

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: HIMALAYAN CATARACT PROJECT INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): PO BOX 55. City or town, state or province, country, and ZIP or foreign postal code: WATERBURY, VT 05676

D Employer identification number: 03-0362926. E Telephone number: (802) 522-7630. G Gross receipts \$ 47,018,962

F Name and address of principal officer: KATHERINE G OVERBEY, PO BOX 55, WATERBURY, VT 05676

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.CUREBLINDNESS.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1999. M State of legal domicile: VT

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement; 2-7a. Governance and revenue metrics; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block. 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.

Sign Here. Signature of officer: KATHERINE G OVERBEY CEO. Date: 2023-11-09.

Paid Preparer Use Only. Print/Type preparer's name, Preparer's signature, Date, Firm's name: GELMAN ROSENBERG & FREEDMAN, Firm's EIN: 52-1392008.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO CURE NEEDLESS BLINDNESS WITH THE HIGHEST QUALITY CARE AT THE LOWEST COST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,115,521 including grants of \$ 2,294,134) (Revenue \$) ETHIOPIA: IN 2022, HCP DIRECTLY SUPPORTED ITS PARTNERS IN ETHIOPIA IN PROVIDING 23,359 OUTREACH SURGERIES THROUGH 51 HCP SUPPORTED OUTREACHES. HCP SUPPORTED 208 TRAINING OPPORTUNITIES FOR ETHIOPIAN OPHTHALMIC PROFESSIONALS IN 2022, WHILE ALSO PROCURING SPECIALIZED OPHTHALMIC SUPPLIES FOR 19 DIFFERENT PARTNER INSTITUTIONS. HCP CONTINUES TO SUPPORT CORNEA AND EYE BANK DEVELOPMENT WHILE ALSO ADVOCATING FOR ADDITIONAL HUMAN AND FINANCIAL RESOURCES DEDICATED TO EYE CARE THROUGH PARTICIPATION IN NATIONAL EYE HEALTH PLANNING AND SURVEYS. ADDITIONALLY, HCP CONTINUED CONSTRUCTION ON A SPECIALTY EYE CENTER IN ETHIOPIA.

4b (Code:) (Expenses \$ 2,920,422 including grants of \$ 2,174,938) (Revenue \$) GHANA: CONTINUED SUPPORT FOR 14 IMPLEMENTING PARTNERS IN GHANA WHO PERFORMED 16,810 SURGERIES THROUGH HCP SUPPORTED OUTREACH EVENTS, WHILE PROVIDING 194 TRAINING OPPORTUNITIES FOR EYE CARE PROFESSIONALS.

4c (Code:) (Expenses \$ 730,603 including grants of \$ 544,292) (Revenue \$) NEPAL: CONTINUED SUPPORT FOR LONGTIME PARTNER, THE TILGANGA INSTITUTE OF OPHTHALMOLOGY, TO HELP IN OUR COLLECTIVE EFFORTS OF STRENGTHENING EYE CARE IN NEPAL, INDIA, MYANMAR AND INDONESIA. TILGANGA OVERSEES ITS MAIN TRAINING HOSPITAL IN KATHMANDU AND 21 SATELLITE CLINICS THROUGHOUT RURAL NEPAL. IN 2022, HCP DIRECTLY SUPPORTED 969 SURGERIES AT COMMUNITY EYE CENTERS ACROSS NEPAL.

(Code:) (Expenses \$ 308,748 including grants of \$ 231,160) (Revenue \$) BHUTAN: SUPPORTING COUNTRY-WIDE BLINDNESS ALLEVIATION PROGRAM AND THE HCP CONSTRUCTED NATIONAL EYE HOSPITAL IN THIMPHU, THE CAPITAL OF BHUTAN. FUNDS ARE PROVIDED TO SUPPORT NATIONAL EYE HEALTH PLANNING, COMMUNITY OUTREACH EFFORTS INCLUDING CATARACT SURGERY, SCHOOL EYE HEALTH SCREENINGS, HUMAN RESOURCE DEVELOPMENT, AND IN-KIND GRANTS OF OPHTHALMIC EQUIPMENT. HCP DIRECTLY SUPPORTED OVER 1,647 SURGERIES ON BHUTAN IN 2022.

(Code:) (Expenses \$ 581,399 including grants of \$ 428,886) (Revenue \$) SOUTH SUDAN: DONATION OF OPHTHALMIC EQUIPMENT AND CONSUMABLES AS WELL AS OPERATIONAL COSTS TO SUPPORT THE PROVISION OF CATARACT SURGERY. HCP DIRECTLY SUPPORTED OVER 1,900 CATARACT SURGERIES IN SOUTH SUDAN.

(Code:) (Expenses \$ 123,873 including grants of \$ 0) (Revenue \$ 138,947) TECHNOLOGY AND PROCUREMENT PROGRAM: HCP'S TECHNOLOGY & PROCUREMENT PROGRAM SOURCES AND MANAGES EQUIPMENT AND MATERIALS FOR HCP PROGRAMS AS WELL AS THOSE BEING CONDUCTED BY OTHER ORGANIZATIONS.

(Code:) (Expenses \$ 844,158 including grants of \$ 626,600) (Revenue \$) OTHER PROGRAMS: INDIA, SIERRA LEONE, RWANDA, KENYA

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,858,178 including grants of \$ 1,286,646) (Revenue \$ 138,947)

4e Total program service expenses 8,624,724

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' or 'No' box.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued). Includes sections 2a through 17 with various questions and input fields.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint... 7b Are any governance decisions reserved to members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year... 8a The governing body... 8b Each committee with authority to act on behalf of the governing body... 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?

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed. Answer: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI. Row 18: Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O). Row 19: Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: EMILY NEWICK PO BOX 55 WATERBURY, VT 05676 (802) 522-7630

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

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

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

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) MATTHEW OLIVA MD VICE CHAIR	5.00	X		X			0	0	0
(2) GEOFFREY TABIN MD CHAIRMAN	5.00	X		X			0	0	0
(3) KAL MENTAK PHD BOARD MEMBER	2.00	X					0	0	0
(4) DIMITRI AZAR MD MBA BOARD MEMBER	2.00	X					0	0	0
(5) FARRAN TOZER BROWN MBA BOARD MEMBER	2.00	X					0	0	0
(6) GUY KEZIRIAN MD MBA FACS BOARD MEMBER	2.00	X					0	0	0
(7) JEFFREY GOLDBERG MD BOARD MEMBER	2.00	X					0	0	0
(8) STEWART HALPERN MPPM BOARD MEMBER	2.00	X					0	0	0
(9) JESSICA FEILMEIER BOARD MEMBER	2.00	X					0	0	0
(10) ROBERT WOLCOTT PHD BOARD MEMBER	2.00	X					0	0	0
(11) MENGHIS BAIRU MD BOARD MEMBER	2.00	X					0	0	0
(12) ADRIENNE GRAVES PHD BOARD MEMBER	2.00	X					0	0	0
(13) EMILY R NEWICK INTERIM CEO / CHIEF OPERATING OFFICER	40.00			X			236,495	0	33,872
(14) KATHERINE OVERBEY CHIEF EXECUTIVE OFFICER (FROM 10/2022)	40.00			X			73,846	0	6,606
(15) JEFF LIVELY GENERAL COUNSEL	40.00				X		177,645	0	7,495
(16) SARAH JUDD DEVELOPMENT DIRECTOR	40.00				X		166,621	0	22,828
(17) ALEX SMITH DAVIS CHIEF OF PROGRAMS	40.00				X		160,083	0	31,533

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include JACKTON DOWNARD, PAMELA CLAPP, WILLIAM SHIELDS, and JOB HEINTZ.

Summary rows: 1b Sub-Total, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c). Total compensation: 1,473,333.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

Table with 3 columns: Question, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and unrelated compensation.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Contractors include BAMACON ENGINEERING PLC, ESUBSTANCE LIMITED, and RAAS ARCHITECTS PLC.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts					
1a	Federated campaigns				
1b	Membership dues				
1c	Fundraising events				
1d	Related organizations				
1e	Government grants (contributions)			174,400	
1f	All other contributions, gifts, grants, and similar amounts not included above			26,358,039	
1g	Noncash contributions included in lines 1a - 1f:\$			16,655,005	
1g	h Total. Add lines 1a-1f				26,532,439

Program Service Revenue	Business Code				
		(A)	(B)	(C)	(D)
2a TECH. & PROCUREMENT	900099	138,947	138,947		
b					
c					
d					
e					
f	All other program service revenue.				
g	Total. Add lines 2a-2f.	138,947			

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		193,428			193,428	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
	6b	Less: rental expenses						
	6c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	20,117,208				
			(ii) Other					
	7b	Less: cost or other basis and sales expenses		15,417,413				
	7c	Gain or (loss)		4,699,795				
	d	Net gain or (loss)		4,699,795			4,699,795	
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
8b	Less: direct expenses							
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19							
9b	Less: direct expenses							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
10b	Less: cost of goods sold							
c	Net income or (loss) from sales of inventory							

Other Revenue Misc Amt	Business Code				
		(A)	(B)	(C)	(D)
11a SIGHTLIFE NOVARTIS PROJECT REIMBU	900099	25,827			25,827
b MERRILL LYNCH REIMBURSEMENT	900099	8,600			8,600
c DAYBREAK VISION PROJECT REIMBURSE	900099	2,513			2,513
d	All other revenue				
e	Total. Add lines 11a-11d	36,940			
12	Total revenue. See instructions	31,601,549	138,947	0	4,930,163

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	6,300,010	6,300,010		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	917,024	281,126	445,375	190,523
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	278,960		278,960	
7 Other salaries and wages	2,149,204	1,211,244	521,725	416,235
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,095	50,980	26,688	18,427
9 Other employee benefits	353,443	172,426	118,388	62,629
10 Payroll taxes	222,719	100,701	81,649	40,369
11 Fees for services (non-employees):				
a Management				
b Legal	4,725		4,725	
c Accounting	127,156		127,156	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	41,503		41,503	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	213,060	51,997	131,048	30,015
12 Advertising and promotion				
13 Office expenses	146,819	42,337	54,193	50,289
14 Information technology	481,678	3,444	151,035	327,199
15 Royalties				
16 Occupancy	171,710	66,268	95,819	9,623
17 Travel	348,564	221,362	121,353	5,849
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	285		285	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,075	33,921	1,543	611
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROCUREMENT PROGRAM EXP	90,210	85,697	4,513	
b RECRUITING	63,507		63,507	
c FUNDRAISING	50,937		14,224	36,713
d MEMBERSHIPS	29,551		29,551	
e All other expenses	30,349	3,211	22,032	5,106
25 Total functional expenses. Add lines 1 through 24e	12,153,584	8,624,724	2,335,272	1,193,588
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	8,719,235	2	21,013,254
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,448,569	4	3,184,833
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,296,305	8	2,405,614
	9 Prepaid expenses and deferred charges	63,162	9	165,239
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,798,426		
	b Less: accumulated depreciation	10b 50,726	828,165	10c 1,747,700
	11 Investments—publicly traded securities	6,634,628	11	5,538,036
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	404,783	15	109,533
16 Total assets: Add lines 1 through 15 (must equal line 33)	19,394,847	16	34,164,209	
Liabilities	17 Accounts payable and accrued expenses	855,259	17	1,085,226
	18 Grants payable		18	
	19 Deferred revenue		19	699,452
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	855,259	26	1,784,678
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,106,150	27	28,380,169
	28 Net assets with donor restrictions	4,433,438	28	3,999,362
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	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	18,539,588	32	32,379,531
33 Total liabilities and net assets/fund balances	19,394,847	33	34,164,209	

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 31,601,549; Line 2: Total expenses 12,153,584; Line 3: Revenue less expenses 19,447,965; Line 4: Net assets at beginning 18,539,588; Line 5: Net unrealized gains -5,608,022; Line 10: Net assets at end 32,379,531.

Part XII Financial Statements and Reporting

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Accounting method (Accrual checked); 2a Were financial statements compiled? (No); 2b Were financial statements audited? (Yes); 2c If Yes, does organization have a committee? (Yes); 3a As a result of a federal award, was the organization required to undergo an audit? (No); 3b If Yes, did the organization undergo the required audit? (No).

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.

Name of the organization
HIMALAYAN CATARACT PROJECT INC

Employer identification number
03-0362926

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	10,567,367	9,268,577	9,972,665	12,097,412	26,532,439	68,438,460
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	10,567,367	9,268,577	9,972,665	12,097,412	26,532,439	68,438,460
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) . . .						18,515,123
6 Public support. Subtract line 5 from line 4.						49,923,337

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	10,567,367	9,268,577	9,972,665	12,097,412	26,532,439	68,438,460
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,408	179,773	134,453	130,988	193,428	749,050
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			10,330	735	36,940	48,005
11 Total support. Add lines 7 through 10						69,235,515
12 Gross receipts from related activities, etc. (see instructions)					12	1,330,515
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	72.110 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	83.850 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests-2022. Row 19b: 33 1/3% support tests-2021. Row 20: Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

- 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.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
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? <i>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.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		

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? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 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.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|--|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization HIMALAYAN CATARACT PROJECT INC	Employer identification number 03-0362926
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
HIMALAYAN CATARACT PROJECT INC

Employer identification number
03-0362926

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 HIMALAYAN CATARACT PROJECT INC

Employer identification number
 03-0362926

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
-	_____ _____ _____	_____ \$	_____

Name of organization HIMALAYAN CATARACT PROJECT INC	Employer identification number 03-0362926
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2022

Open to Public Inspection

▶ **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

Name of the organization
HIMALAYAN CATARACT PROJECT INC

Employer identification number
03-0362926

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Yes** **No**

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? **Yes** **No**

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? **Yes** **No**

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,583,102		1,583,102
c Leasehold improvements		8,500	5,100	3,400
d Equipment		158,798	31,020	127,778
e Other		48,026	14,606	33,420
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,747,700

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 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. (Column (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.

1. (a) Description of liability	(b) Book value
(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.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	26,107,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-5,608,022	
b	Donated services and use of facilities	2b	155,934	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-5,452,088
3	Subtract line 2e from line 1		3	31,560,046
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,503	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	41,503
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	31,601,549

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	12,268,015
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	155,934	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	155,934
3	Subtract line 2e from line 1		3	12,112,081
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	41,503	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	41,503
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,153,584

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	FOR THE YEAR ENDED DECEMBER 31, 2022, HCP HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Additional Data

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Software ID:

Software Version:

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to 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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HIMALAYAN CATARACT PROJECT INC

Employer identification number
03-0362926

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		5,404,629
(2) SOUTH ASIA	0	2	GRANTS TO RECIPIENTS LOCATED IN REGION		831,883
(3) SUB-SAHARAN AFRICA	1	14	MANAGEMENT AND GENERAL		25,323
(4) EAST ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		63,498
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	16			6,325,333
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	16			6,325,333

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	15,702	WIRE	224	EQUIPMENT/TRAINING	FMV
(2)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	149,260	WIRE	224	EQUIPMENT/TRAINING	FMV
(3)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	214,960	WIRE	224	EQUIPMENT/TRAINING	FMV
(4)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	205,200	WIRE	224	EQUIPMENT/TRAINING	FMV
(5)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	94,664	WIRE	224	EQUIPMENT/TRAINING	FMV
(6)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	32,217	WIRE	224	EQUIPMENT/TRAINING	FMV
(7)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF	68,434	WIRE	224	EQUIPMENT/TRAINING	FMV

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				EQUIPMENT AND TRAINING					
(8)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	64,388	WIRE	224	EQUIPMENT/TRAINING	FMV
(9)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	80,862	WIRE	224	EQUIPMENT/TRAINING	FMV
(10)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	9,810	WIRE	224	EQUIPMENT/TRAINING	FMV
(11)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	11,838	WIRE	224	EQUIPMENT/TRAINING	FMV
(12)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	83,922	WIRE	224	EQUIPMENT/TRAINING	FMV
(13)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	146,853	WIRE	224	EQUIPMENT/TRAINING	FMV
(14)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	56,095	WIRE	224	EQUIPMENT/TRAINING	FMV
(15)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT	86,040	WIRE	224	EQUIPMENT/TRAINING	FMV

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING					
(16)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	14,677	WIRE	224	EQUIPMENT/TRAINING	FMV
(17)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	132,467	WIRE	224	EQUIPMENT/TRAINING	FMV
(18)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	45,992	WIRE	224	EQUIPMENT/TRAINING	FMV
(19)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	155,697	WIRE	224	EQUIPMENT/TRAINING	FMV
(20)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	9,870	WIRE	224	EQUIPMENT/TRAINING	FMV
(21)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	53,524	WIRE	953	EQUIPMENT/TRAINING	FMV
(22)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY;	33,888	WIRE	953	EQUIPMENT/TRAINING	FMV

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING					
(23)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	132,841	WIRE	953	EQUIPMENT/TRAINING	FMV
(24)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	74,549	WIRE	953	EQUIPMENT/TRAINING	FMV
(25)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	605,894	WIRE	21,749	EQUIPMENT/TRAINING	FMV
(26)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	17,483	WIRE	953	EQUIPMENT/TRAINING	FMV
(27)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	5,694	WIRE	953	EQUIPMENT/TRAINING	FMV
(28)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	49,298	WIRE	953	EQUIPMENT/TRAINING	FMV
(29)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF	14,177	WIRE	953	EQUIPMENT/TRAINING	FMV

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				EQUIPMENT AND TRAINING					
(30)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	166,983	WIRE	953	EQUIPMENT/TRAINING	FMV
(31)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	16,093	WIRE	953	EQUIPMENT/TRAINING	FMV
(32)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	307,071	WIRE	953	EQUIPMENT/TRAINING	FMV
(33)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	89,871	WIRE	953	EQUIPMENT/TRAINING	FMV
(34)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	117,607	WIRE	953	EQUIPMENT/TRAINING	FMV
(35)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	428,886	WIRE	0		
(36)			SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	170,839	WIRE	254,239	EQUIPMENT/TRAINING	FMV
(37)			SOUTH ASIA	GRANTS PROVIDED TO SUPPORT	456,431	WIRE	87,861	EQUIPMENT/TRAINING	FMV

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING					
(38)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	231,160	WIRE	0		
(39)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	50,000	WIRE	6,431	EQUIPMENT/TRAINING	FMV
(40)		EAST ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING	63,498	WIRE	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 6

3 Enter total number of other organizations or entities 34

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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(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	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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.

ReturnReference	Explanation
PART I, LINE 2:	THE ORGANIZATION REQUIRES THAT GRANTEES PROVIDE AN EXPENSE REPORT DETAILING HOW GRANT FUNDS WERE USED. IN ADDITION, PRIOR TO GRANTING FUNDS, THE ORGANIZATION REQUIRES A BUDGET AND NARRATIVE DESCRIPTION OF THE PROPOSED USE OF FUNDS.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HIMALAYAN CATARACT PROJECT INC

Employer identification number

03-0362926

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8	Yes	
9	Yes	

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOB HEINTZ -FORMER OFFICER STRATEGIC ADV. (UNTIL 04/2022)	(i)	86,707	0	175,803	8,380	7,630	278,520	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 EMILY R NEWICK INTERIM CEO / CHIEF OPERATING OFFICE	(i)	235,495	1,000	0	7,450	26,422	270,367	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 ALEX SMITH DAVIS CHIEF OF PROGRAMS	(i)	157,971	2,112	0	5,111	26,422	191,616	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 SARAH JUDD DEVELOPMENT DIRECTOR	(i)	164,472	2,149	0	5,319	17,509	189,449	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 JEFF LIVELY GENERAL COUNSEL	(i)	175,496	2,149	0	5,671	1,824	185,140	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 WILLIAM SHIELDS GLOBAL DIRECTOR OF TECHNOLOGY	(i)	157,629	1,483	0	5,079	0	164,191	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 JACKTON DOWNARD DIRECTOR OF FINANCE	(i)	122,004	2,145	0	3,963	26,422	154,534	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	OCCASIONALLY BUSINESS CLASS FLIGHTS WERE BOOKED WHEN SURGICAL SKILLS WERE REQUIRED SHORTLY UPON ARRIVAL.
PART I, LINE 4A	- JOB HEINTZ - SEVERANCE \$175,803
PART I, LINE 8	HCP MOVED ITS FORMER CEO INTO A TRANSITIONAL POSITION AS GLOBAL STRATEGIC ADVISOR TO HELP BUILD HCP'S PLAN TO SCALE THE ORGANIZATION AND TO BEST POSITION HCP FOR SUCCESS IN ITS SEARCH FOR ITS NEXT CEO. FOR COMPENSATION PAID, HCP HAD A PROCESS CALCULATED TO MEET THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRS REGULATIONS 53.4958-6.

Additional Data

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

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Inspection**

- ▶ **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 the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
HIMALAYAN CATARACT PROJECT INC

Employer identification number

03-0362926

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	X	75	16,298,092	FMV
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				
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 (MED. EQUIP/SUPP.)	X	5	356,913	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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.

Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Additional Data

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SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2022**Open to Public
Inspection**Name of the organization
HIMALAYAN CATARACT PROJECT INC**Employer identification number**

03-0362926

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION UPDATED ITS GOVERNING DOCUMENTS WITH THE CREATION OF A COMPENSATION COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE FORM WAS THEN CIRCULATED TO THE FULL BOARD FOR REVIEW AND APPROVAL PRIOR TO FINALIZING AND FILING.
FORM 990, PART VI, SECTION B, LINE 12C	INTERESTED PERSONS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON DISCLOSES THE EXISTENCE OF THE FINANCIAL INTEREST AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD APPROVED CEO COMPENSATION FOR FY22 IN OCTOBER 2022. PURSUANT TO THE ORGANIZATION'S COMPENSATION POLICY FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES, THE NOMINATING AND GOVERNANCE COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, UTILIZES COMPARABILITY INFORMATION IN ITS REVIEW AND APPROVAL OF COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Additional Data

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