990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB No. 1545-0047	
	calendar year 2019 or other tax year beginning	<u></u> -	-2	019-				
Department of the Treasury Internal Revenue Service	■ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only							
A Check box if address changed	Name of organization (Check box if name c		yees' trus	fication number st, see				
B Exempt under section Prin	nt HANDICAP INTERNATIONAL	5!	5-09	14744				
Time	Number, street, and room or suite no. If a P.O. box		ted busini structions	ess activity code				
408(e)220(e) Typ	0/3/ GEORGIA AVENUE, N				,		•	
408A	City or town, state or province, country, and ZIP o SILVER SPRING, MD 209		al code		9000	099		
C Book value of all assets at end of year 11,197,804	F Group exemption number (See instructions.)	>						
			501(c) trust	401(a)		<u> </u>	Other trust	
-	nization's unrelated trades or businesses.	1		the only (or first) uni				
	EPEAL OF SECTION 512(A)(complete Parts I-V. I			; ,	
	space at the end of the previous sentence, complete Pa	arts I and II, co	omplete a Schedule	M for each addition	al trade	or		
business, then complete Parts	orporation a subsidiary in an affiliated group or a parer	nt subsidiani	controlled group?		Yes	, <u> </u>	No	
	lentifying number of the parent corporation.	nt-subsidiary t	controlled group?			· LA	J 140	
	GINETTE MBALLA	• • • • • • • • • • • • • • • • • • • •	Telepho	one number 🕨 (301	891	-2138	
	ade or Business Income		(A) Income	(B) Expenses		•	(C) Net	
1a Gross receipts or sales	T	T				-	<u> </u>	
b Less returns and allowance	es c Balance	1c		٠,٠	1			
2 Cost of goods sold (Schede	lule A, line 7)	2				,	*r, -15	
3 Gross profit. Subtract line 2	2 from line 1c	3						
4a Capital gain net income (at	tach Schedule D)	4a						
	7, Part II, line 17) (attach Form 4797)	4b						
c Capital loss deduction for to		4c						
• • •	nership or an S corporation (attach statement)	. 5						
6 Rent income (Schedule C)		7						
7 Unrelated debt-financed inc 8 Interest, annuities, royalties	, , , ,	8						
- (////////////////////////////////////	s, and rents from a controlled organization (Schedule F) ction 501(c)(7), (9), or (17) organization (Schedule G)					-		
10 Exploited exempt activity in		10						
11 Advertising income (Sched		11						
12 Other income (See instruct	* * *	12		,				
13 Total. Combine lines 3 thr		13	0.					
	Not Taken Elsewhere (See Instructions for							
(Deductions mus	st be directly connected with the unrelated busin	ness income	i.)					
•	, directors, and trustees (Schedule K)	FREN	F 自		14			
15 Salaries and wages		مترينية التسهم والمساهد	W F F F F F F F F F F F F F F F F F F F		15			
16 Repairs and maintenance	- 15		SOA P		16			
17 Bad debts	(see instructions)	UG 0 3. 2	HED S		17			
18 Interest (attach schedule)19 Taxes and licenses	(See Instructions)				19			
20 Depreciation (attach Form	14562)	<u>.:JEN.</u>		:				
•	on Schedule A and elsewhere on return		21a		21b			
22 Depletion			[22			
23 Contributions to deferred	compensation plans			İ	23			
24 Employee benefit program	-		-		24			
25 Excess exempt expenses	(Schedule I)		-		25			
26 Excess readership costs ((Schedule J)				26			
27 Other deductions (attach s	•				27			
28 Total deductions. Add lin	-				28		0.	
	le income before net operating loss deduction. Subtrac		line 13		29	·	0.	
•	ng loss arīsing in tax years beginning on or after Janua	ry 1, 2018		ľ			^	
(see instructions)	la manna. Cubtrant line 20 fram his 20	•			30		0.	
	le Income. Subtract line 30 from line 29				31	Form	990-T (2019)	

Form 990-	T(2018) HANDICAP INTERNATIONAL	-	55-09	14/44	Page 2
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	o instru	ctions)	33	0.
34	Amounts paid for disallowed fringes	•	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				
	lines 33 and 34		20	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	ク	<i>I</i> 37	1,000.	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,			
	enter the smaller of zero or line 36		•	38	0.
Part					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		.	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	18 from:		
	Tax rate schedule or Schedule D (Form 1041)		•	40	
41	Proxy tax. See instructions		•	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		· · · · ·	44	0.
Part '		1 1			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		⊣	
	Other credits (see instructions)	45b		-	
	General business credit. Attach Form 3800	45c		-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	 	 -, <u>,</u> -	
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44		1	46	0.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 88	6b L	Other (attach schedule)		0.
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	ا دوء آ		49	
	Payments: A 2017 overpayment credited to 2018	50a	****	-	
	2018 estimated tax payments	50b 50c	1,405	-	
	: Tax deposited with Form 8868 I Foreign organizations: Tax paid or withheld at source (see instructions)	50d	1,403	싁 ㅣ	
		50e			
	e Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941)	501		-	
	1 Other credits, adjustments, and payments: The Form 2439	301		-	
ŧ	Form 4136 Other Total	50g			
51	Total payments. Add lines 50a through 50g	30g	 	51	1,405.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	•		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		./ 🕨	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		65	54	1,405.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	•	Refunded C	55	1,405.
Part		on (se	///	1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the				
	here >	•	-		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor	to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		-		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties opperpry, I declare that I have examined this return, including accompanying schedules and correct, and compilete/Declaration of peparer (other than taxpayer) is based on all information of which preparer	statement	s, and to the best of my kr	nowledge and be	elief, it is true,
Sign	US EXEC	TTU	VE F	May the IDS die	cuss this return with
Here	1/30 /20 DIRECTO			the preparer sho	dedd tille reterit with
	Signature of officer / Date / Title			instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	te	Check	rf PTIN	
Paid	RICHARD J. LOCASTRO,		self- employe		
Prepare		7/13/2	0		288314
Use (Only Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	▶ 52-	1392008
- J	4550 MONTGOMERY AVE SUITE 800N	1			
	Firm's address ► BETHESDA, MD 20814-2930		Phone no.		951-9090
823711 0	1-09-19			Fo	orm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation > N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year				6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6					
8 Cost of labor	3		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			7	line 2		7		
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No	
b Other costs (attach schedule)	4b		7	property produced or a	•	<u> </u>		
5 Total. Add lines 1 through 4b	5		٦	the organization?		- · · · · · · · · · · · · · · · · · · ·	-	
Schedule C - Rent Income	(From Real	Property an	id Per		Leas	ed With Real Pro	nerty)	
(see instructions)	•						p 0. 0, ,	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued				0/->5		
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	re than	of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a)Deductions directly columns 2(a) an	d 2(b) (attach schedule)	ome in)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total	-		0.		-	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		0.
Schedule E - Unrelated De		Income (see	netru	ctions)	<u></u>	Part, and o, column (b)		
Onicado E Onicado Bo		Through (Sec	_	Gross income from		3. Deductions directly conto	nected with or allocable ed property	<u> </u>
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)		 	1				1	
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to niced property in schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable de (column 6 x total 3(a) and 3	of columns
(1)				%				
(2)				%				
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A)	Enter here and or Part I, line 7, col	
Totals			_	•	1	0	•	0.
Total dividends-received deductions	ncluded in columi	18	<u></u>					0.
	***						F 0	nn T/2018)

Schedule F - Interest,			pt Controlled C				*		
1. Name of controlled organization	nui	mployer 3. Ne (loss)	at unrelated income (see instructions)		tal of specified ments made	included i	column 4 that in the controllin on's gross inco	ng	6. Deductions directly connected with income in column 5
	- ,				to a	ļ			·
(1) •						<u> </u>		-	•
(2)				.					<u>.</u>
(3)				<u> </u>	<u> </u>	ļ	· ·		*
(4)		l		<u>.l</u> ,		<u> </u>			
Nonexempt Controlled Organi 7. Taxable Income	8. Net unrelated inco	(form) 0.3	Total of specified pay		40 0-4-6	O.Ab		4 0.4	
, taxable income	(see instruction		made	ments	10. Part of colu in the controli gross			with ii	ictions directly connect ncome in column 10
(1)	1		•				-		
(2)	1.*								
(3)	٠.							_	
(4)					•		•		
•	1			•	Enter here and	nns 5 and 16 d on page 1, column (A)		Enter her	columns 6 and 11. e and on page 1, Part I ne 8, column (B).
Totals	•	•		, ,	•	• •	0.	••	
		Castian Fod	(-)(7) (0)	// 7\ 0			U .		
Schedule G - Investme see inst		Section 501	(c)(7), (9), or	(1 /) OI	rganizatior	ו			
(566 1130	ructions) -				3. Deductio	nne l			5. Total deduction
1. Desc	ription of income		2. Amount o	Income	directly conne	ected	4. Set-asid		and set-asides
/1\			- 1		(attach sched	oue)		•	(col. 3 plus col. 4
<u>(1)</u> (2)									,
(3)	•						.		
(4)		• • • • • • • • • • • • • • • • • • • •							-
	, .	141 1 1	lanter here and	on page 1,	intrountier retainment	ritteri ini nezi ed		ivoracio	Enter here and on pag
Totals	, · · , · · · · ·		Part I, line 9, c	0 .					Part I, line Ս, column (
Schedule I - Exploited		y Income, Ot	her Than A		ing Incom	2	-22.50L 93 100 V (119-3)	And Minder (S)	,) 1
- (see instri	Ictions)	1	1 4		4 4	<u>, , , , , , , , , , , , , , , , , , , </u>			•
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated.	minus colun	d trade or olumn 2 nn 3) If a	5. Gross inco from activity is not unrelated business inco	that ted	6. Expense attributable column 5	to	7. Excess exemp expenses (column 6 minus column 5 but not more than
·		business income	through		,*		•		column 4).
(1)									;
(2) (3)		ļ	,				(
(3)									
(4)		<u> </u>		er carret				Con when the	
	Enter here and on page 1, Part I, line 10, col, (A).	Enter here and or page 1, Part I, line 10, col (B).							Enter here and on page 1, Part II, line 26
Totals	0.		0.					W42	
Schedule J - Advertisi			- 			•	`		۰
Part Income From	Periodicals Rep	oorted on a C	onsolidated	l Basis		,		,	
1. Name of periodical	2. Gross advertising income	3. Direct advertising c	t or (loss) (d costs col 3) If a g	tising gain ol 2 minus jain, compu hrough 7			6. Readershi costs	ιP.	7. Excess readership costs (column 6 minu column 5, but not mon than column 4).
(1)				4.4	Š			- 3	
(2)									
(3)		•				-			
(4)									
Totals (carry to Part II, line (5))	•	0.	0.						;
									= 000 T (co

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.	(1) 中有国人的方	7	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	0.
	Enter here and on page 1, Part I, line 11, col. (A)	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		THE STATE		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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