

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HELP ME SEE, INC.		D Employer identification number 27-3207754
	Doing business as		E Telephone number 212-221-7633
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	20 WEST 36TH STREET, FLOOR 4		G Gross receipts \$ 12,642,256.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018		
F Name and address of principal officer: SARO JAHANI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.HELPMEESEE.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2010** **M** State of legal domicile: **DE**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SIMULATION BASED EYE SURGERY TRAINING TO CREATE ACCESS TO QUALITY CATARACT SURGERY WORLDWIDE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	36
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 14,896,919.	Current Year 12,608,574.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	182,587.	33,682.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,616.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,096,122.	12,642,256.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,525,974.	764,195.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,007,665.	3,954,158.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 760,488.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,738,945.	8,299,073.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,272,584.	13,017,426.
19 Revenue less expenses. Subtract line 18 from line 12	3,823,538.	-375,170.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 21,431,091.	End of Year 20,957,470.
	21 Total liabilities (Part X, line 26)	1,721,692.	1,386,275.
	22 Net assets or fund balances. Subtract line 21 from line 20	19,709,399.	19,571,195.

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	Date			
	SARO JAHANI, PRESIDENT & CEO	07/19/2021			
Preparer	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	HARRISON PEREIRA		07/14/21		P00746867
Use Only	Firm's name ▶ TAIT, WELLER & BAKER LLP	Firm's EIN ▶ 23-1144520			
	Firm's address ▶ 50 SOUTH 16TH STREET, SUITE 2900 PHILADELPHIA, PA 19102	Phone no. 215-979-8800			

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 [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 10,417,557. including grants of \$ 39,347.) (Revenue \$) SIMULATOR OPERATIONS: HELPMEESEE HAS DEPLOYED EYE SURGERY TRAINING SIMULATOR (S) SELECTED TO EYE SURGERY TRAINING INSTITUTIONS WORLDWIDE. THE INTENDED USE OF THE HELPMEESEE EYE SURGERY TRAINING SIMULATOR(S) IS FOR TRAINING OPHTHALMIC SURGEONS AND MEDICAL STUDENTS AS WELL AS OTHER EYE-HEALTH RELATED PROFESSIONALS, INTERNATIONALLY AND LOCALLY. HELP ME SEE INC., U.S.A. OWNS THE TRAINING SIMULATOR, ACCESSORIES, AND THE TRAINING SYSTEM. THE EYE SURGERY TRAINING SIMULATOR CORE UNIT IS MANUFACTURED AND CERTIFIED, UNDER CONTRACT WITH HELP ME SEE INC. THE INDIVIDUAL COMPONENTS AND PERIPHERALS ARE SOURCED INDEPENDENTLY, ASSEMBLED, AND CONFIGURED BY HELP ME SEE INC.

OF THE TOTAL FLEET OF EYE SURGERY SIMULATORS 22 ARE PRODUCTION

4b (Code:) (Expenses \$ 1,134,691. including grants of \$ 724,848.) (Revenue \$) PUBLIC AWARENESS: ADVOCATING FOR CATARACT AS ESSENTIAL SURGERY UNDER UNIVERSAL HEALTH COVERAGE AND IN PUBLIC HEALTH POLICY - PUBLIC SUPPORT DEVELOPMENT: THE ORGANIZATION RECEIVED FINANCIAL SUPPORT FROM VARIOUS SOURCES IN 2020, INCLUDING 3,621 INDIVIDUAL DONATIONS AND 25 ORGANIZATIONAL DONATIONS SUCH AS LOCAL AND INTERNATIONAL CORPORATIONS, FOUNDATIONS, GOVERNMENTS, AND NON-GOVERNMENT ORGANIZATIONS. THROUGHOUT 2020, HELPMEESEE SENT 27,686 PRINT COMMUNICATIONS WITH THE PUBLIC SUPPORT BASE. THIS WAS ALSO COMPLEMENTED BY THE DIGITAL MAIL TEAM SENDING OUT BI-MONTHLY ACQUISITION AND RENEWAL EMAILS TO INDIVIDUAL DONORS AND PROSPECTS. HELPMEESEE DIGITAL OUTREACH IS APPROXIMATELY 150,000, WHICH INCLUDES EMAIL AND SOCIAL MEDIA POSTS (THROUGH FACEBOOK, INSTAGRAM, TWITTER, AND LINKEDIN). THESE INCLUDED

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,552,248.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		36
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country HONG KONG, INDIA, NETHERLANDS, CHINA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
CHAO WANG - 212-221-7606
20 WEST 36TH ST, FLOOR 4, NEW YORK, NY 10018-8005

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JACOB MOHAN THAZHATHU CEO & PRESIDENT UNTIL AUG 2020	40.00	X		X				417,746.	0.	24,747.
(2) JON POLLACK CHIEF OF TRAINING OPERATIONS	40.00			X				218,615.	0.	18,242.
(3) STEPHEN J. MOORE SENIOR DIRECTOR OF DEVELOPMENT	40.00			X				171,520.	0.	35,178.
(4) HUI LIU CHINA CHIEF REPRESENTATIVE	40.00					X		0.	192,110.	2,058.
(5) SARO JAHANI CEO & PRESIDENT - CURRENT	40.00	X		X				165,561.	0.	9,430.
(6) MATTHEW WALDEN CLINICAL RESEARCH COORDINATOR	40.00					X		174,080.	0.	307.
(7) HINABEN PATEL BUS.INTELLIGENCE/QUALITY ASSURANCE	40.00					X		138,806.	0.	23,029.
(8) VENUDHAR BHATT CHIEF LEARNING OFFICER	40.00			X				144,900.	0.	2,390.
(9) MINAL U SHAHBALDOTA OPHTHALMOLOGY SIMULATOR EXPERT	40.00					X		146,058.	0.	26.
(10) CHAO WANG ACCOUNTING MANAGER	40.00					X		111,600.	0.	21,936.
(11) TAMMY BUCK CHIEF OF ADMINISTRATION	40.00			X				73,625.	0.	128.
(12) JAMES TYLER UELTSCHI CHAIRMAN, TREASURER	20.00	X		X				0.	0.	0.
(13) JEFF MULLEN DIRECTOR	1.00	X						0.	0.	0.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
1b Subtotal							1,762,511.	192,110.	137,471.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,762,511.	192,110.	137,471.	

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 **10**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

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
SARO JAHANI 506 CARDINAL LANE, GREEN BROOK, NJ 08812	CONSULTING SERVICE	533,333.
VAN LANSINGH, CIRCUITO DEL MESON 152, COL. EL PRADO, QUERETARO, MEXICO 760	CONSULTING SERVICE	267,187.
DANIEL HUTTER, 110 WASHINGTON AVE APT 1710, MIAMI BEACH, FL 33139	CONSULTING SERVICE	260,000.
ANDRE JEAN MARIE 8 RUE DE FABRES, MARSEILLES, FRANCE 13001	CONSULTING SERVICE	191,401.
ARNOLD & PORTER KAYE SCHOLER LLP, 250 WEST 55TH STREET, C2, NEW YORK, NY 10019	LEGAL SERVICE	144,000.

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 **6**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	138,810.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,469,764.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,787,100.				
	h Total. Add lines 1a-1f			12,608,574.			
Program Service Revenue	2 a _____	Business Code					
	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)		33,682.			33,682.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			12,642,256.	0.	0.	33,682.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	764,195.	764,195.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,282,082.	1,005,935.	107,641.	168,506.
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	2,173,414.	1,705,286.	182,475.	285,653.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	250.	196.	21.	33.
9 Other employee benefits	312,332.	245,053.	26,225.	41,054.
10 Payroll taxes	186,080.	145,997.	15,624.	24,459.
11 Fees for services (nonemployees):				
a Management				
b Legal	174,097.	32,702.	141,395.	
c Accounting	86,304.	71,804.	7,250.	7,250.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,002,328.	1,888,650.	70,033.	43,645.
12 Advertising and promotion	15,832.	12,666.		3,166.
13 Office expenses	761,405.	589,160.	98,591.	73,654.
14 Information technology	618,708.	505,619.	37,605.	75,484.
15 Royalties				
16 Occupancy				
17 Travel	136,751.	126,271.	3,270.	7,210.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	1,466.	1,466.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,255,333.	1,246,753.	4,290.	4,290.
23 Insurance	32,247.	27,047.	2,600.	2,600.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SIMULATOR DEVELOPMENT E	3,106,729.	3,106,729.		
b PAYROLL SERVICES	28,487.	23,143.	2,672.	2,672.
c BANK CHARGES & FEES	25,812.	20,709.	2,552.	2,551.
d _____				
e All other expenses _____	53,574.	32,867.	2,446.	18,261.
25 Total functional expenses. Add lines 1 through 24e	13,017,426.	11,552,248.	704,690.	760,488.
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 checked="" type="checkbox"/> X 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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	2,103,006.
	2 Savings and temporary cash investments	14,237,933.	2	10,883,350.
	3 Pledges and grants receivable, net	17,500.	3	11,149.
	4 Accounts receivable, net	5,002.	4	15,788.
	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	19,072.	8	41,342.
	9 Prepaid expenses and deferred charges	103,207.	9	76,370.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,270,588.		
	b Less: accumulated depreciation	10b 1,583,755.	10c	7,686,833.
	11 Investments - publicly traded securities		11	
	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	134,917.	15	139,632.
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,431,091.	16	20,957,470.	
Liabilities	17 Accounts payable and accrued expenses	1,721,692.	17	961,065.
	18 Grants payable		18	
	19 Deferred revenue	0.	19	425,210.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,721,692.	26	1,386,275.
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	7,853,652.	27	11,025,384.
	28 Net assets with donor restrictions	11,855,747.	28	8,545,811.
	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	19,709,399.	32	19,571,195.
	33 Total liabilities and net assets/fund balances	21,431,091.	33	20,957,470.

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	12,642,256.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,017,426.
3	Revenue less expenses. Subtract line 2 from line 1	3	-375,170.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,709,399.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	236,966.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,571,195.

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 in 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		X
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **HELP ME SEE, INC.** Employer identification number **27-3207754**

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 or 990-EZ).)
- 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 **section 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 in 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12612249.	15527716.	26453339.	14896919.	12608574.	82098797.
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	12612249.	15527716.	26453339.	14896919.	12608574.	82098797.
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)						58438004.
6 Public support. Subtract line 5 from line 4.						23660793.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	12612249.	15527716.	26453339.	14896919.	12608574.	82098797.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	541.	863.	39,941.	182,587.	33,682.	257,614.
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.)	65,606.	14,901.	728.	16,616.		97,851.
11 Total support. Add lines 7 through 10						82454262.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2020 (line 6, column (f), divided by line 11, column (f))	14	28.70 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	27.86 %
16a 33 1/3% support test - 2020. 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 type="checkbox"/>
b 33 1/3% support test - 2019. 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 - 2020. 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 checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see 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 governmental 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>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
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>		
3a		
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>		
3b		

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):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

LIST RENTAL INCOME

2016 AMOUNT: \$ 58,962.

2017 AMOUNT: \$ 11,060.

2018 AMOUNT: \$ -12.

2019 AMOUNT: \$ 5,013.

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 6,644.

2017 AMOUNT: \$ 3,841.

2018 AMOUNT: \$ 740.

TRAINING DELIVERY

2019 AMOUNT: \$ 11,603.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THE ORGANIZATION MEETS THE 10% FACTS AND CIRCUMSTANCES TEST FOR THE FOLLOWING REASONS: (1) IT HAS A PUBLIC SUPPORT PERCENTAGE IN EXCESS OF THE 10% OF SUPPORT LIMITATION; (2) IT ATTRACTS PUBLIC SUPPORT; (3) IT HAS A BROAD BASE OF SUPPORT SOURCES; (4) IT HAS A REPRESENTATIVE GOVERNING BODY, AND (5) IT MAKES ITS FACILITIES AVAILABLE TO THE PUBLIC AND HAS PUBLIC PARTICIPATION IN ITS PROGRAMS.

10% OF SUPPORT LIMITATION: THE ORGANIZATION HAS A PUBLIC SUPPORT PERCENTAGE OF 28.70% FOR THE YEAR ENDED 12/31/20 BASED ON AGGREGATE FINANCIAL INFORMATION FOR THE YEARS ENDED 12/31/16 THROUGH 12/31/20. THIS

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.)

AMOUNT IS IN EXCESS OF THE 10% REQUIRED BY REGULATION SECTION

1.170A-(9)(E)(3)(I).

ATTRACTION OF PUBLIC SUPPORT: THE ORGANIZATION HAS A PROGRAM OF REGULARLY SOLICITING CONTRIBUTIONS FROM ITS CONSTITUENCY IN CONNECTION WITH ITS VARIOUS PROGRAMS AND PROJECTS. THIS PROGRAM INCLUDES THE SOLICITATION OF ANNUAL CONTRIBUTIONS, SPECIAL APPEALS IN CONNECTION WITH ITS PROGRAMS AND GENERAL SOLICITATIONS IN ITS PROMOTIONAL MATERIAL.

SOURCES OF SUPPORT: THE ORGANIZATION RECEIVES SUPPORT FROM VARIOUS SOURCES INCLUDING LOCAL AND INTERNATIONAL CORPORATIONS, FOUNDATIONS, NON-GOVERNMENT ORGANIZATIONS, GOVERNMENTS, AND PRIVATE INDIVIDUALS.

REPRESENTATIVE GOVERNING BODY: THE ORGANIZATION HAS A BOARD OF DIRECTORS CONSISTING OF 3 MEMBERS WHO HAVE EXTENSIVE EXPERIENCE IN NONPROFIT ORGANIZATIONS WITH INTERNATIONAL OPERATIONS.

AVAILABILITY OF FACILITIES TO PUBLIC AND PUBLIC PARTICIPATION IN PROGRAMS: THE ORGANIZATION OFFERS SEVERAL WAYS FOR THE PUBLIC TO HELP IN ITS MISSION TO ELIMINATE CATARACT BLINDNESS. THE ORGANIZATION OFFERS VOLUNTEERING OPPORTUNITIES AND OPPORTUNITIES FOR THE PUBLIC TO LAUNCH ONLINE FUNDRAISERS. IN ADDITION, THE ORGANIZATION HAS A STUDENT AMBASSADOR PROGRAM. THIS PROGRAM ENABLES STUDENTS IN HIGH SCHOOL AND COLLEGE TO SPREAD AWARENESS OF CATARACT BLINDNESS. THESE AMBASSADORS WORK TO INFORM THEIR PEERS OF THIS GLOBAL ISSUE AND RAISE FUNDS FOR HELP ME SEE.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **HELP ME SEE, INC.** Employer identification number **27-3207754**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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)?

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		264,720.	184,345.	80,375.
d Equipment		6,284,757.	1,399,410.	4,885,347.
e Other		2,721,111.		2,721,111.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,686,833.

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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	12,511,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	4,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	4,177.	
e	Add lines 2a through 2d	2e		8,177.
3	Subtract line 2e from line 1		3	12,503,446.
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		
b	Other (Describe in Part XIII.)	4b	138,810.	
c	Add lines 4a and 4b	4c		138,810.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	12,642,256.

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

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

1	Total expenses and losses per audited financial statements		1	12,634,231.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	4,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	337,653.	
e	Add lines 2a through 2d	2e		341,653.
3	Subtract line 2e from line 1		3	12,292,578.
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		
b	Other (Describe in Part XIII.)	4b	724,848.	
c	Add lines 4a and 4b	4c		724,848.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	13,017,426.

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.

PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN TAX YEARS 2017-2019 OR EXPECTED TO BE TAKEN ON THE ORGANIZATION'S 2020 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY CONTRIBUTIONS	4,035.
RELATED ENTITY INTEREST INCOME	142.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,177.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

CONTRIBUTIONS FROM RELATED ENTITIES 138,810.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF RELATED ENTITIES 337,653.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO RELATED ENTITY ELIMINATED IN CONSOLIDATION 724,848.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Employer identification number

HELP ME SEE, INC.

27-3207754

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 and 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 the 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
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	1	11	PROGRAM CAMPAIGN & GRANTS TO RECIPIENTS IN REGION	CATARACT SURGERICAL COVERAGE, COURSEWARE DEVELOPMENT, TRAINING, PUBLIC AWARENESS,	1,089,272.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	4	PROGRAM CAMPAIGN	CATARACT SURGERY, TRAINING PROGRAM AND MANAGEMENT	653,961.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	1	PROGRAM CAMPAIGN	MSICS SIMULATOR DEVELOPMENT AND PROGRAM MANAGEMENT	3,424,807.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	2	PROGRAM CAMPAIGN	CATARACT SURGERY PROGRAM MANAGEMENT	356,028.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	2	PROGRAM CAMPAIGN	CATARACT SURGERY PROGRAM MANAGEMENT	267,312.
3 a Subtotal	2	20			5,791,380.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	20			5,791,380.

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

Schedule F (Form 990) 2020

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	SUPPORT FOR CATARACT SURGERIES	0.		19,072.	SURGICAL KITS	BOOK
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CATARACT SURGICAL TRAINING IN CHINA.	724,848.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TRAINING CENTER SET UP	20,275.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities **0**

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)

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

Schedule F (Form 990) 2020

Part V Supplemental Information

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

PART I, LINE 2:

HELPMESSEE HAS DEFINED PROCESSES FOR MANAGING ITS CRITICAL OPERATIONS IN ACCOUNTING, HUMAN RESOURCE MANAGEMENT, TRAINING, AND TECHNOLOGY DEVELOPMENT. A CULTURE OF TRANSPARENCY IS ENDORSED AS IT MOVES FORWARD WITH ITS VISION TO BECOME A WORLD LEADER IN INNOVATIVE AND SCALABLE SIMULATION-BASED TRAINING SOLUTIONS AND WORKING TOWARDS ITS MISSION OF RESTORING VISION TO PEOPLE LIVING WITH SEVERE VISUAL IMPAIRMENT AND BLINDNESS DUE TO CATARACT.

MANAGEMENT: MANAGEMENT OF PROJECTS FOR TECHNOLOGY DEVELOPMENT, TRAINING OPERATIONS, ACCOUNTING, FUNDRAISING WHERE POSSIBLE ARE SUPPORTED BY USE OF CLOUD-BASED SYSTEMS E.G., QUICKBOOKS, SHARE-POINT, MINDMANAGER, SMARTSHEET, SPLUNK, WRIKE, DOCUSIGN AND MORE. THESE SYSTEMS SUPPORT ENSURING EFFICIENCY IN PROCESS FLOW MANAGEMENT, MONITORING PROGRESS OF WORK, RISK MANAGEMENT, FACILITATE TEAM COLLABORATIONS, AND ENSURE TIMELY DELIVERY OF WORK IN COST-EFFECTIVE MANNER. DELIVERABLES/ACCOMPLISHMENTS ARE TRACKED TO ENSURE THAT THE PUBLIC FUNDING RECEIVED BY HELPMESSEE IS UTILIZED APPROPRIATELY AS PER THE DONOR STIPULATIONS.

INFORMATION SECURITY: HELPMESSEE HAS IMPLEMENTED A) CONTROLLED ACCESS OF SYSTEMS DATA B) ONGOING MONITORING/UPGRADES FOR IT INFRASTRUCTURE C) CONTINUED IMPROVEMENT IN INTERNAL PROCESS FOR INFORMATION MANAGEMENT AND D) MANDATORY ANNUAL STAFF TRAINING, AS A PART OF ITS COMMITMENT TO INFORMATION SECURITY MANAGEMENT. ALL REASONABLE MEASURES THAT A SMALL BUSINESS CAN DEPLOY HAVE BEEN PUT IN PLACE FOR INFORMATION SECURITY ACROSS GLOBAL HELPMESSEE LOCATIONS.

PERMISSIONS - DATA PRIVACY AND SECURITY: ALL HELPMESSEE TRAINEES, SELF-FUNDED, OR WITH FINANCIAL ASSISTANCE MAY ELECT TO VOLUNTARILY ACCEPT THE HELPMESSEE POLICIES AND PROCEDURES FOR DATA COLLECTION AND MONITORING.

Part V Supplemental Information

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

IN THE CASE OF TRAINEES REQUESTING FINANCIAL ASSISTANCE, THE CONSENTS FOR DATA SHARING FOR LEGITIMATE BUSINESS PURPOSES AS WELL AS PERMISSION TO DO CHECK ON INFORMATION PROVIDED REQUESTED WITH THE APPLICATION, IN ADVANCE OF APPROVAL AND TRAINING ENROLLMENT.

SIMULATION-BASED TRAINING:

INDIVIDUAL DATA TRACKING - SURGICAL PERFORMANCE DATA OF INDIVIDUAL TRAINEE IS RECORDED IN THE SIMULATION-BASED LEARNING SYSTEM (SBL) SOFTWARE. DATA IS BACKED UP ON CLOUD-BASED SYSTEMS. THE SBL OBJECTIVELY SCORES EVERY ASSIGNMENT, AND INDIVIDUAL ERRORS CAN BE MONITORED AND CORRECTED. INDIVIDUAL AND GROUP TRENDS CAN ALSO BE OBSERVED.

GLOBAL DATA TRACKING - ADVANCED TRAINING MANAGEMENT SYSTEM (ATMS) IS DEPLOYED BY HELPMESSEE TO MANAGE GLOBAL TRAINING OPERATIONS. THE ATMS CONTAINS DATA ON INSTRUCTORS, LOCATIONS, TRAINING TIMELINES, GRADES OF STUDENTS AND MUCH MORE. INFORMATION SECURITY ON THE EXTERNAL SYSTEMS USED ARE MANAGED BY THE LICENSE PROVIDERS.

CATARACT SURGERY PROFICIENCY MENTORING AND MONITORING: MOST HELPMESSEE TRAINEES RETURN TO THEIR HOME RESIDENCY TRAINING PROGRAMS TO FURTHER REACH PROFICIENCY IN LIVE SURGERY UNDER SUPERVISION BY AN EXPERIENCED MENTOR SURGEON. HELPMESSEE MAY FINANCIALLY SUPPORT SELECTED QUALIFYING PARTNER TRAINING HOSPITALS THAT PROVIDE LIVE SURGERY PROFICIENCY MENTORING TO QUALIFIED SIMULATION-BASED TRAINEES, IN MANUAL SMALL INCISION CATARACT SURGERY (MSICS). ADEQUATE RECORDS OF THESE TRAININGS AND FINANCIAL SUPPORT, IF ANY, ARE APPROPRIATELY RECORDED. HELPMESSEE FOLLOWS THE INTERNATIONAL CLASSIFICATION OF DISEASES, ICD-11 STANDARDS, UPDATED AS OF APRIL 2019, '9D90 VISION IMPAIRMENT INCLUDING BLINDNESS' TO INCLUDE SEVERE VISUAL IMPAIRMENT. PATIENT SELECTION CRITERIA FOR HELPMESSEE FINANCIAL SUPPORT FOR CATARACT SURGERY IS DEFINED AS 'VISUAL

Part V Supplemental Information

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

ACUITY WORSE THAN 6/60 (METRIC) OR 20/200 (F.P.S.)' IN ONE OR BOTH EYES.

PART I, LINE 3, COLUMN (E):

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(E) SPECIFIC TYPES OF SERVICES IN REGION: CATARACT SURGERICAL COVERAGE,
COURSEWARE DEVELOPMENT, TRAINING, PUBLIC AWARENESS, PROGRAM MANAGEMENT

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HELP ME SEE, INC.

Employer identification number
27-3207754

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 type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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 section 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 on 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		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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) JACOB MOHAN THAZHATHU CEO & PRESIDENT UNTIL AUG 2020	(i)	417,746.	0.	0.	0.	24,747.	442,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JON POLLACK CHIEF OF TRAINING OPERATIONS	(i)	218,615.	0.	0.	0.	18,242.	236,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEPHEN J. MOORE SENIOR DIRECTOR OF DEVELOPMENT	(i)	171,520.	0.	0.	0.	35,178.	206,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HUI LIU CHINA CHIEF REPRESENTATIVE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	192,110.	0.	0.	0.	2,058.	194,168.	0.
(5) SARO JAHANI CEO & PRESIDENT - CURRENT	(i)	165,561.	0.	0.	0.	9,430.	174,991.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MATTHEW WALDEN CLINICAL RESEARCH COORDINATOR	(i)	174,080.	0.	0.	0.	307.	174,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HINABEN PATEL BUS.INTELLIGENCE/QUALITY ASSURANCE	(i)	138,806.	0.	0.	0.	23,029.	161,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **HELP ME SEE, INC.** Employer identification number: **27-3207754**

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				
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 ▶ (SIMULATORS)	X	12	1,787,100.	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 V, Donee Acknowledgement **29**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HELP ME SEE, INC.

Employer identification number

27-3207754

FORM 990, PART III, LINE 1

HELP ME SEE INC., IS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND
EDUCATIONAL PURPOSES IN THE UNITED STATES AND ABROAD WITHIN THE MEANING
OF SECTIONS 170(C)(2)(B) AND 501 (C)(3) OF THE INTERNAL REVENUE CODE OF
1986, AS AMENDED.

SPECIFICALLY, HELPMESEE SEEKS TO ELIMINATE CATARACT BLINDNESS WORLDWIDE
BY VASTLY INCREASING THE NUMBER OF QUALIFIED CATARACT SPECIALISTS TO
TREAT CATARACT BLINDNESS AND VISUAL IMPAIRMENT. TO ACCOMPLISH ITS
MISSION, HELPMESEE HAS DEVELOPED A HIGHLY STRUCTURED TRAINING SYSTEM
DEDICATED TO DELIVERING HIGH-QUALITY TRAINING IN MANUAL SMALL INCISION
CATARACT SURGERY (MSICS). THIS TECHNIQUE WAS CHOSEN AS IT IS
CONSIDERABLY LESS EXPENSIVE AND YET DELIVERS QUALITY OUTCOMES FOR ALL
CATARACT TYPES PREVALENT IN THE DEVELOPING WORLD. WELL TRAINED CATARACT
SPECIALISTS WILL BE ABLE TO PROVIDE LOW COST TREATMENT TO MILLIONS OF
THOSE WHO ARE CATARACT BLIND OR VISUALLY IMPAIRED.

THE PRINCIPAL ACTIVITIES TO ACCOMPLISH THE EXEMPT PURPOSE OF HELPMESEE
ARE:

DESIGN, DEVELOPMENT AND DEPLOYMENT OF VIRTUAL REALITY EYE SURGERY
SIMULATOR-BASED TRAINING SYSTEM AND;

SUPPORT A WORLDWIDE NETWORK OF MSICS LEARNING CENTERS LOCATED IN THE
AREAS OF GREATEST NEED.

THE NEED FOR SCALABLE SOLUTIONS FOR CATARACT SURGICAL TRAINING
GLOBALLY 100M PEOPLE ARE BLIND/VISUALLY IMPAIRED DUE TO CATARACT AND

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

HELP ME SEE, INC.

Employer identification number

27-3207754

MOST LIVE-IN DEVELOPING COUNTRIES. OUT OF 193 COUNTRIES SURVEYED MOST DEVELOPING COUNTRIES HAVE A SHORTAGE OF WELL-TRAINED SURGEONS TO DELIVER CATARACT CARE. 23 COUNTRIES HAD <1 OPHTHALMOLOGIST/M POPULATION. IT TAKES 5-7 YEARS TO TRAIN ONE OPHTHALMOLOGIST. THIS GAP BETWEEN NEED AND AVAILABILITY OF SURGEONS WILL CONTINUE TO INCREASE WITH POPULATION AND AGE. THE WORLD NEEDS A SCALABLE, SUSTAINABLE SOLUTION TO ELIMINATE THE CATARACT SURGICAL BACKLOG.

IN NORMAL SURGICAL TRAINING ONE MENTOR TEACHES ONE TRAINEE AT A TIME. WITH SIMULATORS, FOUR SURGEONS ARE TRAINED BY ONE SIMULATOR EXPERT/OPHTHALMOLOGY SURGEON AT HELPMESSEE. ALSO, BY INCREASING THE NUMBER OF SIMULATORS, INSTRUCTORS OR COURSES THAT CAN BE DELIVERED THERE ARE HUGE OPPORTUNITIES TO SCALE SURGICAL TRAINING LARGELY BECAUSE THERE IS NO DEPENDENCY ON HAVING PATIENTS. RAPID TRAINING CAN BE DELIVERED WITH NO PATIENT RISK OR BIO MEDICAL WASTE. IN THE CURRENT PANDEMIC WHERE SURGERIES ARE CURTAILED AND FEWER OPPORTUNITIES ARE AVAILABLE FOR SURGEONS, SIMULATOR-BASED TRAINING OFFERS A PARTIAL SOLUTION.

QUALITY OF SURGERY IS ALSO A CHALLENGE IN MANY COUNTRIES. ABOUT 10% SURGERIES HAVE POOR VISUAL OUTCOMES. IN REGULAR TRAINING, NOVICE RESIDENTS PRACTICE ON A LIMITED NUMBER OF ANIMAL/HUMAN CADAVER EYES AND THEN COMPLETE MOST OF THE LEARNING ON LIVE PATIENTS. ON A VIRTUAL EYE SURGERY SIMULATOR, RESIDENT CAN PRACTICE ON INNUMERABLE SIMULATED EYES AND LEARN TO MANAGE RARE COMPLICATIONS UNTIL CONFIDENCE AND PROFICIENCY ARE ACHIEVED. IT IS THUS VITAL TO TRAIN SURGEONS TO PROFICIENCY.

HELPMESSEE TECHNOLOGY

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HELPMESSEE EYE SURGERY SIMULATOR IS A VIRTUAL REALITY (V.R.) TRAINING DEVICE. IT OFFERS HIGH FIDELITY SPATIAL, VISUAL, AND TACTILE REALISM. IT IS DESIGNED TO PROVIDE A CONTROLLED PRACTICE ENVIRONMENT TO ACQUIRE MSICS PROFICIENCY AND OTHER MICROSURGICAL SKILLS, WHETHER TO A NOVICE TRAINEE OR AN EXPERIENCED SURGEON IN A VIRTUALLY INDISTINGUISHABLE ENVIRONMENT TO REAL SURGERY.

THE HELPMESSEE SIMULATOR-BASED LEARNING SYSTEM (SBLs) FEATURES SOPHISTICATED INSTRUCTOR-LED COURSEWARE WITH STANDARDIZED TASK-BASED STEPS, SCENARIOS, WITH COMPLICATIONS. TRAINEES CAN ACHIEVE PROFICIENCY WITH OBJECTIVELY MEASURABLE PERFORMANCE SCORES THAT IS OFFERED BY SBLs AS WELL AS GRADING BY SENIOR OPHTHALMOLOGY INSTRUCTORS.

WHAT HELPMESSEE AIMS TO DELIVER:

- A) HIGH-QUALITY SIMULATION-BASED CATARACT SURGICAL SKILLS TRAINING TO MEET THE CURRENT AND FUTURE DEMAND FOR AN ESTIMATED 30,000 PLUS CATARACT SPECIALISTS REQUIRED THROUGHOUT THE DEVELOPING WORLD.
- B) PROMOTE THE PROVEN SAFE AND AFFORDABLE MSICS TREATMENT TO RAPIDLY ELIMINATE THE BACKLOG OF SEVERAL MILLION CATARACT PATIENTS AWAITING SURGERY. THIS WILL BE ACCOMPLISHED WITH PARTNERSHIPS FOR SIMULATION-BASED TRAINING WITH LEADING INSTITUTIONS AROUND THE GLOBE FOR SURGICAL TRAINING AS WELL AS ADVOCACY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SIMULATORS DEPLOYED AT TRAINING LOCATIONS, 23 ARE USED FOR TECHNOLOGY DEVELOPMENT AND ONE FOR DEMONSTRATION.

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AGREEMENT FOR LARGE SCALE PRODUCTION OF SIMULATORS TO SUPPORT TRAINING EXPANSION

TO ACHIEVE THE VISION TO BE WORLD LEADERS IN SIMULATION-BASED TRAINING, HELPMESEE IS COGNIZANT OF THE IMPERATIVE NEED TO BUILD A MUCH LARGER FLEET OF SIMULATOR. RECENTLY, HELPMESEE ENTERED INTO AN AGREEMENT WITH FLIGHTSAFETY INTERNATIONAL TO BUILD AND MANUFACTURE COST EFFECTIVE CUTTING-EDGE SIMULATORS WITH IMPROVED HARDWARE COMPONENTS AND ROBUST TECHNOLOGY FEATURES WITH INCREASED SENSITIVITY OF HAPTICS, MICROSCOPES, AND REMOTE TRAINING SUPPORT CAPABILITIES.

SIMULATOR BASED TRAINING:HELPMEESEE HAS STANDARDIZED THE STEPS IN MSICS FOR AN EFFECTIVE TRANSFER OF SKILLS BASED ON AN E-BOOK WITH A PRE-STUDY COURSE AND HANDS-ON PROFICIENCY LEVEL TRAINING ON THE VIRTUAL REALITY SIMULATOR. THE SIMULATOR OFFERS TRAINING IN MODULES AND COVERS ALL THE STEPS OF THE MSICS PROCEDURE.

MSICS SIMULATION-BASED TRAINING COURSE (MSTC)

THE YEAR OF 2020, WITH THE COVID-19 PANDEMIC, HAS BEEN EXTREMELY CHALLENGING GLOBALLY AND HELPMESEE IS NO EXCEPTION. UNDER THE EMBOLDENED LEADERSHIP OF MR. SARO JAHANI LEADING THE GLOBAL INNOVATION AND TECHNOLOGY TEAM, A MULTI-GEOGRAPHIC MATRIXED TEAM WORKED 24/7 ACROSS THE GLOBE TO SUCCESSFULLY LAUNCH THE FIRST COMPLETE MANUAL SMALL INCISION CATARACT SURGERY (MSICS) TRAINING SOFTWARE MODULE IN AUGUST 2020. PARALLEL DEVELOPMENT AND CONTINUOUS IMPROVEMENT OF FOUR MODULES COLLECTIVELY CALLED MSICS VIABLE PRODUCT (MVP) WAS PACKAGED INTO A COMPACT 6-DAY MSICS SIMULATION-BASED TRAINING COURSE (MSTC) BY HELPMESEE INSTRUCTIONAL DESIGN EXPERTS TO MAXIMIZE THE LEARNING IN A SHORT TIMEFRAME WHILE ENSURING COMPETENCY. PRESENTED ARE THE KEY MILESTONES FOR TECHNOLOGY DEVELOPMENT IN 2020.MSICS SIMULATION-BASED

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TRAINING COURSE (MSTC)

THE COURSES AND DURATION OF THE HELPMESSEE CURRICULUM (MSTC) ARE

OUTLINED BELOW:

MODULE A STCC (SCLERO-CORNEAL TUNNEL CONSTRUCTION 13.25 HOURS

MODULE B CNDC (CAPSULORRHEXIS AND NUCLEUS DELIVERY 11.25 HOURS

MODULE C CRIC (CORTEX REMOVAL AND INTRA OCULAR LENS IMPLANTATION 6.0

HOURS

MODULE D RPCC (RESTORATION OF PHYSICAL CONDITIONS OF THE EYE 2.0

HOURS

END OF COURSE PRACTICE + ASSESSMENT 4.0 HOURS

TOTAL DURATION: THE MSTC COURSE OF 36.5 HOURS TAKES 6 CALENDAR DAYS TO COMPLETE.

THE HELPMESSEE MSTC CURRICULUM UTILIZES VARIOUS INSTRUCTIONAL ACTIVITIES THAT ARE DESIGNED AND DELIVERED TO ACHIEVE SPECIFIC OBJECTIVES AT EACH STAGE OF LEARNING, AS ILLUSTRATED BELOW:

SELF-STUDY HELPMESSEE MSICS E-BOOK 21 HOURS

CLASSROOM INSTRUCTOR-LED DISCUSSIONS WITH MULTI-MEDIA TOOLS 8 HOURS

LAB INSTRUCTOR-LED INSTRUMENT HANDLING AND HAND MOVEMENT SKILLS

DEVELOPMENT 0.5 HOURS

SIMULATOR BASED GUIDED PRACTICE OF SURGICAL STEPS USING SIMULATION

ASSIGNMENT 21.5 HOURS

DEBRIEF INSTRUCTOR-LED POST-PRACTICE PERFORMANCE FEEDBACK SESSIONS

2.5 HOURS

FEEDBACK PERSONALIZED FEEDBACK AIMED AT CONTINUED IMPROVEMENT 2

HOURS

ASSESSMENTS SKILLS BASED ON PERFORMANCE IN ASSIGNMENTS AND SCENARIOS

2 HOURS

INCLUDING SELF-STUDY, THE HELPMESSEE MSICS TRAINING TAKES 57.5 HOURS

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CONTINUOUS PRODUCT IMPROVEMENT

HELPMESSEE HAS ADOPTED AN AGILE PRODUCT DEVELOPMENT WITH PROACTIVE RISK MANAGEMENT STRATEGY THAT ALLOWS FOR ONGOING COLLECTION OF USER FEEDBACK AND CONTINUOUS PRODUCT IMPROVEMENT. SINCE AUGUST 2020, BASED ON INTERNAL TESTING HELPMESSEE HAS RELEASED THREE MVP SOFTWARE VERSIONS WITH INCREMENTAL INCREASE IN STABILITY AND BUG FIXES. THESE UPGRADES HAVE BEEN MADE AVAILABLE FOR TRAINING AT ALL GLOBAL LOCATIONS. WHILE MVP+ ALLOWED LEARNING THE ENTIRE SURGERY IN DISCRETE STEPS, MVP-21 ALLOWS LEARNERS TO LEARN STEPS IN INTRAMODULAR CONTINUITY.

1) MVP+ (SOFTWARE RELEASE DATE: 20-12-15)

2) MVP+ MAINTENANCE (SOFTWARE RELEASE DATE 2021-02-26)

SIMULATION-BASED TRAINING CENTERS: ACCOMPLISHMENTS: EYE SURGERY

SIMULATION-BASED TRAINING

IN 2020 HELPMESSEE HAS DELIVERED TRAININGS WHEREVER IT WAS POSSIBLE WHILE CONTINUING TO ENSURE COMPLIANCE TO LOCAL SAFETY REGULATIONS DURING THE PANDEMIC. OUR COURSEWARE IS UNIQUE AS ARE THE PROFESSIONALLY TRAINED INSTRUCTORS WHO DELIVER IT.

OPHTHALMOLOGY AND MSICS TRAINING STEWARDSHIP: LEADERSHIP AND ADVOCACY

HELPMESSEE MEDICAL OFFICERS TEAM BASED IN ASIA, AFRICA, LATIN AMERICA,

AND THE U.S.A. PROVIDE THE STEWARDSHIP AND REGIONAL LEADERSHIP TO

PROMOTE THE CAUSE OF ELIMINATION OF CATARACT BLINDNESS. THEY PROVIDE

THE LEADERSHIP FOR THE RECRUITMENT OF TRAINEES GLOBALLY AND DEVELOP

PARTNERSHIPS FOR LIVE SURGERY QUALIFICATION OF TRAINEES GRADUATING THE

SIMULATION-BASED TRAINING. WITH ONGOING PANDEMIC, PARTICIPATION IN

INTERNATIONAL CONGRESSES HAS BEEN CURTAILED. HOWEVER, SOME KEY

ACHIEVEMENTS ARE LISTED BELOW.

DR. VAN LANSINGH, HELPMESSEE'S CHIEF MEDICAL OFFICER, WAS AWARDED: 2020

IAPB VISION EXCELLENCE AWARD.

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DR. LANSINGH HAS OVER 100 PUBLICATIONS IN MANY PEER REVIEWED
OPHTHALMOLOGY AND EPIDEMIOLOGY GROUP OF JOURNALS. HE HAS BEEN
RECOGNIZED BY A STANFORD UNIVERSITY STUDY AS ONE OF THE TOP 2%
SCIENTISTS OF THE WORLD.

REF:

[HTTPS://JOURNALS.PLOS.ORG/PLOS BIOLOGY/ARTICLE?ID=10.1371/JOURNAL.PBIO.3000918](https://journals.plos.org/plosbiology/article?id=10.1371/journal.pbio.3000918)
IN THE SUPPLEMENTARY MATERIAL IN TABLE 7 POSITION 139595;
[HTTPS://DATA.MENDELEY.COM/DATASETS/BTCHXKTZYW/2](https://data.mendeley.com/datasets/btchxktzyw/2)

A FORMAL AGREEMENT BETWEEN HELPMESEE AND INTERNATIONAL SOCIETY OF MSICS
(ISMSICS) WAS ESTABLISHED TO WORK COLLABORATIVELY FOR EXPANSION OF
HELPMESEE SIMULATION-BASED TRAINING FOR MSICS IN INDIA. ISMSICS HAS
SIGNED UP WITH HELPMESEE AS THE TRAINING INTEGRATION ORGANIZATION FOR
THE REGION.

FUNDING POTENTIAL FROM USAID/ASHA: HELPMESEE'S REQUEST FOR FUNDING TO
SUPPORT EXPANSION OF TRAINING WITHIN INDIA HAS MET THE EVALUATION
CRITERIA FOR PHASE-I ACCEPTANCE AND WE ARE WAITING ON THEIR DECISION ON
THE PHASE-II PROPOSAL.

ACCOMPLISHMENTS: RESEARCH

HELPMESEE, TOGETHER WITH ARAVIND AND LVPEI, INDIA CONDUCTED A STUDY TO
DETERMINE THE EFFECTIVENESS OF SIMULATION-BASED TRAINING CURRICULUM FOR
SCLERAL TUNNEL CONSTRUCTION IN MANUAL SMALL INCISION CATARACT SURGERY
(MSICS) COMPARED WITH TRADITIONAL TRAINING. RESULTS PROVIDE STRONG
EVIDENCE OF EFFECTIVENESS OF OUR TRAINING CURRICULUM. IN LINE WITH OUR
COMMITMENT TO TRANSPARENCY AND INFORMATION SHARING, IN 2020 HELPMESEE
COMPILED THE MANUSCRIPT FOR PUBLICATION. OUR WORK ENTITLED
"EFFECTIVENESS OF SIMULATION BASED TRAINING FOR MANUAL SMALL INCISION
CATARACT SURGERY AMONG NOVICE SURGEONS: A RANDOMIZED CONTROLLED TRIAL"

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HAS BEEN PUBLISHED IN THE PRESTIGIOUS NATURE JOURNAL:

[HTTPS://TINYURL.COM/4J8EY2TF](https://tinyurl.com/4j8ey2tf)

IN MARCH 2020, VELUX FOUNDATION, SWITZERLAND, AWARDED COPENHAGEN ACADEMY MEDICAL EDUCATION AND SIMULATION (CAMES) A GRANT OF \$568K AND HALF OF THIS WILL BE APPLIED FOR VALIDATION STUDY OF HELPMESEE'S SIMULATION-BASED TRAINING. WE ARE REQUESTING FURTHER SUPPORT FROM THEM TO PURSUE GLOBAL RESEARCH PARTNERSHIPS FOR VALIDATION OF THE SIMULATION-BASED TRAINING IN DEVELOPING COUNTRIES LIKE MADAGASCAR, INDIA, AND CHINA.

ACCOMPLISHMENTS: COLLABORATION CHANNELS

RECOGNIZING THAT DELIVERY OF CATARACT SURGICAL CARE ACROSS THE GLOBE IS IMPOSSIBLE FOR ANY INDIVIDUAL ORGANIZATION, HELPMESEE HAS DEVELOPED A STRATEGIC PLAN FOR LONG TERM SUSTAINABILITY BY ENTERING INTO AGREEMENTS WITH LOCAL UNIVERSITIES AND GOVERNMENTS FOR TRAINING, PUBLIC HEALTHCARE ADVOCACY AS WELL AS RESEARCH COLLABORATIONS WITH FRONT RUNNERS IN SURGICAL TRAINING AS WELL AS RESEARCH.

THROUGH THESE AGREEMENTS, HELPMESEE HOPES TO BUILD TRAINING CAPABILITY IN PHASES:

PHASE - I: MSICS SIMULATION-BASED TRAINING CURRICULUM (MSTC)

PHASE - II: TRANSITION TO LIVE SURGERIES (T.L.S.)

A GRADUATING TRAINEE MAY PERFORM 5-20 OR MORE SUPERVISED MSIC SURGERIES AT THEIR PARENT INSTITUTE TO BECOME PROFICIENT BASED ON THE DEMONSTRATED SKILL LEVEL AND QUALIFICATIONS MANDATED BY REGIONAL AUTHORITIES.

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

SOLICITATION OF ANNUAL DONATIONS, SPECIAL APPEALS IN CONNECTION WITH

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SPECIFIC PROGRAMS. THE DIGITAL MARKETING TEAM HAS BEEN SUCCESSFUL IN INCREASING THE REVENUE FROM THE PREVIOUS YEAR. ALSO, THERE IS A STEADY INCREASE IN NUMBERS OF HELPMESSEE FOLLOWERS ON YOUTUBE, LINKEDIN, AND INSTAGRAM. THE MAJOR GIFTS TEAMS VISITED HIGH PROFILE DONORS WITH FACE-TO-FACE MEETINGS SECURING FUNDING FOR HELPMESSEE. THE PLANNED GIFTS TEAM HAS RECEIVED 4 PLANNED GIFTS IN 2020. THE CORPORATION AND FOUNDATIONS TEAM HAS SUBMITTED 31 PROPOSALS AND RECEIVED LARGE GRANTS FROM THE EYE SURGERY FUND, JOHN B. FRICK AND SKOWRONSKI FAMILY FOUNDATION. THE HELPMESSEE FUNDRAISING TEAM HAS ALSO REACHED OUT TO 19,233 LAPSED DONORS FOR THEIR CONTINUED SUPPORT IN 2020. GENERAL SOLICITATIONS WERE MADE ON VARIOUS PLATFORMS AND THEY INCLUDED PROMOTIONAL AND EDUCATIONAL MATERIALS.

FOUNDATIONS AND CORPORATIONS, PARTNERS AND SUPPORTERS:

BANK OF AMERICA: IN MAY 2020, HELPMESSEE RECEIVED U.S. GOVERNMENT ASSISTANCE IN THE FORM OF A FORGIVABLE LOAN UNDER THE PAYCHECK PROTECTION PLAN (P.P.P.) LOAN, TO CONTINUE UNINTERRUPTED ACTIVITIES DURING THE COVID-19 PANDEMIC.

THE FOLLOWING FOUNDATIONS AND CORPORATIONS HAVE CONTRIBUTED TO FURTHER AND ASSIST THE HELPMESSEE MISSION:

UNITED STATES: ALFRED Z. SOLOMON TESTAMENTARY TRUST ALBERT AND ELAINE BORCHARD FOUNDATION, INC. ALBERT UELTSCHI FOUNDATION AYCO CHARITABLE FOUNDATION BANK OF AMERICA BENEVITY COMMUNITY IMPACT FUND (THE) BOWDITCH & DEWEY C. JEROME LOMBARDO FAMILY FOUNDATION, INC. CAMERON FAMILY CHARITABLE FOUNDATION, (THE) CARVER FAMILY FOUNDATION CHARLES G. WRIGHT ENDOWMENT FOR HUMANITY, INC. COMMON WEALTH CHARITABLE FUND COMMUNICATION AUTOMATION CORPORATION COMMUNITY FOUNDATION OF GREATER MEMPHIS COMMUNITY HEALTH CHARITIES DE MIRANDA FOUNDATION EDELSTEIN FOUNDATION EDWARDS LIFE SCIENCES FOUNDATION ETHEL AND GEORGE KENNEDY

Name of the organization HELP ME SEE, INC. FOUNDATION EYE SURGERY FUND FASNACHT FAMILY FOUNDATION FIDELITY CHARITABLE FIDELITY CHARITABLE GIFT FUND FIDUCIARY TRUST COMPANY INTERNATIONAL FORIX FOUNDATION FRANCISCAN MONESTARY OF ST. CLARE FRANK AND VICTORIA FERTITTA FOUNDATION LTD. FREDERICK BIGLER TRUST GEORGE AND JANICE MULLER CHARITABLE FUND GOLDMAN SACHS CHARITABLE, GOLDMAN SACHS AND CO. GOLDMAN SACHS AND CO. MATCHING GIFTS PROGRAM GRACE HELEN SPEARMAN CHARITABLE FOUNDATION HELEN KUPEC ESTATE HOOVER FOODS INC. H.S.M. CHARITABLE FOUNDATION, INC. INDIAN RIVER COMMUNITY FOUNDATION JAMES T. UELTSCHI FOUNDATION JOAN AND ROBERT GILKISON FAMILY FOUNDATION JOHN AND SUSAN DOBBS CHARITABLE FUND JOHNSON AND JOHNSON JOSEPH GLUCK FOUNDATION KAREN KATEN FOUNDATION KEEL POINT CAPITAL, L.L.C. LAGARDE CHARITABLE TRUST LEON AND HELEN CHURCH FAMILY FOUNDATION LONGFIELD FAMILY CHARITABLE FOUNDATION MCPHERSON COUNTY COMMUNITY FOUNDATION MESHNICK FAMILY CHARITABLE FOUNDATION, INC. MICROSOFT CORP. MMPM FOUNDATION, INC. MOOG MORRIS L. & GLADYS B. LEWY FAMILY FOUNDATION, INC. NATIONAL CHRISTIAN FOUNDATION, ALABAMA NEW HORIZONS FOUNDATION, INC. STRAUSS MEDICAL MENTORING OAKWOOD FOUNDATION CHARITABLE TRUST OGILVY AND MATHER OWEN D. BEKKUM TRUST PETRA REAL ESTATE II, L.L.C. P.G.A. MASTER PROFESSIONAL PHASE FOUNDATION RAY C. ANDERSON FOUNDATION, INC. RENAISSANCE CHARITABLE FOUNDATION INC. R.N.R. CROSS FAMILY FOUNDATION ROBINSON FAMILY FOUNDATION RUCKS FAMILY FOUNDATION SCHWAB CHARITABLE SEPARATE PROPERTY SEVENLY SKOLNICK FOUNDATION SKOWRONSKI FAMILY FOUNDATION ST. JOAN OF A.R.C. THE APATOW-MANN FAMILY FOUNDATION, INC. THE AUDREY AND SYDNEY IRMAS CHARITABLE FOUNDATION FOR SOCIAL JUSTICE THE BIZIER FAMILY FOUNDATION THE CARWILL FOUNDATION THE JAMES K. AND DEBORAH W. SECUNDA DONOR ADVISED FUND THE LAFFERMAN FAMILY FOUNDATION THE LUKE O'BRIEN FOUNDATION THE MARIA HULAI LION FOUNDATION THE NATHAN AND	Employer identification number 27-3207754
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Name of the organization HELP ME SEE, INC. SELMA HARRIS FUND THE RONA & JEFFREY ABRAMSON FOUNDATION THE WEINREB BERENDA CARTER FOUNDATION, INC. THE WYSS FOUNDATION TIM AND JUDY RUDDERROW FOUNDATION, INC. TRAFIGURA FOUNDATION TROY UNITED METHODIST CHURCH UBS EMPLOYEE GIVING PROGRAM UBS FINANCIAL SERVICES, INC. USAID-CBP (PCOM)USAID-PACT VANGUARD CHARITABLE ENDOWMENT PROGRAM VISION BANK WALTER, MARIE AND BARBARA FALK FAMILY FOUNDATION WATKINS PARK, INC. WELLS FARGO ADVISORS, L.L.C. WOLZINGER FAMILY FOUNDATION YOUR CAUSE, L.L.C. ROBERT WOOD JOHNSON FOUNDATION NORMAN RAPPAPORT FOUNDATION CONRAD HILTON FOUNDATION GRIFFIN-PHOENIX FOUNDATION B.R. FOUNDATION CHUGHTAI FOUNDATION NUMBER TEN FOUNDATION BENNINGTON FAMILY FOUNDATION PETER AND ELLEN JAKOBSON FOUNDATION BASSO/HEALY FOUNDATION WINGEN FOUNDATION THE POLARIS FOUNDATION PFIZER FOUNDATION MATCHING GIFT PROGRAM OMAHA COMMUNITY FOUNDATION JP MORGAN CHASE FOUNDATION ILLINOIS TOOL WORKS FOUNDATION COMMUNITY FOUNDATION OF GASTON COUNTY, INC. VALLEY ANESTHESIOLOGY FOUNDATION EVERGREEN FUND OF THE COMMUNITY FOUNDATION OF NEW JERSEY HILDUR SWANSON FOUNDATION FOUNDATION FOR THE CAROLINAS BOWMAN FOUNDATION, INC. THE PRUDENTIAL FOUNDATION MATCHING GIFTS DALLAS JEWISH COMMUNITY FOUNDATION VIJAYDEV MISTRY FOUNDATION, INC. FREDDIE MAC FOUNDATION U.S. BANCORP FOUNDATION SHELL OIL COMPANY FOUNDATION EXXON MOBIL FOUNDATION MATCHING GIFTS PROGRAM BRISTOL-MYERS SQUIBB FOUNDATION MATCHING GIFT PROGRAM LUCIANO FAMILY FOUNDATION NOAH PRIVATE FOUNDATION FREEPORT-MCMORAN COPPER AND GOLD FOUNDATION CONAGRA FOODS FOUNDATION MATCHING GIFTS PROGRAM PEPSICO FOUNDATION EMPLOYEE GIVING PROGRAM L.J. FELDMAN FOUNDATION SILVERSTEIN ACCOUNT GLAXOSMITHKLINE FOUNDATION THE GREATER CINCINNATI FOUNDATION DEUTSCHE BANK AMERICAS FOUNDATION DENNIS AND JANICE KLUMB FAMILY FOUNDATION, INC. PAREKH VORA CHARITABLE FOUNDATION MUTUAL OF AMERICA FOUNDATION CAIL FAMILY	Employer identification number 27-3207754
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Name of the organization HELP ME SEE, INC. FOUNDATION COMMUNITY FOUNDATION OF THE GREAT RIVER BEND DAVIDSON FOUNDATION FOR MUSIC DANCE AND DRAMATIC ARTS DR. DANIEL HARTNETT FOUNDATION THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE SOL. AND HILDA FURST FOUNDATION SANOFI FOUNDATION FOR NORTH AMERICA THE RUTH AND LOUIS GERSTLE FOUNDATION TAYLOR SCIENCE FOUNDATION B.P. FOUNDATION AYCO CHARITABLE FOUNDATION EBAY FOUNDATION EMPLOYEE ENGAGEMENT FUND GOODWILL FOUNDATION BARTON FOUNDATION SILICON VALLEY COMMUNITY FOUNDATION SHRIJEE FOUNDATION AMAZON SMILE FOUNDATION MALHARBAI FOUNDATION U.S. BANK FOUNDATION EMPLOYEE MATCHING GIFT PROGRAM WEILL FAMILY FOUNDATION THE K FOUNDATION THOMAS HODGE FOUNDATION SETHI FOUNDATION SADGURU FOUNDATION TRUST NARAYAN SHAW MEMORIAL FOUNDATION, M.J.D. FOUNDATION ABILITIES EDUCARE FOUNDATION MANAV MANDIR FOUNDATION THE KULA FOUNDATION LAVERTY FOUNDATION ARTHUR A. & CARLA RAND FOUNDATION RYAN FAMILY FOUNDATION SALLY AND BERNARD FUCH CHARITABLE FOUNDATION THE MILTON AND BETTY DRANOW FAMILY FOUNDATION SAHM FAMILY FOUNDATION PHASE FOUNDATION RICHARD AND MARTHA MELMAN FOUNDATION IKE OKOYE FOUNDATION FOR CHILDREN JEREMY'S HEART FOUNDATION THE JAMES R. DOUGHERTY JR. FOUNDATION CHLECK FAMILY FOUNDATION G.E. FOUNDATION THE NOBLITT FOUNDATION ELLIOT D. BAKER CHARITABLE FOUNDATION THE MARIAN FOUNDATION BERNARD & HELEN WEISBURG FAMILY FOUNDATION IRA C. HERBERT FAMILY FOUNDATION J L FULLMER CHARITABLE FOUNDATION J B MASON CHARITABLE FOUNDATION H.C.D. FOUNDATION LUDES FAMILY FOUNDATION EUNICE A. TURNER FOUNDATION PATSY AND ROSE H. BILLERA FOUNDATION MORRIS AND PAULINE SUGARMAN FOUNDATION CRAWFORD FOUNDATION WINNING WAYS FOUNDATION SALMON FAMILY FOUNDATION TOMASELLO FAMILY FOUNDATION EDELSTEIN FOUNDATION PRESS FAMILY FOUNDATION TYLER-LITTLE FAMILY FOUNDATION AROMA JOY FOUNDATION WOLZINGER FAMILY FOUNDATION THE FOUNDATION OF THE ROMAN CATHOLIC	Employer identification number 27-3207754
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DIOCESE OF BUFFALO MMPM FOUNDATION, INC. E. PHIL AND ROBERTA L.

KIRSCHNER FOUNDATION PETER LUCE FOUNDATION YEE FAMILY FOUNDATION

KIEVE FOUNDATION ROBERT F. ELEANORA W. MCCABE FOUNDATION THE FAMILY

PRICE FOUNDATION ROBERT AND KELMOR WALLACE FAMILY CHARITABLE

FOUNDATION WEIST FOUNDATION THE PATIL FOUNDATION JOHANN FAMILY FUND

OF THE GREATER CINCINNATI FOUNDATION JAMES AND VIOLA LANE FOUNDATION

CONROY FAMILY CHARITABLE FOUNDATION

INDIA:

MOOG CONTROLS INDIA PVT. LTD. SHOWHOUSE EVENT MANAGEMENT PVT. LTD.

ALAR INFRASTRUCTURES PVT. LTD. MOOG MOTION CONTROLS PRIVATE LIMITED

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

THE FORM 990 WAS REVIEWED BY THE CHAIRMAN/TREASURER AND PRESIDENT AND CEO AND APPROVED BY THE SAME. FOR THIS YEAR, THE CEO (JACOB MOHAN THAZHATU) WILL SIGN THE FORM 990 AND CHAO WANG WILL SIGN AS CUSTODIAN OF THE BOOKS. THE FORM 990 WAS DISCUSSED BY THE BOARD AND APPROVED THROUGH APPROPRIATE RESOLUTION BEFORE BEING FILED WITH THE IRS.

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

THE BOARD OF HELPMESSEE REVIEWS THE CONFLICT OF INTEREST POLICY AND SIGNS THE FORM ANNUALLY.

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

THE CHAIRMAN/TREASURER IN CONSULTATION WITH THE BOARD AND WITH INDEPENDENT EXTERNAL INPUT AND AUDITORS DETERMINES THE COMPENSATION OF THE PRESIDENT, CEO AND KEY EMPLOYEES.

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

Name of the organization

HELP ME SEE, INC.

Employer identification number

27-3207754

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	1,884,158.
MANAGEMENT AND GENERAL EXPENSES	70,033.
FUNDRAISING EXPENSES	22,965.
TOTAL EXPENSES	1,977,156.

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	4,492.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	20,680.
TOTAL EXPENSES	25,172.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,002,328.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN EXCHANGE GAIN	5,634.
LITIGATION TRUST NET EXPENDITURES	-68,921.
BEGINNING NET ASSETS OVERSTATED ON U.S. TRIAL BALANCE	300,253.
TOTAL TO FORM 990, PART XI, LINE 9	236,966.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **HELP ME SEE, INC.** Employer identification number **27-3207754**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HELP ME SEE INC. LIMITED 21/F PO WAH COMMERCIAL CENTRE WAN CHAI, HONG KONG	FUNDRAISING	HONG KONG			HELP ME SEE, INC.	X	
STICHTING HELPMESEE RAADHUISSTRAAT 20-22 AMSTERDAM, NETHERLANDS 1016 DE	FUNDRAISING	NETHERLANDS			HELP ME SEE, INC.	X	
HELPMESEE INDIA FOUNDATION E-5 QUTAB HOTEL COMPOUND, SHAHEED JEET SING NEW DELHI, INDIA 110 016	PROGRAM	INDIA			HELP ME SEE, INC.	X	
BEIJING HELPMESEE TECHNOLOGY COMPANY LIMITED LUCKY TOWER B-708, 3 NORTH RD, THIRD RING RO BEIJING, CHINA	PROGRAM	CHINA			HELP ME SEE, INC.	X	

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

Schedule R (Form 990) 2020

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEIJING HELPMEESEE TECHNOLOGY COMPANY LTD	B	724,848.	
(2) HELP ME SEE INC. LIMITED	C	66,810.	
(3) STICHTING HELPMEESEE	C	72,000.	
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.