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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
HELP ME SEE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
20 WEST 36TH STREET FLOOR 4

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10018

D Employer identification number

27-3207754

E Telephone number

(212) 221-7633

G Gross receipts \$ 15,096,122

F Name and address of principal officer:
JACOB MOHAN THAZHATHU
20 WEST 36TH STREET FLOOR 4
NEW YORK, NY 10018

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ 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.HELPMESSEE.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 ☐ 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

4 Number of independent voting members of the governing body (Part VI, line 1b) 2

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 34

6 Total number of volunteers (estimate if necessary) 150

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 26,453,339

9 Program service revenue (Part VIII, line 2g) 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 39,941

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 728

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26,494,008

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,524,959

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 3,943,400

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶1,145,568

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 8,641,440

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 14,109,799

19 Revenue less expenses. Subtract line 18 from line 12 12,384,209

Expenses

20 Total assets (Part X, line 16) 16,731,697

21 Total liabilities (Part X, line 26) 3,022,836

22 Net assets or fund balances. Subtract line 21 from line 20 13,708,861

Net Assets or Fund Balances

Beginning of Current Year

End of Year

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
JACOB MOHAN THAZHATHU PRESIDENT & CEO
Type or print name and title

2020-07-15
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ TAIT WELLER & BAKER LLP
Firm's address ▶ 50 SOUTH 16TH STREET SUITE 2900
PHILADELPHIA, PA 19102

Preparer's signature
Date 2020-07-15
Check ☐ if self-employed
PTIN P00974308
Firm's EIN ▶ 23-1144520
Phone no. (215) 979-8800

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**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 ☒ No

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

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

If "Yes," describe these changes on Schedule O.

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

| | |
|-----------|--|
| 4a | (Code:) (Expenses \$ 7,701,851 including grants of \$ 288,922) (Revenue \$) |
| | See Additional Data |


















| | |
|-----------|--|
| 4b | (Code:) (Expenses \$ 1,713,830 including grants of \$ 1,237,052) (Revenue \$) |
| | See Additional Data |

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

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

| | |
|-----------|---|
| 4e | Total program service expenses ▶ 9,415,681 |
|-----------|---|

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 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? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 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? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 | No |
| 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? If "Yes," complete Schedule D, Part VI  | 11a Yes | |
| 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? If "Yes," complete Schedule D, Part VII  | 11b | No |
| 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? If "Yes," complete Schedule D, Part VIII  | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e | No |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a Yes | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b Yes | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15 Yes | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 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? If "Yes," complete Schedule I, Parts I and II | 21 | No |

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> | 22 | No |
| 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> | 23 | Yes |
| 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> | 24a | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| 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? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 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> | 25a | No |
| 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> | 25b | No |
| 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> | 26 | No |
| 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> | 27 | No |
| 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> | 28a | No |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> | 28b | No |
| 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> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | 29 | Yes |
| 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> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | 31 | No |
| 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> | 32 | No |
| 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> | 33 | No |
| 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> | 34 | Yes |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes |
| 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> | 35b | No |
| 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> | 36 | No |
| 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> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 | 1a | 16 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |

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

| | | | | |
|--|---|------------|-----|----|
| 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 34 | | | |
| 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) | | 2b | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | 3b | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | Yes | |
| b If "Yes," enter the name of the foreign country: ▶ HK , IN , NL , CH 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? | | 5a | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 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? | | 6a | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| 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? | | 7a | | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | No |
| 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? | | 7e | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | | |
| 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? | | | | |
| 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? | | 14a | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 720, Schedule N. | | 15 | | No |
| 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 | | No |

Part VI

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-----|-----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 3 | |
| | 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 in Schedule O. | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 2 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 | Did the organization have members or stockholders? | 6 | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 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 in Schedule O | 9 | No |

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? | 10a | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b | 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 | 12a | Yes |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 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? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b | Other officers or key employees of the organization | 15b | Yes |
| | 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? | 16a | No |
| b | 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? | 16b | |

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
CHAO WANG 20 WEST 36TH ST FLOOR 4 NEW YORK, NY 100188005 (212) 221-7606

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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) JAMES TYLER UELTSCHI CHAIRMAN, TREASURER | 20.00 | X | | X | | | | 0 | 0 | 0 |
| (2) JEFF MULLEN DIRECTOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (3) JACOB MOHAN THAZHATHU CEO & PRESIDENT | 40.00 | X | | X | | | | 395,142 | 0 | 23,476 |
| (4) VENKAT SAMBANDHAMOORTHY CHIEF OF PROGRAMS & FIELD | 40.00 | | | X | | | | 172,362 | 0 | 2,747 |
| (5) VENUDHAR BHATT CHIEF LEARNING OFFICER | 40.00 | | | X | | | | 144,900 | 0 | 2,101 |
| (6) JON POLLACK CHIEF OF TRAINING OPERATIO | 40.00 | | | X | | | | 216,050 | 0 | 25,001 |
| (7) STEPHEN J MOORE SR. DIRECTOR OF DEVELOPMEN | 40.00 | | | X | | | | 172,319 | 0 | 32,104 |
| (8) MICHAEL POGOSE CHIEF TECHNICAL OFFICER | 40.00 | | | X | | | | 215,444 | 0 | 720 |
| (9) HUI LIU CHINA CHIEF REPRESENTATIVE | 40.00 | | | | | X | | 181,560 | 0 | 1,888 |
| (10) MATTHEW WALDEN CLINICAL RESEARCH COORDINA | 40.00 | | | | | X | | 174,080 | 0 | 307 |
| (11) HINABEN PATEL BUS. INTELLIGENCE AND QUAL | 40.00 | | | | | X | | 119,595 | 0 | 21,952 |
| | | | | | | | | | | |
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (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 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 1,791,452 | 0 | 110,296 |

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 ► 12

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| DANIEL HUTTER, 110 WASHINGTON AVE APT 1710 MIAMI BEACH, FL 33139 | CONSULTING SERVICE | 281,667 |
| VAN LANSINGH, CIRCUITO DEL MESON 152 COL EL PRA QUERETARO 76030 MX | CONSULTING SERVICE | 250,000 |
| ANDRE JEAN MARIE, 8 RUE DE FABRES MARSEILLES 13001 FR | CONSULTING SERVICE | 182,603 |
| SARO JAHANI, 506 CARDINAL LANE GREEN BROOK, NJ 08812 | CONSULTING SERVICE | 166,667 |
| GRAZIADEI & ASSOCIATES 375 PARK AVENUE SUITE 2607 NEW YORK, NY 10152 | 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 ► 5

| | | | | | | | | | | | | | | |
|--|---|-----------|----------------|---------------|--------|------------|--|--------|--------|-----------------------------|---|--|---|--|
| Form 990 (2019) | | | | | | | | | | Page 9 | | | | |
| Part VIII Statement of Revenue | | | | | | | | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/> | | | | | | | | | | | | | | |
| | | | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | | | | | | | | | | |
| | b Membership dues . . . | 1b | | | | | | | | | | | | |
| | c Fundraising events . . . | 1c | | | | | | | | | | | | |
| | d Related organizations | 1d | | | | | | | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 14,896,919 | | | | | | | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 2,688,780 | | | | | | | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | | | | | | | | 14,896,919 | | | |
| Program Service Revenue | | | Business Code | | | | | | | | | | | |
| | 2a | | | | | | | | | | | | | |
| | b | | | | | | | | | | | | | |
| | c | | | | | | | | | | | | | |
| | d | | | | | | | | | | | | | |
| | e | | | | | | | | | | | | | |
| | f All other program service revenue. | | | | | | | | | | | | | |
| | g Total. Add lines 2a-2f. ▶ | | | | | | | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 182,587 | | | | | | 182,587 | | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | | | | | | | | |
| | 5 Royalties ▶ | | | | | | | | | | | | | |
| | | | (i) Real | (ii) Personal | | | | | | | | | | |
| | 6a Gross rents | 6a | | | | | | | | | | | | |
| | b Less: rental expenses | 6b | | | | | | | | | | | | |
| | c Rental income or (loss) | 6c | | | | | | | | | | | | |
| | d Net rental income or (loss) ▶ | | | | | | | | | | | | | |
| | | | (i) Securities | (ii) Other | | | | | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | | | | | | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | | | | | | | | |
| | c Gain or (loss) | 7c | | | | | | | | | | | | |
| | d Net gain or (loss) ▶ | | | | | | | | | | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | 8a | | | | | | | | | | |
| | b Less: direct expenses | | | 8b | | | | | | | | | | |
| | c Net income or (loss) from fundraising events . . . ▶ | | | | | | | | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | 9a | | | | | | | | | | |
| | b Less: direct expenses | | | 9b | | | | | | | | | | |
| | c Net income or (loss) from gaming activities . . . ▶ | | | | | | | | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances . . . | | | 10a | | | | | | | | | | |
| b Less: cost of goods sold . . . | | | 10b | | | | | | | | | | | |
| c Net income or (loss) from sales of inventory . . . ▶ | | | | | | | | | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | | | | | | | | |
| 11a TRAINING DELIVERY | | | 900099 | | 11,603 | | | 11,603 | | | | | | |
| b LIST RENTAL INCOME | | | 900099 | | 5,013 | | | 5,013 | | | | | | |
| c | | | | | | | | | | | | | | |
| d All other revenue | | | | | | | | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | | 16,616 | | | | | | | | |
| 12 Total revenue. See instructions ▶ | | | | | | 15,096,122 | | | 16,616 | | | 0 182,587 | | |

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 1,525,974 | 1,525,974 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,402,368 | 1,039,580 | 168,876 | 193,912 |
| 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 | 2,052,122 | 1,521,667 | 247,660 | 282,795 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 364,996 | 269,425 | 42,491 | 53,080 |
| 10 Payroll taxes | 188,179 | 138,906 | 21,907 | 27,366 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 147,930 | 65,842 | 81,509 | 579 |
| c Accounting | 109,825 | 63,455 | 38,185 | 8,185 |
| 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 Schedule O) | 1,585,452 | 1,511,185 | | 74,267 |
| 12 Advertising and promotion | 3,358 | 293 | | 3,065 |
| 13 Office expenses | 903,071 | 547,718 | 41,595 | 313,758 |
| 14 Information technology | 507,449 | 339,630 | 48,917 | 118,902 |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 392,489 | 352,652 | 6,153 | 33,684 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 42,110 | 33,734 | 4,188 | 4,188 |
| 23 Insurance | 30,311 | 23,103 | 1,706 | 5,502 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SIMULATOR DEVELOPMENT E | 1,872,157 | 1,872,157 | | |
| b PAYROLL SERVICES | 25,007 | 19,060 | 1,407 | 4,540 |
| c BANK CHARGES & FEES | 22,906 | 17,459 | 1,289 | 4,158 |
| d | | | | |
| e All other expenses | 96,880 | 73,841 | 5,452 | 17,587 |
| 25 Total functional expenses. Add lines 1 through 24e | 11,272,584 | 9,415,681 | 711,335 | 1,145,568 |
| 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"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

| | | | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|--|--|------------|--------------------------|------------|--------------------|-----------|
| Assets | 1 | Cash—non-interest-bearing | | 24,319 | 1 | 0 | |
| | 2 | Savings and temporary cash investments | | 12,139,369 | 2 | 14,237,933 | |
| | 3 | Pledges and grants receivable, net | | 38,000 | 3 | 17,500 | |
| | 4 | Accounts receivable, net | | 0 | 4 | 5,002 | |
| | 5 | 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 | | | 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 | | 301,189 | 8 | 19,072 | |
| | 9 | Prepaid expenses and deferred charges | | 87,117 | 9 | 103,207 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 7,242,381 | | | |
| | b | Less: accumulated depreciation | 10b | 328,921 | 3,949,829 | 10c | 6,913,460 |
| | 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 | | 191,874 | 15 | 134,917 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 16,731,697 | 16 | 21,431,091 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 3,022,836 | 17 | 1,721,692 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | | 25 | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | 3,022,836 | 26 | 1,721,692 | |
| 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 | | 1,720,347 | 27 | 7,853,652 | |
| | 28 | Net assets with donor restrictions | | 11,988,514 | 28 | 11,855,747 | |
| | 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 | | 13,708,861 | 32 | 19,709,399 | |
| 33 | Total liabilities and net assets/fund balances | | 16,731,697 | 33 | 21,431,091 | | |

Part XI Reconciliation of Net AssetsCheck 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 | 15,096,122 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 11,272,584 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,823,538 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 13,708,861 |
| 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 in Schedule O) | 9 | 2,177,000 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 19,709,399 |

Part XII Financial Statements and ReportingCheck 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 | | No |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | No |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | |

Software ID:

Software Version:

EIN: 27-3207754

Name: HELP ME SEE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

SIMULATOR OPERATIONS: OF THE TOTAL FLEET OF 40 HELPMESEE EYE SURGERY SIMULATORS, 30 ARE DEPLOYED IN VARIOUS LOCATIONS FOR SIMULATOR DEVELOPMENT AND TRAINING OF INSTRUCTORS AND CATARACT SPECIALISTS. HELPMESEE IS SUPPORTING INSTALLATIONS OF THE EYE SURGERY TRAINING SIMULATOR (S) TO SELECTED EYE SURGERY TRAINING INSTITUTIONS WORLDWIDE. THE INTENDED USE OF THE HELPMESEE 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.SIMULATOR BASED TRAINING SYSTEM: TRAINING READY HELPMESEE EYE SURGERY SIMULATION SYSTEMS ARE DESIGNED, DEVELOPED, DEPLOYED, AND MAINTAINED UNDER THE DIRECTION OF HELP ME SEE INC., NEW YORK, WITH MULTIPLE CONTRACTORS AND SUPPLIERS. HELPMESEE 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 STANDARDIZED 4 MODULES, 12 STEPS MANUAL SMALL INCISION CATARACT SURGERY (MSICS) ARE:MODULE A: THE SCLERO-CORNEAL TUNNEL CONSTRUCTION:1. THE SCLERAL GROOVE, 2. TUNNEL DISSECTION, 3 PARACENTESIS, 4 VISCO-AQUEOUS EXCHANGE, 5. KERATOME ENTRYMODULE B: CATARACT REMOVAL:6. CAPSULORRHESIS, 7. HYDRODISSECTION, 8. NUCLEUS DISSECTION, 9. NUCLEAR DELIVERY MODULE C: CORTICAL REMOVAL AND IOL IMPLANTATION:10. CORTEX REMOVAL, 11. INTRA OCULAR LENS (IOL) IMPLANTATIONMODULE D: RESTORATION OF PHYSIOLOGICAL CONDITIONS:12. CORNEAL HYDRATIONTHE ESTIMATED TOTAL DURATION OF THE HELPMESEE COURSES SIMULATION-BASED TRAINING, INCLUDING SELF-STUDY, IS 14 DAYS. THE TRAINING SYSTEM HAS BUILT-IN FLEXIBILITY TO PACE THE TRAINING TO FIT THE TRAINEE'S INDIVIDUAL ABILITY TO MASTER THE SURGICAL SKILLS IN A SAFE LEARNING ENVIRONMENT WITHOUT RISK TO LIVE PATIENTS. THE COURSES AND DURATION OF THE HELPMESEE CURRICULUM (MSTC) ARE OUTLINED BELOW:MODULE A STCC (SCLERO-CORNEAL TUNNEL CONSTRUCTION 35 HOURSMODULE B CND C (CAPSULORRHESIS AND NUCLEUS DELIVERY 18 HOURS MODULE C CRIC (CORTEX REMOVAL AND INTRA OCULAR LENS IMPLANTATION 13.25 HOURSMODULE D RPCC (RESTORATION OF PHYSICAL CONDITIONS OF THE EYE 5.5 HOURSTHE MSTC COURSE OF 71.75 HOURS TAKES 10 DAYS TO COMPLETE. THE ACTUAL NUMBER OF HOURS MAY VARY DEPENDING ON PRIOR SURGICAL EXPERIENCE AND SKILL ACQUISITION PACE OF THE TRAINEE.THE HELPMESEE MSTC CURRICULUM UTILIZES VARIOUS INSTRUCTIONAL ACTIVITIES THAT ARE DESIGNED AND DELIVERED TO ACHIEVE SPECIFIC OBJECTIVES AT EACH STAGE OF LEARNING, AS ILLUSTRATED BELOW:1. SELF-STUDY HELPMESEE MSICS E-BOOK 21 HOURSII. CLASSROOM INSTRUCTOR-LED DISCUSSIONS WITH MULTI-MEDIA TOOLS 16.5 HOURSIII. LAB INSTRUCTOR-LED INSTRUMENT HANDLING AND HAND MOVEMENT SKILLS DEVELOPMENT 16.5 HOURSIV. SIMULATOR BASED GUIDED PRACTICE OF SURGICAL STEPS USING SIMULATION ASSIGNMENT 40.75 HOURSV. DEBRIEF INSTRUCTOR-LED POST-PRACTICE PERFORMANCE FEEDBACK SESSIONS 5.5 HOURSVI. ASSESSMENTS SKILLS BASED ON PERFORMANCE IN ASSIGNMENTS AND SCENARIOS 4.5 HOURSVII. FEEDBACK PERSONALIZED FEEDBACK AIMED AT CONTINUED IMPROVEMENT 2 HOURSINCLUDING SELF-STUDY, THE HELPMESEE MSICS TRAINING TAKES 92.75 HOURSTHE PRIMARY LEARNING METHOD FOR THE HELPMESEE MSICS TRAINING PROGRAM IS SIMULATION-BASED LEARNING. THE CURRICULUM IS TAUGHT USING A BLENDED-LEARNING APPROACH AND PREDOMINANTLY INSTRUCTOR-LED.SIMULATION-BASED TRAINING CENTERS: HELPMESEE HAS DEVELOPED A CADRE OF 8 SPECIALLY TRAINED MSICS SIMULATION-BASED TRAINING INSTRUCTORS. HELPMESEE EYE SURGERY SIMULATORS CURRENTLY OFFER TRAINING IN TUNNEL CONSTRUCTION STEPS, WHICH ARE THE MOST CHALLENGING PART OF MSICS SURGERY. THE SCLEROCORNEAL TUNNEL CONSTRUCTION COURSE (STCC) IS A SIX-DAY COURSE OFFERED. DURING 2019, 46 TRAINEES AND 2 INSTRUCTORS WENT THROUGH HELPMESEE SIMULATION-BASED TRAINING. 20 MEDICAL STUDENTS AND RESIDENTS PARTICIPATED IN OIJC TRAINING. HELPMESEE PROVIDED TRAINING AT THE FOLLOWING LEARNING CENTERS DURING 2019: HELPMESEE MUMBAI LEARNING DEVELOPMENT CENTER, MUMBAT, INDIA WENZHOU MEDICAL UNIVERSITY, WENZHOU, CHINA INSTITUTO MEXICANO DE OFTALMOLOGIA IAP, SANTIAGO DE QUERTARO, MEXICO BASCOM PALMER EYE INSTITUTE AND GORDON CENTER FOR RESEARCH IN MEDICAL EDUCATION (GCRME), UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE, U.S.A. HELPMESEE, NEW YORK, SIMULATION TESTING CENTER, U.S.A.IN ADDITION TO PROVIDING INSTRUCTOR-LED, SIMULATOR-BASED TRAINING, HELPMESEE SUPPORTS THE QUALIFICATION AND PRACTICE READINESS OF CATARACT SPECIALISTS TO ELIMINATE CATARACT BLINDNESS, IN PARTNERSHIP WITH HEALTH INSTITUTIONS, GOVERNMENTS, AND SIGNIFICANT PHILANTHROPIC AND MARKET VENTURES.OPHTHALMOLOGY AND MSICS TRAINING STEWARDSHIP: INTERNATIONAL CONGRESSES:HELPMESEE MEDICAL OFFICERS TEAM BASED IN ASIA, AFRICA, LATIN AMERICA, AND THE U.S.A. PROVIDE THE STEWARDSHIP 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. DURING 2019 HELPMESEE ACTIVELY PARTICIPATED IN THE FOLLOWING INTERNATIONAL CONGRESSES:1. ASSOCIATION OF UNIVERSITY PROFESSORS OF OPHTHALMOLOGY (AUPO) FORT LAUDERDALE, U.S.A. JANUARY 20192. INTERNATIONAL MEETING OF SIMULATION IN HEALTHCARE (IMSH), SAN ANTONIO, U.S.A. JANUARY 20193. ALL INDIA OPHTHALMOLOGY CONGRESS, INDORE, INDIA FEBRUARY 20194. AMERICAN COLLEGE OF SURGEONS SURGICAL SIMULATION SUMMIT - SURGEONS AND ENGINEERS (SURGICAL SIMULATION SUMMIT) CHICAGO, U.S.A. MARCH 20195. THE ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY (ARVO) VANCOUVER, CANADA MAY 20196. PAN AMERICAN ASSOCIATION OF OPHTHALMOLOGY (PAAO) CANCUN, MEXICO - MAY 20197. ACADEMY OF AMERICAN OPHTHALMOLOGY (A.A.O.) SAN FRANCISCO, U.S.A. - OCTOBER 20198. COMPREHENSIVE CATARACT CONFERENCE (CCC), KOLKATA, INDIA - NOVEMBER 2019RESEARCH SIMULATION-BASED TRAINING VALIDATION STUDY:THE STUDY WAS DESIGNED TO INCLUDED 2 GROUPS OF TRAINEES. ONE GROUP RECEIVED TRADITIONAL TRAINING IN PREPARATION FOR "LIVE" TRAINING. THE OTHER RECEIVED SPECIFIC HELPMESEE SIMULATOR TRAINING. THE PARTICIPANTS PERFORMED 20 SURGERIES, EACH WHICH WAS VIDEOTAPED. THE VIDEOS WERE JUDGED FOR MINOR AND MAJOR ERRORS. STATISTICALLY, THE HELPMESEE TRAINEES AS A GROUP HAD FEWER MINOR AND SIGNIFICANT ERRORS. BASED ON THE SUCCESSFUL COMPLETION OF THE STUDY, HELPMESEE IS CONTINUING TO VALIDATE SIMULATION-BASED TRAINING. A PARTNERSHIP IS ESTABLISHED WITH THE COPENHAGEN ACADEMY FOR MEDICAL EDUCATION AND SIMULATION (CAMES) TO FURTHER THE RESEARCH. PARTNERSHIPS:SCALING MSICS TRAINING TO QUALIFY 30,000 CATARACT SPECIALISTS REQUIRES A PARTNER NETWORK OF CENTERS OF EXCELLENCE AND INSTITUTIONS TO QUALIFY EACH TRAINEE AS QUALIFIED AND COMPETENT. THE 2 PHASES OF THE TRAINING ARE:PHASE - I: MSICS SIMULATION-BASED TRAINING CURRICULUM (MSTC)PHASE - II: TRANSITION TO LIVE SURGERIES (T.L.S.)A GRADUATING TRAINEE MAY PERFORM 5 TO 20 SUPERVISED MSIC SURGERIES TO BECOME PROFICIENT BASED ON THE DEMONSTRATED SKILL LEVEL.CURRENTLY, HELPMESEE IS DEVELOPING PARTNERSHIP MANAGEMENT SYSTEMS AND PILOTING WITH 5 PARTNERS IN ASIA, AFRICA, AND LATIN AMERICA.

Form 990, Part III, Line 4b:

PUBLIC AWARENESS: ADVOCATING FOR CATARACT AS ESSENTIAL SURGERY UNDER UNIVERSAL HEALTH COVERAGE AND IN PUBLIC HEALTH POLICY - PUBLIC SUPPORT DEVELOPMENAS AT THE END OF 2019, HELPMESSEE PUBLIC SUPPORT BASE HAS 311,021 MEMBERS ON RECORD. THE ORGANIZATION RECEIVED FINANCIAL FROM VARIOUS SOURCES IN 2019, INCLUDING 15,477 INDIVIDUAL DONATIONS AND 115 ORGANIZATIONAL DONATIONS SUCH AS LOCAL AND INTERNATIONAL CORPORATIONS, FOUNDATIONS, GOVERNMENTS, AND NON-GOVERNMENT ORGANIZATIONS.THROUGHOUT 2019, HELPMESSEE SENT 608,450 PRINT COMMUNICATIONS WITH THE PUBLIC SUPPORT BASE. HELPMESSEE'S DIGITAL OUTREACH IS APPROXIMATELY 500,000, WHICH INCLUDES EMAIL AND SOCIAL MEDIA POSTS (THROUGH FACEBOOK, INSTAGRAM, TWITTER, AND LINKEDIN), 39,000 ONLINE SUPPORTERS. THESE INCLUDED SOLICITATION OF ANNUAL DONATIONS, SPECIAL APPEALS IN CONNECTION WITH SPECIFIC PROGRAMS.GENERAL SOLICITATIONS INCLUDED IN PROMOTIONAL AND EDUCATIONAL MATERIALS WERE MADE IN VARIOUS FORMS AND PLATFORMS. FURTHER, THROUGH INDIVIDUAL AND GROUP VISITS, HELPMESSEE RECEIVED SUPPORT FROM APPROXIMATELY 200 FOUNDATIONS, CORPORATIONS AS WELL AS MAJOR AND LEGACY DONORS.FOUNDATIONS AND CORPORATIONS, PARTNERS AND SUPPORTERS: GOLDMAN SACHS:HELMPESEE IS HONORED TO HAVE BEEN CHOSEN AS A FINALIST IN THE 2019 GOLDMAN SACHS ANALYST IMPACT FUND COMPETITION.WITH OVER 400 GLOBAL CHARITIES SELECTED IN THE COMPETITION, HELPMESSEE WAS AWARDED A SIGNIFICANT CONTRIBUTION FROM GOLDMAN SACHS AS A FINALIST.THE GOLDMAN SACHS UK OFFICE WAS SO IMPRESSED WITH THE HELPMESSEE PRESENTATION TO THE BOARD; THEY ALSO AWARDED HELPMESSEE WITH A SIGNIFICANT DONATION.BANK OF AMERICA:IN MAY 2020, HELPMESSEE RECEIVED U.S. GOVERNMENT ASSISTANCE IN THE FORM OF A FORGIVABLE LOAN UNDER THE PAYROLL 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 FOUNDATION EYE SURGERY FUND FASNACHT FAMILY FOUNDATION FIDELITY CHARITABLE FIDELITY CHARITABLE FUND FIDUCIARY TRUST COMPANY INTERNATIONAL FORX 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 HULAT LION FOUNDATION THE NATHAN AND SELMA HARRIS FUND THE RONA & JEFFREY ABRAMSON FOUNDATION THE WEINBER BERENDA CARTER FOUNDATION, INC. THE WYSS FOUNDATION TIM AND JUDY RUDDERHOF 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 FREPORT-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 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 SHRJEE 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 LAVERY 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 CHECK 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 LUTES 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 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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

HELP ME SEE INC

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

2019

Open to Public Inspection

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

| | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| Section A. Public Support | | | | | | |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 19,999,827 | 12,612,249 | 15,527,716 | 26,453,339 | 14,896,919 | 89,490,050 |
| 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 | 19,999,827 | 12,612,249 | 15,527,716 | 26,453,339 | 14,896,919 | 89,490,050 |
| 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) . . . | | | | | | 64,453,877 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 25,036,173 |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 7 Amounts from line 4. . . | 19,999,827 | 12,612,249 | 15,527,716 | 26,453,339 | 14,896,919 | 89,490,050 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . | 419 | 541 | 863 | 39,941 | 182,587 | 224,351 |
| 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.). . . | 49,591 | 65,606 | 14,901 | 728 | 16,616 | 147,442 |
| 11 Total support. Add lines 7 through 10 | | | | | | 89,861,843 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five 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 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 | 27.860 % |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | | | | | 15 | 27.030 % |
| 16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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"/> | | | | | | |
| Schedule A (Form 990 or 990-EZ) 2019 | | | | | | |

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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 five 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

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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> | | |
| 1 | | |
| 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> | | |
| 2 | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| 3a | | |
| 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> | | |
| 3b | | |
| 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> | | |
| 3c | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| 4a | | |
| 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> | | |
| 4b | | |
| 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> | | |
| 4c | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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> | | |
| 5a | | |
| 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? | | |
| 5b | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 5c | | |
| 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> | | |
| 6 | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i> | | |
| 7 | | |
| 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> | | |
| 8 | | |
| 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> | | |
| 9a | | |
| 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> | | |
| 9b | | |
| 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> | | |
| 9c | | |
| 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> | | |
| 10a | | |
| 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> | | |
| 10b | | |

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

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | |
|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

Part V

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

1

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

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

7

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

Part V

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

| Section D - Distributions | | | Current Year |
|---------------------------|--|--|---|
| 1 | | | Amounts paid to supported organizations to accomplish exempt purposes |
| 2 | | | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |
| 3 | | | Administrative expenses paid to accomplish exempt purposes of supported organizations |
| 4 | | | Amounts paid to acquire exempt-use assets |
| 5 | | | Qualified set-aside amounts (prior IRS approval required) |
| 6 | | | Other distributions (describe in Part VI). See instructions |
| 7 | | | Total annual distributions. Add lines 1 through 6. |
| 8 | | | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions |
| 9 | | | Distributable amount for 2019 from Section C, line 6 |
| 10 | | | Line 8 amount divided by Line 9 amount |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 | | | Distributable amount for 2019 from Section C, line 6 |
| 2 | | | Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. |
| 3 | | | Excess distributions carryover, if any, to 2019: |
| a | | | From 2014. |
| b | | | From 2015. |
| c | | | From 2016. |
| d | | | From 2017. |
| e | | | From 2018. |
| f | | | Total of lines 3a through e |
| g | | | Applied to underdistributions of prior years |
| h | | | Applied to 2019 distributable amount |
| i | | | Carryover from 2014 not applied (see instructions) |
| j | | | Remainder. Subtract lines 3g, 3h, and 3i from 3f. |
| 4 | | | Distributions for 2019 from Section D, line 7: |
| | | | \$ |
| a | | | Applied to underdistributions of prior years |
| b | | | Applied to 2019 distributable amount |
| c | | | Remainder. Subtract lines 4a and 4b from 4. |
| 5 | | | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. |
| 6 | | | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. |
| 7 | | | Excess distributions carryover to 2020. Add lines 3j and 4c. |
| 8 | | | Breakdown of line 7: |
| a | | | Excess from 2015. |
| b | | | Excess from 2016. |
| c | | | Excess from 2017. |
| d | | | Excess from 2018. |
| e | | | Excess from 2019. |

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

Facts And Circumstances Test

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 27.86% FOR THE YEAR ENDED 12/31/19 BASED ON AGGREGATE FINANCIAL INFORMATION FOR THE YEARS ENDED 12/31/15 THROUGH 12/31/19. THIS 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.

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | LIST RENTAL INCOME - 2015 AMOUNT: \$ 44,062. 2016 AMOUNT: \$ 58,962. 2017 AMOUNT: \$ 11,060. 2018 AMOUNT: \$ -12. 2019 AMOUNT: \$ 5,013. MISCELLANEOUS INCOME - 2015 AMOUNT: \$ 5,529. 2016 AMOUNT: \$ 6,644. 2017 AMOUNT: \$ 3,841. 2018 AMOUNT: \$ 740. TRAINING DELIVERY - 2019 AMOUNT: \$ 11,603. |

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

(a)

Donor advised funds

(b)

Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2a

2b

2c

2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

Yes

No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a

Revenue included on Form 990, Part VIII, line 1 ► \$

b

Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

| | (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

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------|--|---------------------------------|------------------------------|----------------|
| 1a | Land | | | |
| b | Buildings | | | |
| c | Leasehold improvements | 264,720 | 152,702 | 112,018 |
| d | Equipment | 4,568,081 | 176,219 | 4,391,862 |
| e | Other | 2,409,580 | | 2,409,580 |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | 6,913,460 |

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

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

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

☒

Schedule D (Form 990) 2019

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 | 17,137,062 |
| 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 | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 2,384,747 |
| e | Add lines 2a through 2d | 2e | 2,384,747 |
| 3 | Subtract line 2e from line 1 | 3 | 14,752,315 |
| 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 | 343,807 |
| c | Add lines 4a and 4b | 4c | 343,807 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 15,096,122 |

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 | 10,815,740 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 780,208 |
| e | Add lines 2a through 2d | 2e | 780,208 |
| 3 | Subtract line 2e from line 1 | 3 | 10,035,532 |
| 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 | 1,237,052 |
| c | Add lines 4a and 4b | 4c | 1,237,052 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 11,272,584 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
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| | |
| | |
| | |
| | |

Additional Data

Software ID:
Software Version:
EIN: 27-3207754
Name: HELP ME SEE INC

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART X, LINE 2: | MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN TAX YEARS 2016-2018 OR EXPECTED TO BE TAKEN ON THE ORGANIZATION'S 2019 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS. |

| Supplemental Information | |
|---------------------------------------|---|
| Return Reference | Explanation |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | RELATED ENTITY CONTRIBUTIONS 178,056. RELATED ENTITY INTEREST INCOME 696. RELATED ENTITY MISCELLANEOUS INCOME 4. MOOG SETTLEMENT AGREEMENT 2,205,991. |

| Supplemental Information | |
|---------------------------------------|--|
| Return Reference | Explanation |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | CONTRIBUTIONS FROM RELATED ENTITY 343,807. |

| Supplemental Information | |
|--|---------------------------------------|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | EXPENSES OF RELATED ENTITIES 780,208. |

| Supplemental Information | |
|--|---|
| Return Reference | Explanation |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | GRANTS TO RELATED ENTITIES ELIMINATED IN CONSOLIDATION 1,237,052. |

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HELP ME SEE INC

Employer identification number
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 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 |
|--|-------------------------------------|--|--|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 3 | 23 | | | 8,266,173 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 3 | 23 | | | 8,266,173 |

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) |
|----------|---------------------------------|---|---|--|---------------------------------|--|---|--|--|
| | | | SUB-SAHARAN AFRICA | LIVE SURGERY TRAINING | 14,560 | WIRE TRANSFER | | | |
| | | | SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL, | SUPPORT FOR CATARACT SURGERIES | | | 287,950 | SURGICAL KITS | BOOK |
| | | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | CATARACT SURGICAL TRAINING FOR THE GREATER CHINA AREA. | 247,416 | WIRE TRANSFER | | | |
| | | | EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | CATARACT SURGICAL TRAINING IN CHINA. | 989,636 | WIRE TRANSFER | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **4**

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.

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|---------------------|--|
| PART I, LINE 2: | <p>EVIDENCE OF EFFECTIVENESS - INVESTMENTS IN HELPMESSEE EXEMPT PURPOSE: HELPMESSEE USES GRANULAR OBJECTIVE AND SUBJECTIVE DATA TO GUIDE THE EFFECTIVENESS OF FUNDS SPENT TO ACCOMPLISH THE EXEMPT PURPOSE OF THE ORGANIZATION. SIMULATION-BASED TRAINING AND CATARACT SURGICAL SKILLS EVALUATION: SURGICAL PERFORMANCE DATA OF EACH TRAINEE IS RECORDED IN THE SIMULATOR. THE SYSTEM OBJECTIVELY SCORES EVERY ASSIGNMENT, AND INDIVIDUAL ERRORS CAN BE MONITORED AND CORRECTED. INDIVIDUAL AND GROUP TRENDS CAN ALSO BE OBSERVED. IN ADDITION TO THIS, SIMULATION-BASED TRAINING INSTRUCTORS ALSO ASSESS THE TRAINEES AND GRADE THEIR PROFICIENCY. CATARACT SURGERY PROFICIENCY MENTORING AND MONITORING: MOST HELPMESSEE TRAINEES RETURN TO THEIR HOME RESIDENCY TRAINING PROGRAMS TO FURTHER TEST THEIR PROFICIENCY IN LIVE SURGERY UNDER SUPERVISION BY AN EXPERT SURGEON. HELPMESSEE SUPPORTS SELECTED QUALIFYING PARTNER TRAINING HOSPITALS THAT PROVIDE LIVE SURGERY PROFICIENCY MENTORING TO QUALIFYING SIMULATION-BASED TRAINEES, IN MANUAL SMALL INCISION CATARACT SURGERY (MSICS). 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 ACUITY WORSE THAN 6/60 (METRIC) OR 20/200 (F.P.S.)' IN ONE OR BOTH EYES. DATA PRIVACY AND SECURITY: ALL HELPMESSEE TRAINEES, SELF-FUNDED, OR WITH FINANCIAL ASSISTANCE WILL BE REQUIRED TO ACCEPT THE HELPMESSEE POLICIES OF DATA PRIVACY, USE OF PERSONAL DATA, PROTECTION, PORTABILITY ACROSS JURISDICTIONS, SECURITY, AND WAIVERS. IN THE CASE OF TRAINEES REQUESTING FINANCIAL ASSISTANCE, THE DATA USE CONSENT SHOULD BE SIGNED ALONG WITH THE APPLICATION, IN ADVANCE OF APPROVAL AND TRAINING ENROLLMENT.</p> |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: | |

Additional Data

Software ID:

Software Version:

EIN: 27-3207754

Name: HELP ME SEE INC

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL, | 1 | 13 | PROGRAM CAMPAIGN & GRANTS TO RECIPIENTS IN REGION | CATARACT SURGERICAL COVERAGE, COURSEWARE DEVELOPMENT, TRAINING, PUBLIC AWARENESS, PROGRAM MANAGEMENT | 1,450,396 |
| EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, | 1 | 3 | PROGRAM CAMPAIGN | CATARACT SURGERY, TRAINING PROGRAM AND MANAGEMENT | 865,868 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 1 | 3 | PROGRAM CAMPAIGN | MSICS SIMULATOR DEVELOPMENT AND PROGRAM MANAGEMENT | 5,374,740 |
| SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR, | 0 | 2 | PROGRAM CAMPAIGN | CATARACT SURGERY PROGRAM MANAGEMENT | 298,139 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 2 | PROGRAM CAMPAIGN | CATARACT SURGERY PROGRAM MANAGEMENT | 277,030 |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
HELP ME SEE INC

Employer identification number
27-3207754

| Part I Questions Regarding Compensation | | Yes | No |
|--|--|-----------|----|
| 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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> 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? | | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | No |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| 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? | | 6a | No |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | No |
| 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. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

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

[illegible]

Part III **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 ► (<u>SIMULATORS</u>) | X | 18 | 2,680,650 | FMV |
| SURGERY EXPENSE PAYABLE | X | 1 | 8,130 | FMV |
| 26 Other ► (<u>FORGIVEN</u>) | | | | |
| 27 Other ► (_____) | | | | |
| 28 Other ► (_____) | | | | |

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

29

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?

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

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

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

b If "Yes," describe in Part II.

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

Yes

No

30a

No

31

No

32a

No

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

| | | | |
|---|--|--|--|
| efile GRAPHIC print - DO NOT PROCESS | | As Filed Data - | DLN: 93493197022200 |
| SCHEDULE O (Form 990 or 990-EZ) | 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 |
| | | | 2019 Open to Public Inspection |
| Department of the Treasury Name of the organization HELP ME SEE INC | | Employer identification number 27-3207754 | |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------|--|
| 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 IS DEVELOPING A HIGHLY STRUCTURED TRAINING SYSTEM ADAPTED FROM COMMERCIAL AVIATION PILOT TRAINING DEDICATED TO DELIVERING HIGH-QUALITY TRAINING IN MANUAL SMALL INCISION CATARACT SURGERY (MSICS). THIS TECHNIQUE WAS CHOSEN AS IT IS EXPONENTIALLY LESS EXPENSIVE YET DELIVERS QUALITY OUTCOMES FOR ALL CATARACT TYPES PREVALENT IN THE DEVELOPING WORLD. WELL TRAINED CATARACT SPECIALISTS WILL BE ABLE TO PROVIDE LOW COST, HIGH VOLUME, AND AVAILABLE TREATMENT TO MILLIONS OF CATARACTS BLIND AND VISUALLY IMPAIRED WHO PREVIOUSLY HAD NO ACCESS TO TREATMENT. 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. CATARACTS MAKE UP THE MAJORITY OF ALL GLOBAL BLINDNESS, ACCORDING TO THE WORLD HEALTH ORGANIZATION. ESTIMATES ARE BETWEEN 18.4 AND 20.07 MILLION PEOPLE WORLDWIDE ARE BILATERALLY BLIND FROM CATARACTS, AND AS MANY AS 82.8 MILLION ARE VISUALLY IMPAIRED DUE TO UNTREATED CATARACTS. THESE NUMBERS WILL INCREASE AS POPULATION AND AGE. THE WORLD NEEDS A SCALABLE, SUSTAINABLE SOLUTION TO ELIMINATE THE CATARACT SURGICAL BACKLOG: A) HIGH-QUALITY SIMULATION-BASED CATARACT SURGICAL SKILLS TRAINING TO MEET THE CURRENT AND FUTURE DEMAND FOR AN ESTIMATED 30,000 CATARACT SPECIALISTS REQUIRED THROUGHOUT THE DEVELOPING WORLD; B) PROMOTE THE PROVEN SAFE AND AFFORDABLE MSICS TREATMENT TO RAPIDLY ELIMINATE THE BACKLOG OF AT LEAST 20 MILLION CATARACT PATIENTS AWAITING SURGERY. THE KEY TO THE TRAINING OF THOUSANDS OF CATARACT SPECIALIST DEPENDS ON THE HELPMESEE EYE SURGERY SIMULATOR, A VIRTUAL REALITY (V.R.) TRAINING DEVICE. THE SIMULATOR 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. IT PROMOTES SURGICAL SAFETY AND ELIMINATES TRAINING RISKS TO PATIENTS. THE HELPMESEE SIMULATOR-BASED LEARNING SYSTEM FEATURES SOPHISTICATED INSTRUCTOR-LED COURSEWARE WITH STANDARDIZED TASK-BASED STEPS, SCENARIOS, WITH COMPLICATIONS. THE SIMULATOR ALLOWS REPEATED PRACTICE BY TRAINEES TO ACHIEVE PROFICIENCY WITH OBJECTIVELY MEASURABLE PERFORMANCE SCORES. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B, CONTINUED | TATA INVESTMENT CORPORATION LIMITED OIL AND NATURAL GAS CORPORATION LTD. NORTH TRIPURA DIS TRICT ADMINISTRATION (GOVERNMENT FUNDING) HELPAGE INDIA TARAMATI GUNVANTRAI SETH FOUNDATIO N SARASWATIBAI BISHWAMBHARLAL MAHESHWARI FOUNDATION NAEEMA'S FOUNDATION MALARBHAI FOUNDATI ON KATGARA FOUNDATION JIMMY MANEK MEHTA FOUNDATION BRIJ KAMAL WALIA FOUNDATION BHARWANEYS FOUNDATION ANAND FOUNDATION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | THE BOARD OF HELPMESSEE REVIEWS THE CONFLICT OF INTEREST POLICY AND SIGNS THE FORM ANNUALLY. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| FORM 990, PART IX, LINE 11G | CONSULTING: PROGRAM SERVICE EXPENSES 1,507,733. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 6,622. TOTAL EXPENSES 1,514,355. OTHER SERVICES: PROGRAM SERVICE EXPENSES 3,452. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 67,645. TOTAL EXPENSES 71,097. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART XI, LINE 9: | FOREIGN EXCHANGE LOSS -70,927. LITIGATION TRUST NET EXPENDITURES -653,231. BEGINNING NET ASSETS OVERSTATED ON U.S. TRIAL BALANCE 695,167. MOOG SETTLEMENT AGREEMENT 2,205,991. |

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

2019

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 |
| (1)HELP ME SEE LTD 21/F PO WAH COMMERCIAL CENTRE WAN CHAI HK | FUNDRAISING | HK | | | | Yes | |
| (2)STICHTING HELP ME SEE RAADHUISSTRAAT 20-22 AMSTERDAM 1016 DE NL | FUNDRAISING | NL | | | | Yes | |
| (3)INDIA FOUNDATION E-5 QUTAB HOTEL COMPOUND SHAHEED J NEW DELHI 110 016 IN | PROGRAM | IN | | | | Yes | |
| (4)BEIJING HELP ME SEE TECHNOLOGY CO LUCKY TOWER B-708 3 NORTH RD THIR BEIJING CH | PROGRAM | CH | | | | Yes | |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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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 | 1a | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b Yes | |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o | No |
| p Reimbursement paid to related organization(s) for expenses | 1p | No |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | No |

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)HELP ME SEE LIMITED HONG KONG | B | 247,416 | |
| (2)BEIJING HELP ME SEE TECHNOLOGY CO PRC | B | 989,636 | |
| (3)HELP ME SEE LIMITED HONG KONG | C | 343,807 | |
| | | | |
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |