

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- 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: CURE BLINDNESS PROJECT. Number and street (or P.O. box if mail is not delivered to street address): PO BOX 863. Room/suite: . City or town, state or province, country, and ZIP or foreign postal code: NORWICH, VT 05055

D Employer identification number: 03-0362926. E Telephone number: (802) 522-7630. G Gross receipts \$ 65,706,602

F Name and address of principal officer: KATHERINE G OVERBEY, PO BOX 863, NORWICH, VT 05055

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

I Tax-exempt status: 501(c)(3)

J Website: WWW.CUREBLINDNESS.ORG

K Form of organization: Corporation

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

Part I Summary

Table with 3 main sections: 1. Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. 2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-7a: Summary statistics (voting members, employees, volunteers, revenue). 7b: Net unrelated business taxable income. 8-12: Revenue (Contributions, program service, investment, other). 13-19: Expenses (Grants, benefits, salaries, fundraising, other). 20-22: Net Assets or Fund Balances (Total assets, liabilities, net assets).

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer EMILY NEWICK COO, Date 2025-10-24. Paid Preparer Use Only: Preparer's signature, Date, Firm's name GELMAN ROSENBERG & FREEDMAN, Firm's EIN 52-1392008, Firm's address 4550 MONTGOMERY AVE SUITE 800N, BETHESDA, MD 208142930.

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:

WE ENABLE COUNTRIES TO CURE AVOIDABLE BLINDNESS BY DEVELOPING HIGH QUALITY, COST-EFFECTIVE EYE CARE IN UNDERSERVED AREAS OF THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 2,934,397 including grants of \$ 1,906,019) (Revenue \$) ETHIOPIA: CURE BLINDNESS PROJECT SUPPORTS OVER 25 PARTNERS IN ETHIOPIA WITH CAPACITY BUILDING FOR OPHTHALMOLOGISTS, RESIDENTS AND ALLIED OPHTHALMIC PERSONNEL, SUPPORT FOR PATIENT CARE ADMINISTERING MORE THAN 35,000 CATARACT SURGERIES AND OVER 2,500 OTHER EYE SURGERIES, PROVISION OF EQUIPMENT, SURGICAL INSTRUMENTS AND CONSUMABLES TO PROVIDE PATIENT CARE AND INVESTMENT IN PRIMARY EYE CARE TO ENSURE PREVENTION AND EARLY INTERVENTION OF BLINDNESS. ADDITIONALLY, CURE BLINDNESS PROJECT CONTINUES TO PLAN FOR, CREATE, CONSTRUCT, AND OPERATIONALIZE A FULLY INDEPENDENT SPECIALTY EYE CARE CLINIC IN ETHIOPIA.

4b (Code:) (Expenses \$ 2,838,861 including grants of \$ 2,806,331) (Revenue \$) INDIA: CURE BLINDNESS PROJECT SUPPORTS OVER 5 PARTNERS IN INDIA WITH CAPACITY BUILDING FOR ALLIED OPHTHALMIC PERSONNEL, SUPPORT FOR PATIENT CARE ADMINISTERING MORE THAN 50,000 CATARACT SURGERIES AND INVESTMENT IN PRIMARY EYE CARE TO ENSURE PREVENTION AND EARLY INTERVENTION OF BLINDNESS.

4c (Code:) (Expenses \$ 2,123,520 including grants of \$ 1,900,696) (Revenue \$) GHANA: CURE BLINDNESS PROJECT SUPPORTS OVER 15 PARTNERS IN GHANA WITH CAPACITY BUILDING FOR OPHTHALMOLOGISTS, RESIDENTS AND ALLIED OPHTHALMIC PERSONNEL, SUPPORT FOR PATIENT CARE ADMINISTERING MORE THAN 18,000 CATARACT SURGERIES AND OVER 1,000 OTHER EYE SURGERIES, PROVISION OF EQUIPMENT, SURGICAL INSTRUMENTS AND CONSUMABLES TO PROVIDE PATIENT CARE AND INVESTMENT IN PRIMARY EYE CARE TO ENSURE PREVENTION AND EARLY INTERVENTION OF BLINDNESS. ADDITIONALLY, CURE BLINDNESS PROJECT CONTINUED CONSTRUCTION ON A SPECIALTY EYE CENTER IN GHANA.

(Code:) (Expenses \$ 1,565,891 including grants of \$ 1,547,714) (Revenue \$) NEPAL: CURE BLINDNESS PROJECT SUPPORTS OVER 5 PARTNERS IN NEPAL WITH CAPACITY BUILDING FOR OPHTHALMOLOGISTS, RESIDENTS AND ALLIED OPHTHALMIC PERSONNEL, SUPPORT FOR PATIENT CARE ADMINISTERING MORE THAN 15,000 CATARACT SURGERIES AND OVER 1,200 OTHER EYE SURGERIES, PROVISION OF EQUIPMENT, SURGICAL INSTRUMENTS, AND CONSUMABLES TO PROVIDE PATIENT CARE, AND INVESTMENT IN PRIMARY EYE CARE TO ENSURE PREVENTION AND EARLY INTERVENTION OF BLINDNESS. ADDITIONALLY, CURE BLINDNESS PARTNERED TO COMPLETE CONSTRUCTION ON A SECONDARY EYE CENTER IN NEPAL.

(Code:) (Expenses \$ 476,205 including grants of \$ 475,865) (Revenue \$) SOUTH SUDAN: CURE BLINDNESS PROJECT SUPPORTS 4 PARTNERS IN SOUTH SUDAN WITH CAPACITY BUILDING FOR OPHTHALMOLOGISTS AND RESIDENTS, SUPPORT FOR PATIENT CARE ADMINISTERING MORE THAN 8,000 CATARACT SURGERIES AND OVER 2,000 OTHER EYE SURGERIES, AND PROVISION OF EQUIPMENT, SURGICAL INSTRUMENTS AND CONSUMABLES TO PROVIDE PATIENT CARE.

(Code:) (Expenses \$ 5,952,976 including grants of \$ 2,514,809) (Revenue \$) OTHER PROGRAMS: LATIN AMERICA, OTHER AFRICA, OTHER ASIA, PROGRAM SERVICES ALLOCATION. CURE BLINDNESS PARTNERS IN OTHER COUNTRIES ACROSS ASIA, AFRICA AND LATIN AMERICA, WITH CAPACITY BUILDING FOR OPHTHALMOLOGISTS AND RESIDENTS, SUPPORT FOR PATIENT CARE ADMINISTERING MORE THAN 25,000 CATARACT SURGERIES AND THE PROVISION OF EQUIPMENT, SURGICAL INSTRUMENTS AND CONSUMABLES TO PROVIDE PATIENT CARE.

(Code:) (Expenses \$ 223,885 including grants of \$ 223,676) (Revenue \$) BHUTAN: CURE BLINDNESS SUPPORTS THE MINISTRY OF HEALTH IN BHUTAN WITH CAPACITY BUILDING FOR OPHTHALMOLOGISTS, RESIDENTS AND ALLIED OPHTHALMIC PERSONNEL, SUPPORT FOR PATIENT CARE ADMINISTERING MORE THAN 1,100 CATARACT SURGERIES AND OVER 200 OTHER EYE SURGERIES, PROVISION OF EQUIPMENT, SURGICAL INSTRUMENTS AND CONSUMABLES TO PROVIDE PATIENT CARE AND INVESTMENT IN PRIMARY EYE CARE TO ENSURE PREVENTION AND EARLY INTERVENTION OF BLINDNESS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,218,957 including grants of \$ 4,762,064) (Revenue \$)

4e Total program service expenses 16,115,735

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' and 'No' column for the answer.

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 organizational reporting, compensation, bond issues, and controlled entities.

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 gaming winnings.

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

Table with 17 main rows and multiple sub-rows (a, b, etc.). Columns include question text, a grid for numerical answers (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17), and a grid for Yes/No answers.

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 main columns: Question, Yes, No. Rows include: 1a (Voting members), 1b (Independent members), 2 (Family/Business relationships), 3 (Delegation of control), 4 (Significant changes), 5 (Asset diversion), 6 (Members/stockholders), 7a (Election/appointment), 7b (Governance decisions), 8 (Documentation), 8a (Governing body), 8b (Committees), 9 (Unreachable officers).

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

Table with 3 main columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest), 12b (Disclosure of interests), 12c (Compliance monitoring), 13 (Whistleblower policy), 14 (Document retention), 15a (Compensation review), 15b (Other officers), 16a (Joint ventures), 16b (Participation in joint ventures).

Section C. Disclosure

Table with 2 main columns: Question, Answer. Row 17: States with copy of Form 990 (AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI). Row 18: Public inspection methods (Own website, Another's website, Upon request, Other). Row 19: Disclosure of governing documents. Row 20: Name, address, and telephone number of person with books and records (EMILY NEWICK PO BOX 863 NORWICH, VT 05055 (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	Former			
(1) MATTHEW OLIVA MD CHAIR (FROM 2/24)	5.00	X		X				0	0	0
(2) GEOFFREY TABIN MD CHAIR EMERITUS (FROM 2/24)	5.00	X		X				0	0	0
(3) MENGHIS BAIRU MD BOARD MBR THEN VICE CHAIR (FROM 2/24)	2.00	X		X				0	0	0
(4) JEFFREY GOLDBERG MD BOARD MEMBER	2.00	X						0	0	0
(5) STEWART HALPERN MPPM BOARD MEMBER	2.00	X						0	0	0
(6) GUY KEZIRIAN MD MBA FACS BOARD MEMBER (UNTIL 6/24)	2.00	X						0	0	0
(7) FARRAN TOZER BROWN MBA BOARD MEMBER	2.00	X						0	0	0
(8) KAL MENTAK PHD BOARD MEMBER (UNTIL 10/24)	2.00	X						0	0	0
(9) JESSICA FEILMEIER BOARD MEMBER	2.00	X						0	0	0
(10) DIMITRI AZAR MD MBA BOARD MEMBER	2.00	X						0	0	0
(11) ROBERT WOLCOTT PHD BOARD MEMBER	2.00	X						0	0	0
(12) CHRIS HOLZSHU BOARD MEMBER (FROM 11/24)	2.00	X						0	0	0
(13) KATHERINE OVERBEY CHIEF EXECUTIVE OFFICER	40.00			X				310,258	0	35,294
(14) EMILY R NEWICK CHIEF OPERATING OFFICER	40.00			X				212,729	0	32,578
(15) JEFF WALLACE CHIEF MARKETING OFFICER	40.00				X			190,553	0	31,865
(16) RUTH BOLAN CHIEF DEVELOPMENT OFFICER	40.00				X			185,113	0	33,870
(17) JOSIE NOAH CHIEF PROGRAM OFFICER	40.00				X			186,113	0	16,024

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

(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			
(18) JEFF LIVELY GENERAL COUNSEL	40.00				X		186,574	0	8,892
(19) JACKTON DOWNARD VICE PRESIDENT, FINANCE	40.00				X		153,097	0	30,568
(20) PAMELA CLAPP ASSOCIATE VICE PRESIDENT,	40.00					X	123,035	0	29,492
(21) JEFF DORETTI VICE PRESIDENT, GLOBAL TAL	40.00					X	137,701	0	14,331
(22) ANDREA CALLIS DIR. CORP & FOUNDATION ENGAGEMENT	40.00					X	129,895	0	14,060
(23) PATRICK EMERY AVP, ASIA	40.00					X	128,728	0	14,008
(24) KARLA KLOTZ FINANCIAL CONTROLLER	40.00					X	116,557	0	20,932
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						2,060,353	0	281,914	

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 **13**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RAAS ARCHITECTS PLC GABON STREET ADDIS ABABA ET	CONSTRUCTION MANAGEMENT CONSULTING SERVI	105,795
BAMACON ENGINEERING PLC AFRICA AVENUE ADDIS ABABA ET	CONSTRUCTION FIRM	101,475

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 **2**

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 Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c		
d Related organizations		1d		
e Government grants (contributions)		1e	139,823	
f All other contributions, gifts, grants, and similar amounts not included above		1f	29,376,194	
g Noncash contributions included in lines 1a - 1f:\$		1g	20,814,422	
h Total. Add lines 1a-1f				29,516,017

Program Service Revenue		Business Code				
2a						
b						
c						
d						
e						
f	All other program service revenue.					
g Total.	Add lines 2a-2f.					

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			676,937			676,937	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	6a					
		(ii) Personal						
		b Less: rental expenses	6b					
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	35,470,689				
		(ii) Other						
		b Less: cost or other basis and sales expenses	7b	33,481,367				
		c Gain or (loss)	7c	1,989,322				
	d Net gain or (loss)				1,989,322			1,989,322
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a					
		b Less: direct expenses	8b					
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19		9a						
	b Less: direct expenses	9b						
	c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		10a						
	b Less: cost of goods sold	10b						
	c Net income or (loss) from sales of inventory							

Other Revenue Misc Amt		Business Code					
11a	CURRENCY GAIN	900099		31,497		31,497	
b	MISCELLANEOUS REVENUE	900099		11,462		11,462	
c							
d	All other revenue						
e Total.	Add lines 11a-11d			42,959			
12 Total revenue.	See instructions			32,225,235	0	0	2,709,218

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	1,084,077	1,084,077		
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.	10,291,033	10,291,033		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,613,528	520,679	854,171	238,678
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,538,801	1,987,639	1,056,756	494,406
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	128,991	70,314	40,604	18,073
9 Other employee benefits	460,088	266,094	134,005	59,989
10 Payroll taxes	302,279	149,771	109,802	42,706
11 Fees for services (non-employees):				
a Management				
b Legal	62,310	42,867	19,443	
c Accounting	71,355	2,340	69,015	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,524		50,524	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	831,085	515,528	227,193	88,364
12 Advertising and promotion	69,059	2,000		67,059
13 Office expenses	131,969	16,187	32,506	83,276
14 Information technology	215,107	106,965	77,859	30,283
15 Royalties				
16 Occupancy	157,472	83,750	50,301	23,421
17 Travel	435,142	371,193	46,042	17,907
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	152,852	49,364	103,488	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,315	15,313	748	254
23 Insurance	45,384	18,719	19,198	7,467
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 DIRECT PROGRAM EXPENSES	389,570	389,570		
b SHIPPING	75,068	75,068		
c DUES AND SUBS	67,585	38,212	21,148	8,225
d ADMIN SERVICE FEES	17,882	2,070	15,812	
e All other expenses	58,396	16,982	29,712	11,702
25 Total functional expenses. Add lines 1 through 24e	20,265,872	16,115,735	2,958,327	1,191,810
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	11,866,673	2	11,757,713
	3 Pledges and grants receivable, net	825,234	3	642,207
	4 Accounts receivable, net		4	
	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	2,366,688	8	2,928,055
	9 Prepaid expenses and deferred charges	241,748	9	170,572
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,084,056		
	b Less: accumulated depreciation	10b 84,243	2,935,867	10c 3,999,813
	11 Investments—publicly traded securities	9,687,601	11	19,545,390
	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	520,531	15	1,513,292
16 Total assets: Add lines 1 through 15 (must equal line 33)	28,444,342	16	40,557,042	
Liabilities	17 Accounts payable and accrued expenses	1,474,097	17	1,276,675
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	698,272	25	600,499
	26 Total liabilities. Add lines 17 through 25	2,172,369	26	1,877,174
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	24,059,257	27	36,744,737
	28 Net assets with donor restrictions	2,212,716	28	1,935,131
	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	26,271,973	32	38,679,868
	33 Total liabilities and net assets/fund balances	28,444,342	33	40,557,042

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,225,235
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,265,872
3	Revenue less expenses. Subtract line 2 from line 1	3	11,959,363
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,271,973
5	Net unrealized gains (losses) on investments	5	448,532
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	38,679,868

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	9,972,665	12,097,412	26,532,439	6,551,257	29,516,017	84,669,790
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	9,972,665	12,097,412	26,532,439	6,551,257	29,516,017	84,669,790
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) . . .						33,991,843
6 Public support. Subtract line 5 from line 4.						50,677,947

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	9,972,665	12,097,412	26,532,439	6,551,257	29,516,017	84,669,790
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	134,453	130,988	193,428	515,251	676,937	1,651,057
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	12,670	42,959	103,634
11 Total support. Add lines 7 through 10						86,424,481
12 Gross receipts from related activities, etc. (see instructions)					12	442,121
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 2024 (line 6, column (f) divided by line 11, column (f))	14	58.640 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	70.760 %
16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 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 2024; Row 16: Public support percentage from 2023 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 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2024; Row 19b: 33 1/3% support tests-2023; 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?		
11a			
b	A family member of a person described on 11a above?		
11b			
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>		
11c			

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 of Contributors

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

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
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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:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

Open to Public Inspection

▶ **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 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 July 25, 2006, 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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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	
REFUNDABLE ADVANCE	548,759
LEASE LIABILITY	51,740
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 600,499

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	32,852,396
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	448,532	
b	Donated services and use of facilities	2b	229,153	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	677,685	
3	Subtract line 2e from line 1	3	32,174,711	
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	50,524	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	50,524	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	32,225,235	

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	20,444,501
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	229,153	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	229,153	
3	Subtract line 2e from line 1	3	20,215,348	
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	50,524	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	50,524	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	20,265,872	

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
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Additional Data

[Return to Form](#)

Software ID:

Software Version:

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ **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.**

Open to Public Inspection

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	2	23	PROGRAM SERVICES	PARTNER LOGISTICS AND MANAGEMENT	182,891
(2) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		4,945,201
(3) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		4,939,835
(4) EAST ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		203,141
(5) SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		157,400
(6) MIDDLE EAST	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		8,961
(7) NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		36,495
(8) SUB-SAHARAN AFRICA	0	0	OPERATING & ADMINISTRATIVE EXPENSES		1,305,518
(9) SOUTH ASIA	0	13	OPERATING & ADMINISTRATIVE EXPENSES		161,501
(10) SOUTH AMERICA	0	0	OPERATING & ADMINISTRATIVE EXPENSES		35
(11) EUROPE	0	2	OPERATING & ADMINISTRATIVE EXPENSES		80,350
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2	23			11,779,442
b Total from continuation sheets to Part I	0	15			241,886
c Totals (add lines 3a and 3b)	2	38			12,021,328

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.

(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 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.	242,671	WIRE	0		
(2)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	38,214	WIRE	0		
(3)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	148,694	WIRE	0		
(4)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	80,669	WIRE	0		
(5)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	7,058	WIRE	0		
(6)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	908	WIRE	15,586	DONATED GOODS & FMV SERVICES	
(7)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	174,222	WIRE	0		
(8)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	209,525	WIRE	0		
(9)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	100,629	WIRE	0		
(10)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	88,524	WIRE	0		
(11)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	25,037	WIRE	0		
(12)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	15,461	WIRE	0		
(13)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	57,873	WIRE	0		
(14)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	63,566	WIRE	0		
(15)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	58,092	WIRE	0		
(16)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	33,534	WIRE	0		
(17)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	43,454	WIRE	0		
(18)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	27,665	WIRE	0		
(19)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	75,265	WIRE	0		
(20)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	5,241	WIRE	0		
(21)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	193,122	WIRE	0		
(22)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	23,809	WIRE	0		
(23)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	20,547	WIRE	0		
(24)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	90,859	WIRE	0		
(25)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	71,754	WIRE	0		
(26)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	42,530	WIRE	0		
(27)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	530,791	WIRE	0		
(28)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	12,187	WIRE	0		
(29)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	156,947	WIRE	0		
(30)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	700,641	WIRE	0		
(31)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	130,664	WIRE	38,003	DONATED GOODS & FMV SERVICES	
(32)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	39,731	WIRE	0		
(33)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	67,300	WIRE	0		
(34)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	11,905	WIRE	0		
(35)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	59,630	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.	27,304	WIRE	0		
(37)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	49,194	WIRE	0		
(38)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	45,239	WIRE	0		
(39)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	15,992	WIRE	0		
(40)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	208,700	WIRE	0		
(41)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	33,992	WIRE	0		
(42)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	169,201	WIRE	0		
(43)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	63,972	WIRE	0		
(44)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	21,975	WIRE	155	DONATED GOODS & FMV SERVICES	
(45)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	317,238	WIRE	0		
(46)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	106,250	WIRE	0		
(47)		SUB-SAHARAN AFRICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	217,158	WIRE	387	DONATED GOODS & FMV SERVICES	
(48)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	662,500	WIRE	0		
(49)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	5,670	WIRE	0		
(50)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	780,017	WIRE	0		
(51)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	96,154	WIRE	0		
(52)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	223,676	WIRE	0		
(53)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	414,649	WIRE	0		
(54)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	155,595	WIRE	0		
(55)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	567,000	WIRE	0		
(56)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	21,194	WIRE	0		
(57)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	960,039	WIRE	0		
(58)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	474,378	WIRE	0		
(59)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	213,476	WIRE	0		
(60)		SOUTH ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	362,115	WIRE	0		
(61)		EAST ASIA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	203,141	WIRE	0		
(62)		SOUTH AMERICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	157,408	WIRE	0		
(63)		MIDDLE EAST	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	8,961	WIRE	0		
(64)		NORTH AMERICA	GRANTS PROVIDED TO SUPPORT BLINDNESS ALLEVIATION PROGRAM; EYE SURGERY; SURGICAL EQUIPMENT AND EDUCATION. IN KIND GRANTS OF EQUIPMENT AND TRAINING.	36,495	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 courier has provided a section 501(c)(3) equivalency letter 20

3 Enter total number of other organizations or entities 44

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) RESEARCH	SUB-SAHARAN AFRICA	1	4,513	WIRE			
(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

Additional Data

Software ID:

Software Version:

**Schedule I
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
HIMALAYAN CATARACT PROJECT INC

Employer identification number
03-0362926

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SERGE GLOBAL INC 101 WEST AVE SUITE 305 JENKINTOWN, PA 19046	23-2223692	501(C)(3)	392,173	0			SUB-AWARD
(2) HELEN KELLER INTERNATIONAL ONE DAG HAMMARSKJOLD PLAZA FL 2 NEW YORK, NY 10017	13-5562162	501(C)(3)	346,560	0			SUB-AWARD
(3) THE CARTER CENTER INC ONE COPENHILL 453 JOHN LEWIS FREEDOM PARKWAY NE ATLANTA, GA 30307	58-1454716	501(C)(3)	210,000	0			SUB-AWARD
(4) SEVA FOUNDATION 1786 FIFTH STREET BERKELEY, CA 94710	38-2231279	501(C)(3)	46,188	0			SUB-AWARD
(5) SIGHT FOR SOULS 15010 NE 15TH ST BELLEVUE, WA 98007	46-5491631	501(C)(3)	28,985	0			SUB-AWARD
(6) LIONS WORLD VISION INSTITUTE INC 1410 N 21ST ST TAMPA, FL 33605	59-1458151	501(C)(3)	23,771	0			SUB-AWARD
(7) SAFE SURGERY INITIATIVE INC 2151 N HERITAGE ST BUCKEYE, AZ 85396	27-1642249	501(C)(3)	20,000	0			SIRT TRAINING FEE/EQUIPMENT SHIPPING FEE/TRAINING EQUIPMENT KITS
(8) SEE INTERNATIONAL 175 CREMONA DR SUITE 100 SANTA BARBARA, CA 93117	31-1682275	501(C)(3)	16,400	0			SUB-AWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8
 3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION HAS A SUB-RECIPIENT MONITORING POLICY AND PROCEDURE WHICH IS FOLLOWED TO COLLECT INFORMATION ON ORGANIZATIONS THAT RECEIVE AWARDS FROM CURE BLINDNESS PROJECT. THESE IN ADDITION TO SIGNED AGREEMENTS FORM THE BASIS OF THE RELATIONSHIP. THE PROGRAMS TEAM HAS ROUTINE CONTACT WITH THE RECIPIENTS TO TRACK AND MONITOR PROGRESS TOWARD THE AGREED UPON GOALS.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

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"/> Travel for companions
<input type="checkbox"/> Tax idemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<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 checked="" type="checkbox"/> Compensation committee
<input type="checkbox"/> Independent compensation consultant
<input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<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		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

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 KATHERINE OVERBEY CHIEF EXECUTIVE OFFICER	(i)	300,258	10,000	0	8,550	26,744	345,552	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 EMILY R NEWICK CHIEF OPERATING OFFICER	(i)	211,729	1,000	0	5,834	26,744	245,307	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 JEFF WALLACE CHIEF MARKETING OFFICER	(i)	189,553	1,000	0	5,227	26,638	222,418	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 RUTH BOLAN CHIEF DEVELOPMENT OFFICER	(i)	184,113	1,000	0	5,061	28,809	218,983	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 JOSIE NOAH CHIEF PROGRAM OFFICER	(i)	185,113	1,000	0	5,102	10,922	202,137	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 JEFF LIVELY GENERAL COUNSEL	(i)	185,574	1,000	0	5,109	3,783	195,466	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 JACKTON DOWNARD VICE PRESIDENT, FINANCE	(i)	152,097	1,000	0	4,172	26,396	183,665	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 PAMELA CLAPP ASSOCIATE VICE PRESIDENT,	(i)	122,285	750	0	3,375	26,117	152,527	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 JEFF DORETTI VICE PRESIDENT, GLOBAL TAL	(i)	136,951	750	0	3,753	10,578	152,032	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 7	THE FOLLOWING EMPLOYEES RECEIVED MERIT BASED BONUSES: - KATHERINE OVERBEY \$10,000 - EMILY NEWICK \$1,000 - JEFF WALLACE \$1,000 - RUTH BOLAN \$1,000 - JOSIE NOAH \$1,000 - JEFF LIVELY \$1,000 - JACKTON DOWNARD \$1,000 - PAMELA CLAPP \$1,000 - JEFF DORETTI \$750 - ANDREA CALLIS \$750 - PATRICK EMERY \$750 - KARLA KLOTZ \$750

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
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	10	20,743,629	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	70,793	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 0

	Yes	No
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?		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?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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 IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O**(Form 990)**

(Rev. January 2025)
 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 instructions and the latest information.

OMB No. 1545-0047

**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 2	BOARD MEMBER DR. JEFF GOLDBERG SERVES AS CHAIR OF OPHTHALMOLOGY AND DIRECTOR OF THE BYERS EYE INSTITUTE AT STANFORD UNIVERSITY, AND BOARD MEMBER DR. GEOFF TABIN IS A PROFESSOR OF OPHTHALMOLOGY AND GLOBAL MEDICINE AT THE BYERS EYE INSTITUTE AT STANFORD UNIVERSITY.
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 15A	THE BOARD APPROVED CEO COMPENSATION FOR FY24 IN NOVEMBER 2023 WITH PASSAGE OF ANNUAL BUDGET, WITH A SUBSEQUENT ADJUSTMENT MADE IN JULY 2024 FOLLOWING A MIDYEAR REVIEW. PURSUANT TO THE ORGANIZATION'S COMPENSATION POLICY FOR OFFICERS, DIRECTORS, AND KEY EMPLOYEES, THE BOARD OF DIRECTORS, UTILIZES COMPARABILITY INFORMATION IN ITS REVIEW AND APPROVAL OF CEO 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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