

Form	aan
Form	330

Department of the Treasury Internal Revenue Service

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

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

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

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



AF	or the	e 2020 calendar year, or tax year beginning and	ending		
B (	Check if	e: C Name of organization		D Employer identific	cation number
	Addres	HELPS INTERNATIONAL			
	Name chang	e Doing business as		75-196643	19
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final		200	469-779-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,519,959.
	Ameno return	ADDISON, IX 75001		H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: STEFTIEN W. MILLER		for subordinates	
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) ( )  (insert no.) = 4947(a)(1)$	or 527		list. See instructions
				H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other ►	L Year	of formation: 1904 N	State of legal domicile: <b>TX</b>
		Briefly describe the organization's mission or most significant activities: <u>HELP</u>	<u>ር ተለጥፑ</u>		MISSION IS
e		TO PROVIDE ENDURING PROGRAMS OF PRACTICAL			
Activities & Governance		Check this box			
veri					8
ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			7
ა ა		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
itie		Total number of volunteers (estimate if necessary)			500
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		3,394,264.	1,905,844.
Revenue	9	Program service revenue (Part VIII, line 2g)		775,087.	604,373.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		141,739.	9,742.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,311,090.	2,519,959.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,349,293.	1,141,088.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	10	0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25)  19,6		2,716,653.	1 002 701
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,065,946.	<u>1,803,791.</u> 2,944,879.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		245,144.	-424,920.
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
sts 0	20	Total assets (Part X, line 16)		3,212,644.	2,879,833.
Net Assets	20			566,840.	659,719.
Net /	21	Net assets or fund balances. Subtract line 21 from line 20		2,645,804.	2,220,114.
		Signature Block		_, • 10 , • • 10	_,,

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here	STEPHEN W. MILLER, PRES	SIDENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PT	IN
Paid	ALLISON BROWN	ALLISON BROWN	11/15/21 self-employed P01	603075
Preparer	Firm's name <b>CLIFTONLARSONALL</b>	EN LLP	Firm's EIN ▶ 41-07	46749
Use Only	Firm's address 5001 SPRING VALL	EY ROAD, SUITE 600W		
	DALLAS, TX 75244		Phone no. (972) 3	83-5700
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X	Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	F	orm <b>990</b> (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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HELPS INTERNATIONAL PROVIDES ENDURING PROGRAMS OF PRACTICAL, SOCIAL AND SPIRITUAL VALUE TO THE PROPLE IN THE DEVELOPING WORLD THROUGH A SYSTEM OF PARTMERSHIP AND MUTUAL RESPONSIBILITY. HELPS TAKES AN INTEGRATED APPROACH TO POVERTY REDUCTION MITH PROGRAMS FOCUSED ON FOUR Dd the organization undertake any significant dranges in how it conducts, any program services and prof from 500 of 800 E22 "Yes" descholar base changes on Schedule O. Dd the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by organizations revenue, if we, 'descholar on Schedule O. Descholar base changes on Schedule O. Descholar on Schedule O. Descholar on Schedule O. Comparization regarizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompletiments for each of its three largest program services, as measured by organizations required in the CARE INTERNATIONAL'S HEALTH CARE PROGRAM IS WORKING TO FILL THE GAPS IN HEALTH CARE & BRING HOPE TO RURAL AREAS OF GUATEMALA. UTILIZING A NETWORK OF US BASED VOLUNTEER MEDICAL TEAMS, HELPS IS PROVIDING PREVENTIVE CARE, SURGERY & COMUNITY EDUCATION TO UNDERSERVED COMUNINITIES. EACH TEAM CONSISTS OF 65 - 100 VOLUNTEERS INCLUDING PHYSICIANS, NURSES, INTERPRETERS, DENTISTS, TECHNICIANS & SUPPORT STAFF WHO TRAVEL TO REMOTE AREAS MITH SEVERELY RESTRICTED ACCESS TO HEALTH CARE. THESE MEDICAL TEAMS PROVIDE PULL SERVICE INCLUINING CLINICS, GENERAL SURGERY, PLASTIC SURGERY, OPHTHALMOLOGY, DENTAL & RADICOGY. SINCE 1994 HELPS TEAMS HAVE PROVIDED CARE TO MORE THAN 321,000 PATIENTS. IN 2020, HELPS MEDICAL TEAMS PROVIDED CARE TO 6,461 PATIENTS ACROSS GUATEMALA. (Namer 1,514 128. 'Intempreta' DAREA TO ACCESS TO HEALTH COMUNITY DEVELOPHENT: HELPS INTERNATIONAL'S COMUNITY DEVELOPMENT GOVERNMI IS DERMATICALLY IMPROVING HEALTH & SAFETY IN RURAL AREAS EY INSTALLING FUEL-SFFICIENT COOK STOVES. WATER FILTERS & OTHER MOSSHOLD OF HOMES LEADS TO DIVESTIME RESPIRATIONALLY COM		Check if Schedule O contains a response or note to any line in this Part III		X
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SYSTEM OF PARTNERSHIP AND MUTUAL RESPONSIBILITY. HELPS TAKES AN           INTEGRATED APPROACH TO POVERTY REDUCTION WITH PROGRAMS FOCUSED ON FOUR           Dd the organization undertake any significant program services during the year which were not listed on the prior form 990 e980 E27		HELPS INTERNATIONAL PROVIDES ENDURING PROGRAMS OF PRACT	FICAL, SOCIAL	
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Did the organization underske any significant program services during the year which were not listed on the prior form 500 or 500 627       □ Yes, 'describe these news services on Schedule 0.         Did the organization cases conducting, or make significant changes in how it conducts, any program services?       □ Yes, 'describe these changes on Schedule 0.         Describe the organization cases completiments for each of its three largest program services, as measured by expenses.       Section 501(62) and 501(60) expensizations are required to fear the anount of grants and adlocations to others, the total expenses, and revenue, if any, for each program service regorted.         (cocc         Bigurents 1       0.52, 453.       Include program service regorted.         (cocc         Bigurents 1       0.62, 453.       Include program service regorted.         (cocc         Bigurents 1       0.62, 453.       Include program service regorted.         (cocc         Bigurents 1       0.62, 453.       Include program service regorted.         (cocc         Bigurents 1       0.62, 453.       Include program services on the regorted rego				TTD
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(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       2,258,795.       Form 990 (20)         2       12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       Form 990 (20)         3       3       3       3		CHILDHOOD THROUGH UNIVERSITY THROUGH ITS PROGRAM.		
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(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       2,258,795.       Form 990 (20)         2       12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       Form 990 (20)         3       3       3       3				
(Expenses \$       including grants of \$       ) (Revenue \$       )         Total program service expenses ▶       2,258,795.       Form 990 (20)         2       12-23-20       SEE SCHEDULE O FOR CONTINUATION(S)       Form 990 (20)         3       3       3       3				
Total program service expenses       2,258,795.         Porm 990 (20)         32       SEE SCHEDULE O FOR CONTINUATION(S)	4d	Other program services (Describe on Schedule O.)		
Form 990 (20 3 SEE SCHEDULE O FOR CONTINUATION(S)			)	
SEE SCHEDULE O FOR CONTINUATION(S) 3	4e	Total program service expenses ► 2,258,795.		
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	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	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u></u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	L
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes, "			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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Par	t IV Checklist of Required Schedules (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J			x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a			<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>		<u> </u>
258	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	t l		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28b</b>		X X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		37	
~~	"Yes," complete Schedule L, Part IV		X X	<u> </u>
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
21	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Charle if School up O contains a reasonable or note to any line in this Dort V			
	Check in Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	162	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
Ū	(gambling) winnings to prize winners?	1c		
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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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file</i> (see instructions)	•		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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	4-	х	
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Λ	
b	If "Yes," enter the name of the foreign country <b>GUATEMALA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> 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 13b			
C 14a	Enter the amount of reserves on hand	140	_	X
14а ь	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		
15		15		x
	excess parachute payment(s) during the year?	15		
16	Is the experimentian an educational institution subject to the experimentation to compare the experiment income	16		x
.0	If "Yes," complete Form 4720, Schedule O.	10		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 7	<u>'</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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 appoint one or			
	more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		х
	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	130		
16~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
108		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		1	L
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
~~				

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20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	- <u>-</u> <u>-</u> <u>-</u>
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complet	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's	tax yea

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

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

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• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck ss per	more rson i	l than o s both r/trus	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STEPHEN W. MILLER	30.00									
PRESIDENT/TREASURER	1	Х		X				0.	0.	0.
(2) DIEGO CASTANEDA	1.00									•
TREASURER	1 00	Х		X				0.	0.	0.
(3) PAUL SCHULTZ	1.00									•
MEMBER	1 00	Х						0.	0.	0.
(4) THOMAS DOUGHTERY MEMBER	1.00	x						0.	0.	0.
(5) FAUSTO ARIMANY	1.00									
MEMBER	1.00	x						0.	0.	0.
(6) FRANK DALTON	1.00									
MEMBER		x						0.	0.	0.
(7) EUGENE ALBERT	1.00									
MEMBER		x						0.	0.	0.
(8) JOHN NEWBY	1.00									
MEMBER		х						0.	0.	0.
		1								
						<u> </u>				
		{								
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Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o s both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	1	am	(F) timate iount o other		
		(list any hours for related organizations below line) line) line					Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(		fro orga anc	oensa om the anizati I relate nizatio	e ion ed
											-+			
											-+			
1h	Subtotal								0.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	l, Section A			· · · · · · · · · · · · · · · · · · ·				0.0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>										[	3	100	X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4		X
	rendered to the organization? If "Yes," com tion B. Independent Contractors											5		Х
1	Complete this table for your five highest con the organization. Report compensation for t										ensatio	n fro	m	
	(A) Name and business			ONE					(B) Description of s		Со	(C nper	) Isatior	n
								_						
2	Total number of independent contractors (ir			nite	1 + ~ -	ther		tod	abovo) who received	pro than				
۷	\$100,000 of compensation from the organiz	0	σι III I	me	0	(1105		eu					000 //	

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	n 990		TIONAL			75-1966	419 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns					
Contributions, Gifts, Grants and Other Similar Amounts	b						
۲¢ ۵	с	Fundraising events 1c					
ar /	d	Related organizations 11					
ini) inii	e	Government grants (contributions)					
er tior	f	All other contributions, gifts, grants, and					
ţ			905,844.				
outio	g	Noncash contributions included in lines 1a-1f	27,515.	1 005 044			
Ŭ Ō	l h	Total. Add lines 1a-1f		1,905,844.			
	_	DROGRAM INCOME	Business Code 900099	604,373.	604 272		
Program Service Revenue	2 a		900099	604,3/3.	604,373.		
ue v	b						
ven S ven	C L						
grai Re	d						
Pro	e f	All other program service revenue					
_	, 1 1	Total. Add lines 2a-2f		604,373.			
	3	Investment income (including dividends, intere	P				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)	►				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
onu		and sales expenses 7b					
evenue		Gain or (loss)					
Ê		Net gain or (loss)	····· ►				
Other	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
	h	Part IV, line 18 8a Less: direct expenses 8b					
	c b						
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b						
	с		►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold 10	b				
		Net income or (loss) from sales of inventory	►				
s			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	16,417.			16,417.
scellaneo Revenue	b	EXCHANGE RATE GAIN/LOS	900099	-6,675.			-6,675.
cell sev	с						
Mis	d	All other revenue					
		Total. Add lines 11a-11d		9,742.	604 272		0 740
	12	Total revenue. See instructions	▶	2,519,959.	604,373.	0.	9,742.
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1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
0	Grants and other assistance to domestic				
2					
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 1 4 1 0 0 0		424 000	E (00
7	Other salaries and wages	1,141,088.	700,513.	434,886.	5,689.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,489.		8,489.	
с	Accounting	62,383.		62,383.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch 0.)	12,453.	1,998.	6,324.	4,131.
12	Advertising and promotion				
13	Office expenses	110,718.	98,785.	8,881.	3,052.
14	Information technology				
15	Royalties				
16	Occupancy	143,215.	105,030.	37,465.	720.
17	Travel	415,486.	406,987.	7,988.	511.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,609.	57,624.	726.	259.
23	Insurance				
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 0.)				
а	STOVES CONSTRUCTION	378,222.	378,222.		
b	AGRICULTURAL EXPENSE	172,201.	172,201.		
c	OTHER EXPENSES	114,207.	41,049.	71,873.	1,285.
d	MEDICAL TEAM SUPPLIES	92,366.	91,813.	,.,	553.
	All other expenses	235,442.	204,573.	27,450.	3,419.
25	Total functional expenses. Add lines 1 through 24e	2,944,879.	2,258,795.	666,465.	19,619.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,511,0,5.			±2,0±2•
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here $\blacktriangleright$ if following SOP 98-2 (ASC 958-720)				

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

HELPS INTERNATIONAL 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).

(A) Total expenses

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

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**(D)** Fundraising expenses

**(C)** Management and general expenses

(B) Program service expenses

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Form 990 (2020)

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rm 9 <b>art</b>		2020) HELPS INTERNAT	IONAL			75-1	.966419 Page <b>11</b>
		Check if Schedule O contains a response or not	e to any line i	in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,810,536.	1	2,637,444.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	113,393.	4	94,215.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial contrib	outor, or 35%			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use	49,096.		51,571.		
	9				103,042.	9	15,495.
·	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	458,604.			
	b	Less: accumulated depreciation		379,448.	133,854.	10c	79,156.
·	11	Investments - publicly traded securities	2,723.	11	1,952.		
·	12	Investments - other securities. See Part IV, line 1	1			12	
·	13	Investments - program-related. See Part IV, line	11			13	
·	14	Intangible assets				14	
·	15	Other assets. See Part IV, line 11				15	
ŀ	16	Total assets. Add lines 1 through 15 (must equa	al line 33)		3,212,644.	16	2,879,833.
·	17	Accounts payable and accrued expenses			566,840.	17	659,719.
·	18	Grants payable				18	
·	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
1	21	Escrow or custodial account liability. Complete I	Part IV of Sch	nedule D		21	
1	22	Loans and other payables to any current or form	ier officer, dir	ector,			
		trustee, key employee, creator or founder, subst		outor, or 35%			
		controlled entity or family member of any of thes	-			22	
1	23	Secured mortgages and notes payable to unrela				23	
1	24	Unsecured notes and loans payable to unrelated				24	
1	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24). Com	plete Part X			

		parties, and other habilities not included on intes 17 24). Complete Fart X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	566,840.	26	659,719.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
se		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	1,802,057.	27	1,812,934.
ind Balances	28	Net assets with donor restrictions	843,747.	28	407,180.
		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
ų,		and complete lines 29 through 33.			
s O	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,645,804.	32	2,220,114.
_	33	Total liabilities and net assets/fund balances	3,212,644.	33	2,879,833.

Form 990 (2020)

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Form 990 (2020)

Form	1990 (2020) HELPS INTERNATIONAL	75-1	966419	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,519		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,944	.,8'	79.
3	Revenue less expenses. Subtract line 2 from line 1	3	-424		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,645	5,80	04.
5	Net unrealized gains (losses) on investments	5		-7'	70.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,220	),11	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2020)

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SCH	EDU	LE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
-------------	--------------

Name	of t	he organization							r identification number	
			S INTERNAT						5-1966419	
Part	I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.		
The or	gani	zation is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only (	one box.)				
1 🗌		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative					ii).			
4		A medical research organiz						(iii). Enter	the hospital's name,	
_		city, and state:	•					. ,		
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C		<b>č</b>		, ,				
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7 🖸	Σ	An organization that norma	•				.,	e general i	oublic described in	
		section 170(b)(1)(A)(vi). (C						- 9		
8		A community trust describe		1)(A)(vi), (Complete Par	t II.)					
9	Ξ	An agricultural research org				ed in coniu	unction with a	land-grant	college	
• _		or university or a non-land-g								
		university:	frank conogo or agrio			lanio, ony	, and state of	ine eenege		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns membershi	n fees an	d aross receipts from	-
		activities related to its exer	• • • •					-	•	
		income and unrelated busir								
		See section 509(a)(2). (Con				looo doquii				
11 🗌		An organization organized a		velv to test for public sa	fetv. See	section 50	)9(a)(4).			
12	Ξ	An organization organized a	-	•	•			rv out the	purposes of one or	
		more publicly supported or	-	•				•		
		lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga	• •					-	aivina	
		the supported organization	-	-	• • •	-				
		organization. You must c			·····j-···j -					
b		<b>Type II.</b> A supporting org	-		tion with its	s supporte	ed organizatior	n(s), by hay	vina	
-		control or management o	-				-		-	
		organization(s). You mus			ante perce			ie uie ealpi		
с		] Type III functionally inte			in connect	tion with a	and functional	v integrate	ed with	
-		its supported organization						,		
d		] Type III non-functionally						ed organi:	zation(s)	
		that is not functionally int						-		
		requirement (see instructi			•		-	anationa		
e		Check this box if the orga	,	. ,	,			I Type III		
•		functionally integrated, or					1960, 1960	, i ype iii		
f F	nte	r the number of supported of								
		vide the following information	•						L	
3.		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
										-
										-
										-
Total										-
	_								I	_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

#### Schedule A (Form 990 or 990-EZ) 2020 HELPS INTERNATIONAL

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)	)(vi)
--	-------

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3030779.	2882692.	3031856.	3394264.	1905844.	14245435.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1005044	
	Total. Add lines 1 through 3	3030779.	2882692.	3031856.	3394264.	1905844.	14245435.
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)						95,263.
	Public support. Subtract line 5 from line 4.						14150172.
		() 0010	(1) 0017	() 0010	( 1) 0010	( ) 0000	(0) T + +
	ndar year (or fiscal year beginning in)	(a) 2016 3030779.	(b) 2017 2882692.	(c)2018 3031856.	(d) 2019 3394264.	(e) 2020	(f) Total 14245435.
	Amounts from line 4	3030779.	2002092.	2021020.	3394204.	1903044.	14245455.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	3,988.	16,466.	-23 151	-15,649.	9,742.	-8,604.
	assets (Explain in Part VI.)	5,900.	10,400.	-23,151.	-15,049.		14236831.
	<b>Total support.</b> Add lines 7 through 10						,452,082.
	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th		,	iourth or fifth tox y			, 452,002.
13	organization, check this box and <b>stor</b>			-			
Sec	tion C. Computation of Publi						
	Public support percentage for 2020 (I		-	column (f))		14	99.39 %
	Public support percentage from 2019		•	())		15	99.99 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						N 37
b	<b>33 1/3% support test - 2019.</b> If the c		•				
-	and <b>stop here.</b> The organization gual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	ranization	the organiz	
b	10% -facts-and-circumstances test	•	•		•		
-	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization				••••		s <b>&gt;</b>
						edule A (Form 990	

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#### Schedule A (Form 990 or 990-EZ) 2020 HELPS INTERNATIONAL

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	tion,
check this box and <b>stop here</b>	-	<u></u>	<u></u>	·		
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
<ul><li>17 Investment income percentage for 20</li><li>18 Investment income percentage from 2</li></ul>		'	ine 13, column (f))		17 18	%
<b>19a 33 1/3% support tests - 2020.</b> If the					·	
more than 33 1/3%, check this box ar						
<b>b 33 1/3% support tests - 2019.</b> If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21			, , ,			90 or 990-EZ) 2020
		16		2011		,

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### 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 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 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
 Image: Control of the support of organization(s).

 Section D
 All Type III Support of 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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			1	

#### supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

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

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
---	--	---	-------------------------	------------------------------------	-------------------------------

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

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Yes No

Schedule A	. (Form 990 or 990-EZ) 2020 HE	ELPS INTERNA	TIONAL	
Part V	Type III Non-Functional	lly Integrated 509	(a)(3) Supportin	g Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly intograto		nization (soo

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 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020 HELPS INTERNATIONAL

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	<u>d)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		·	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$			_	
a	Applied to underdistributions of prior years			_	
	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.			_	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Part VI	Supplemental Inform	nation. P	rovide the explanations requi

Section D, lines 5, 6, and 8; and Part V, Sectio (See instructions.)	on E, lines 2, 5, and 6. Also complete this part for any additional information.
032028 01-25-21	Schedule A (Form 990 or 990-EZ) 202
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#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

75-1966419

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Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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  $\dots$   $\blacktriangleright$  \$

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

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

Name of organization

75-1966419

#### HELPS INTERNATIONAL

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
<u>    1</u>		\$ <u>128,870.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
2		\$204,531.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
3		\$ <u>48,577.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name address and $ZIP \pm 4$	(c) Total contributions	(d) Type of contribution				
	Name, address, and ZIP + 4	\$	Person Payroll Occupient Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

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Employer identification number

75-1966419

#### HELPS INTERNATIONAL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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ame of or	ganization			Employer identification numbe			
ELPS	INTERNATIONAL			75-1966419			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	hrough (e) and the following line entr aritable, etc., contributions of <b>\$1,000 or l</b>	v For organizations	hat total more than \$1,000 for the ye			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
Part I							
		(e) Transfer of gift					
	Transferee's name, address, and	I ZIP + 4	Relationship of tra	nsferor to transferee			
a) No. from	(h) Demonstration		(1) D				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of gift	gift				
F	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
ſ	(e) Transfer of gift						
-	Transferee's name, address, and	I ZIP + 4	Relationship of tra	nsferor to transferee			
a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
—							
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
F	Transferee's name, address, and	∠IF' + 4					
3454 11-25-:	20	25	Schedule	B (Form 990, 990-EZ, or 990-PF) (2			

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SCHEDULE D	
(Form 990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service
Department of the Treasury

Employer	identification	number

	HELPS INTERNATIONA		75-1966419				
Pa	t I Organizations Maintaining Donor Advise	or Account	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, li	ne 6.		·			
		(a) Donor advised funds	(b) Fund	s and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's	exclusive legal control?		Yes 🗌 No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
_				Yes No			
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, I	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically in	nportant land area			
	Protection of natural habitat	Preservation of	a certified hist	oric structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation	on easement on the last			
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements		<u>2</u> a				
b	Total acreage restricted by conservation easements		<u>2</u> b				
С	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
	listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization d	uring the tax			
	year 🕨						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe						
_	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervation easen	ents during the year			
-				al color allo a constru			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservat	tion easements	during the year			
8	\$ Does each conservation easement reported on line 2(d) above	vo satisfy the requirements of section 170(					
0	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservat						
5	balance sheet, and include, if applicable, the text of the foot			hes the			
	organization's accounting for conservation easements.						
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar	Assets.			
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance she	et works			
	of art, historical treasures, or other similar assets held for pu						
	service, provide in Part XIII the text of the footnote to its fina	, ,	•				
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and b	alance sheet v	vorks of			
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	, , ,					
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$				
			<b>.</b> .				
2	If the organization received or held works of art, historical tre						
-	the following amounts required to be reported under FASB A		0 ,1				
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$				
b	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction			chedule D (Form 990) 2020			

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Sche		NTERNATIONA					75-19			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical 1	reasures, or	Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of th	ne following that	make sig	nificant u	ise of its	·	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	exchange progra	m					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they furthe	r the organizatio	n's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	f art, historical tr	easures, or othe	r similar a	issets				
	to be sold to raise funds rather than to be many							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organiza	ation answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for contributi	ons or other ass	ets not in	cluded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					<b>1</b> f				
	Did the organization include an amount on F					y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>				
Par	<b>t V</b>   Endowment Funds. Complete							() -		
		(a) Current year	(b) Prior year	(c) Two year	S DACK (	<b>d)</b> Inree y	ears back	(e) Four	years	раск
1a	Beginning of year balance									
D	Contributions									
C	Net investment earnings, gains, and losses									
a	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		line 1 a column							
2	Provide the estimated percentage of the cur			(a)) neiù as.						
a h	Board designated or quasi-endowment  Permanent endowment	%	_%							
u o		% %								
С	The percentages on lines 2a, 2b, and 2c sho	-								
30	Are there endowment funds not in the posse		ion that are held	l and administer	ad for the	organiza	ition			
oa	by:		ion that are not			organiza		l	Yes	No
	(i) Unrelated organizations							3a(i)	100	110
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the								•	
Par	t VI   Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a	a. See Form 990,	Part X, lii	ne 10.				
	Description of property	(a) Cost or ot basis (investm	her (b) C	ost or other sis (other)	(c) Aco	cumulate reciation	d	(d) Bool	k value	3
19	Land		,							
b	Buildings									
	Leasehold improvements									
d	Equipment			322,440.	3	10,30	)7.	1:	2,13	33.
	Other			136,164.		$\frac{10}{69}, 14$			7,02	
	. Add lines 1a through 1e. (Column (d) must e			· · ·		-			$\frac{1}{9}, 15$	
		guari unii 330, Fail A	<u>, colultiti (D), III (</u>	<i>. 100.1</i>					,	

Schedule D (Form 990) 2020

032052 12-01-20

#### Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (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 valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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

Schedule D (Form 990) 2020

032053 12-01-20

X

Sche	edule D (Form 990) 2020 HELPS INTERNATIONAL			75-	1966419 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi <sup>.</sup>	th Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	14,747,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-770.		
b	Donated services and use of facilities	2b	12,227,910.		
с	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	12,227,140.
3	Subtract line 2e from line 1			3	2,519,959.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	2,519,959.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per I	5 Retur	<u>2,519,959.</u> n.
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	ith Expenses per I		n.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per I	5 Retur	n.
	<b>rt XII</b> Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents W	ith Expenses per I	1	n.
1	Reconciliation of Expenses per Audited Financial Statemet           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents W	ith Expenses per I	1	n.
1 2	<b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents W	ith Expenses per I	1	n.
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents W	ith Expenses per I	1	n.
1 2 a	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	ith Expenses per I	1	n. 15,172,789.
1 2 a b c	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	ith Expenses per I	1	n. <u>15,172,789.</u> 12,227,910.
1 2 b c d	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses per I	1	n. 15,172,789.
1 2 b c d e	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses per I	1 2e	n. <u>15,172,789.</u> 12,227,910.
1 2 b c d e 3	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	ith Expenses per I	1 2e	n. <u>15,172,789.</u> 12,227,910.
1 2 3 4	Tt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	ith Expenses per I	1 2e	n. <u>15,172,789.</u> 12,227,910.
1 2 a b c d e 3 4 a b	TXII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	ith Expenses per I	1 2e	n. <u>15,172,789.</u> <u>12,227,910.</u> <u>2,944,879.</u> 0.
1 2 d e 3 4 b c 5	<b>XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	ith Expenses per I	1 2e 3	n. <u>15,172,789.</u> 12,227,910.

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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM THE PAYMENT OF FEDERAL INCOME TAXES ON ITS
RELATED ACTIVITIES UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS
BEEN DESIGNATED BY THE INTERNAL REVENUE SERVICE (IRS) AS A "PUBLICLY
SUPPORTED" ORGANIZATION UNDER SECTION 509(A) OF THE CODE. THE
ORGANIZATION FOLLOWS THE GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL
STATEMENTS. THE ORGANIZATION HAS NO CURRENT OBLIGATION FOR UNRELATED
BUSINESS INCOME TAX. THE ORGANIZATION FILES AS A TAX-EXEMPT ORGANIZATION.

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Part XIII	Supplemental Information (co	ontinued)	
			Schedule D (Form 990) 2020
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HEI	LPS INTERNATI	ONAL				75-196641	.9
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV	/, line 14b.					
1	For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	ants and other a	assistance,	_
	the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
•							i al a tha a
2		ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	ner assistance outs	lide the
3	United States.	he following Part	L line 3 table ca	n be duplicated if additional space is n	( hehee		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	1	vity listed in (d)	(f) Total
	() 5	offices	employees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to		e specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
			-				
					HEALTH CARE	COMMUNITY	
CENI	RAL AMERICA &				DEVELOPMENT	1 ' /	
CARI	IBBEAN	1	58	PROGRAM SERVICES	AGRICULTURE	C, EDUCATION	2,268,075.
3 a	Subtotal	1	58				2,268,075.
	Total from continuation						
	sheets to Part I	0	0				0.
с	Totals (add lines 3a						
	and 3b)	1	58				2,268,075.

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

032071 12-03-20

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule F (Form 990) 2020

## Statement of Activities Outside the United States

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

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

OMB No. 1545-0047

Employer identification number

HELPS INTERNATIONAL

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			l ecognized as charities by the f			L	I	1
<ul><li>a Enter total number of</li></ul>			or counsel has provided a sect	ion 501(c)(3) equ	livalency letter	Þ		

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(n) Method of valuation (book, FMV, appraisal, other)

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### Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of (d) Amount of

Part III can be duplicated if additional space is needed.

(e) Manner of

Page 3

(h) Method of

Schedule F (Form 990) 2020

(f) Amount of

(g) Description of

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020	HELPS	INTERNATIONAL
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#### Part V Supplemental Information

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

032075 12-03-20	 Schedule F (Form 990) 202

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2020
Department of the Treasury	L L	Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		NTERNATIONAL					Employer ide	entification number
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
· · · ·	· · ·	ed funds through any of the followin	g activ	rities. (	Check all that apply.			
a 🚺 Mail solicitat		e 📃 Solicita	tion of	non-g	overnment grants			
	email solicitations				nment grants			
c Phone solici d In-person so		g 🔄 Special	Tunara	lising	events			
<b>2 a</b> Did the organization	on have a written c	or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with p <i>r</i> iduals or entities (fundraisers) pursu			•	oo fuu	Yes	
compensated at le				agreei	nents under which ti	ie iui	IUTAISET IS LU DI	5
			(iii)	Did		(v)	Amount paid	() Amount paid
(i) Name and addres or entity (func		(ii) Activity	fùndr have c or cor	aiser ustody	(iv) Gross receipts from activity	to (o	or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
		I						
		n is registered or licensed to solicit o	contrib	● utions	or has been notified	it is (	exempt from re	gistration
or licensing.								
HA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-F	7.	Sche	dule G (Form 9	990 or 990-EZ) 2020
					·· ``	20110		

032081 11-25-20

# S

		e G (Form 990 or 990-EZ) 2020 HELPS I				-1966419 Page 2
Pa	rt I					
		of fundraising event contributions and gro		1	÷ .	ots greater than \$5,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
anue						
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E>	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	
	11	Net income summary. Subtract line 10 from li				
Pa	rt I	<b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				

		Gross revenue	1								
es	2	Cash prizes									
Direct Expenses	3	Noncash prizes	<u> </u>								
Direct I	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor		Yes No	% [	Yes No	%	Yes_	%		
	7 8	Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7									
а	Ent Is t	er the state(s) in which the organization conduct he organization licensed to conduct gaming ac No," explain:	cts g	gaming activities es in each of the	: ese sta	tes?				Yes	No
		re any of the organization's gaming licenses re Yes," explain:						year?		Yes	No

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 HELPS INTERNATIONAL	75-1	966419	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		100	/0
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	5.		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt		
	of gaming revenue retained by the third party ▶\$			
	s If "Yes," enter name and address of the third party:			
	in res, entername and address of the time party.			
	Name			
	Name			
	Address			
16	Gaming manager information:			
	Name 🕨			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
			Yes	No
ŀ	Petain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
ĸ	organization's own exempt activities during the tax year <b>&gt;</b> \$	i uie		
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Dar	t III linos Q	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	anu Fan	t III, III les 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional mormation. See instructions.			
0000	0.44.05.00	0 (5 am	000 001	E7 0000
0320	83 11-25-20 Schedule 38		990 or 990	J-EZ) 2020
	50			

 eappientental internation	(continued)			
		So	chedule G (Form 990 o	r 990-EZ)

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SCHEDULE L	Tra	ansactior	ıs V	Vith	Inte	erested	Ρ	ersons			O	/IB No. <sup>-</sup>	1545-00	)47
(Form 990 or 990-EZ) Comple	te if the o	organization and 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	<b>2</b> 8a,		2	02	20
Department of the Treasury	<b>0</b> • • • •	Atta	ch to	Form	990 or	Form 990-EZ	Ζ.				-	pen T spect		olic
Internal Revenue Service Name of the organization	Go to	www.irs.gov/Fo	orm99	U for Ir	istruc	tions and the	late	st information.	Fm	olove	r ident	•		Imber
•	S INT	ERNATION	AL								664		on ne	iniber
Part I Excess Benefit Tra				), secti	ion 50 <sup>.</sup>	1(c)(4), and see	ctior	n 501(c)(29) orga						
Complete if the organize	ation ansv	vered "Yes" on F	Form 9	90, Pa	art IV, I	ine 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqualified person	(b) F	Relationship bet			ified	(0	c) De	escription of tran	sactio	n				ected?
		person and or	yaniza				,	•				<u> </u>	es	No
	 			au dia a										
2 Enter the amount of tax incurred section 4958	•	-	-		-	-	-	ne year under		► \$				
3 Enter the amount of tax, if any,										<b>\$</b>				
										-				
Part II Loans to and/or F														
Complete if the organize					, Part \	/, line 38a or F	orm	990, Part IV, line	e 26; o	or if th	e orga	nizatio	n	
reported an amount on (a) Name of (b) Re	Form 990 Iationship	(c) Purpose		<b>∠.</b> oan to or	(6	e) Original	/f	) Balance due	(a)	In	<b>(h)</b> Ap	proved	(i) V	Vritten
	ganization			n the zation?		cipal amount	"	) Dalarice due		ault?	bý bo comm	ard or ittee?	agree	ement?
			То	From					Yes	No	Yes	No	Yes	No
														<u> </u>
														<u> </u>
														1
Total Part III Grants or Assista	nce Ber	nefiting Inter	ested	d Per	sons	<b>) \$</b>								
Complete if the organization		-												
(a) Name of interested person		(b) Relationship interested pers	on an		(	<b>c)</b> Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assista		of
		the organiza												
										-+				
LHA For Paperwork Reduction Ac	t Notice,	see the Instruc	tions f	for For	m 990	or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99	90-EZ	2) 2020

09351115 131839 082-190768-00

Schedule L (Form 990 or 990-EZ) 2020 HELPS INTERNATIONAL

#### Part IVBusiness Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization			(e) Sha organiz rever	aring of zation's nues?
				Yes	No
FRANK DALTON	RELATED PARTY TRANS	133,061.	MR. DALTON		X
DIEGO CASTANEDA	RELATED PARTY TRANS	23,098.	MR. CASTANE		X
STEPHEN W. MILLER	RELATED PARTY TRANS	296,401.	MR. MILLER		X

#### Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: FRANK DALTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATED PARTY TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 133,061.

(D) DESCRIPTION OF TRANSACTION: MR. DALTON IS A BOARD MEMBER OF HELPS

AND IS ALSO CEO OF DISAGRO WHICH WAS PAID FOR FERTILIZER AT 85% OF

RETAIL, TO HELPS FOR USE IN THE AGRICULTURE PROGRAM.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DIEGO CASTANEDA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATED PARTY TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 23,098.

(D) DESCRIPTION OF TRANSACTION: MR. CASTANEDA IS A BOARD MEMBER OF HELPS

AND IS ALSO PRESIDENT OF HOTEL CASA SANTO DOMINGO WHICH IS PAID FOR ROOMS

41

UTILIZED BY VOLUNTEERS AND EMPLOYEES. RATES ARE COMENSURATE WITH THOSE

GIVEN TO OTHER LARGE HOTEL USERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

082-1901

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: STEPHEN W. MILLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATED PARTY TRANSACTION

(C) AMOUNT OF TRANSACTION \$ 296,401.

(D) DESCRIPTION OF TRANSACTION: MR. MILLER IS A PRESIDENT OF BOTH HELPS

INTERNATIONAL AND DILLON GAGE INCORPORATED OF DALLAS, BUT DOES NOT

RECEIVE COMPENSATION FOR HIS ROLE WITH HELPS EITHER DIRECTLY OR

INDIRECTLY. HELPS INTERNATIONAL PAID AMOUNTS FOR CERTAIN GENERAL AND

ADMINISTRATIVE EXPENSES TO DILLON GAGE INCORPORATED OF DALLAS FOR ACTUAL

SERVICES RENDERED AT COST, INCLUDING RENT, PAYROLL, AND OTHER ESSENTIAL

ADMINISTRATIVE SERVICES. SUCH AMOUNTS TOTALED \$ \$296,401 FOR THE YEAR

ENDED DECEMBER 31, 2020.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ)

032461 04-01-20

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

2020
Open to Public
Inspection

Employer	identification num	ber
7	5-1966419	

#### HELPS INTERNATIONAL

Pa	rt I Types of Property					•			
	·	(a)	(b)	(c)	tion	(d)			
		Check if applicable	Number of contributions or	Noncash contribut amounts reported		Method of de noncash contribu			-
			items contributed	Form 990, Part VIII, I	ine 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $\ldots$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ( CEMENT )	X	1	27,5	515.	FMV			
26	Other ► ()								
27	Other ► ()								
28	Other  ()								
29	Number of Forms 8283 received by the organized	zation during	g the tax year for c	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 2	9				
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1	through	n 28, that it			
	must hold for at least three years from the date	e of the initia	I contribution, and	which isn't required t	o be use	ed for			
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard co	ontributio	ons?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell no	ncash				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a)	is check	ked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule N	l (Form	990)	2020

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75-1966419 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

	4	Λ	
032142 11-23-20			Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



HELPS INTERNATIONAL

75-1966419

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VALUE TO THE PEOPLE IN THE DEVELOPING WORLD THROUGH A SYSTEM OF

PARTNERSHIP AND MUTUAL RESPONSIBILITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KEY AREAS: AGRICULTURE, COMMUNITY DEVELOPMENT, EDUCATION AND HEALTH

CARE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

VOLUNTEER TRAVEL TO GUATEMALA WAS ELIMINATED AFTER MARCH 2020. US STAFF

WAS REDUCED AND WHILE STAFF IN GUATEMALA WAS MAINTAINED THERE WERE

SHORT TERM PAY REDUCTIONS.

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

1,404 ONIL COOK STOVES & 1,716 ONIL WATER FILTERS.

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

KEY OFFICERS REVIEW A DRAFT VERSION OF THE FORM 990 AND DISCUSSED THE

RETURN PRIOR TO THE FILING WITH THE IRS.

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

COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF

DIRECTORS. COMPENSATION AMOUNT SO ALL OTHER EMPLOYEES IS DETERMINED BY THE

EXECUTIVE DIRECTOR IN CONSULTATION WITH THE CHAIRMAN OF THE BOARD.

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

Name of the organization HELPS INTERNATIONAL	Employer identification number 75-1966419
HE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE AVAI	LABLE ON THEIR
EBSITE, HOWEVER GOVERNING DOCUMENTS ARE NOT AVAILABLE T	O THE PUBLIC.
212 11-20-20	Schedule O (Form 990 or 990-EZ) 2

orm 990 or 990 Schedule -EZ) 2020

09351115 131839 082-190768-00

Schedule O (Form 990 or 990-EZ) 2020

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