
Name of the organization		Employer identification number	
HELEN KELLER SERVICES	11-163	11-1630807	
FORM 990, PART VII-COMPENSATION OF THE 5 HIGHES			
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION	
MAC CLEANING SERVICES			
37-63 83RD STREET			
JACKSON HEIGHTS, NY 11372	COMMERCIAL CLEANING	356,298.	
DAVIDOFF HUTCHER & CITRON, LLP.			
605 THIRD AVENUE			
NEW YORK, NY 10158	LEGAL	180,226.	
BDO USA, LLP			
100 PARK AVENUE			
NEW YORK, NY 10017	AUDIT & TAX	132,410.	