

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HELP ME SEE, INC. Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 434 WEST 33RD STREET, 7TH-9TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001	D Employer identification number 27-3207754 E Telephone number 212-221-7633 G Gross receipts \$ 10,645,752. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ _____
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.HELPMESSEE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____		L Year of formation: 2010 M State of legal domicile: DE

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>SIMULATION BASED EYE SURGERY TRAINING TO CREATE ACCESS TO QUALITY CATARACT SURGERY WORLDWIDE.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		2
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		30
	6 Total number of volunteers (estimate if necessary)	6		10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	12,608,574.	8,142,695.	
	9 Program service revenue (Part VIII, line 2g)	0.	0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,682.	4.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	2,503,053.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,642,256.	10,645,752.	
Expenses		Prior Year	Current Year	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	764,195.	1,019,462.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,954,158.	5,054,170.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 617,678.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,299,073.	5,945,545.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,017,426.	12,019,177.	
	19 Revenue less expenses. Subtract line 18 from line 12	-375,170.	-1,373,425.	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	20,957,470.	19,214,476.	
	21 Total liabilities (Part X, line 26)	1,386,275.	1,137,827.	
	22 Net assets or fund balances. Subtract line 21 from line 20	19,571,195.	18,076,649.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date 06/28/22
	SARO JAHANI, PRESIDENT & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name HARRISON PEREIRA	Preparer's signature 	Date 06/03/22	Check <input type="checkbox"/> if self-employed	PTIN P00746867
	Firm's name ▶ TAIT, WELLER & BAKER LLP	Firm's EIN ▶ 23-1144520			
	Firm's address ▶ 50 SOUTH 16TH STREET, SUITE 2900 PHILADELPHIA, PA 19102	Phone no. 215-979-8800			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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 [X] 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 \$ 10,230,796. including grants of \$ 1,019,462.) (Revenue \$ 118,949.)

SIMULATOR OPERATIONS: HELPMESEE HAS DEPLOYED EYE SURGERY TRAINING SIMULATOR (S) SELECTED TO 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.

HELPMEESEE SIMULATORS ARE DEPLOYED AT SEVERAL LOCATIONS GLOBALLY FOR

4b (Code:) (Expenses \$ 374,467. including grants of \$) (Revenue \$)

PUBLIC AWARENESS: ADVOCATING FOR CATARACT AS ESSENTIAL SURGERY UNDER UNIVERSAL HEALTH COVERAGE AND IN PUBLIC HEALTH POLICY - PUBLIC SUPPORT DEVELOPMENT: THE ORGANIZATION RECEIVED FINANCIAL SUPPORT FROM VARIOUS SOURCES IN 2021, SUCH AS LOCAL AND INTERNATIONAL CORPORATIONS, FOUNDATIONS, GOVERNMENTS, AND NON-GOVERNMENT ORGANIZATIONS. THROUGHOUT 2021, HELPMESEE SENT THOUSANDS PRINT COMMUNICATIONS WITH THE PUBLIC SUPPORT BASE. THIS WAS ALSO COMPLEMENTED BY THE DIGITAL MAIL TEAM SENDING OUT BI-MONTHLY ACQUISITION AND RENEWAL EMAILS TO INDIVIDUAL DONORS AND PROSPECTS. HELPMESEE DIGITAL OUTREACH METHOD, WHICH INCLUDES EMAIL AND SOCIAL MEDIA POSTS (THROUGH FACEBOOK, INSTAGRAM, TWITTER, AND LINKEDIN). THESE INCLUDED SOLICITATION OF ANNUAL DONATIONS, SPECIAL APPEALS IN CONNECTION WITH SPECIFIC PROGRAMS.

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 10,605,263.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHAO WANG - 212-221-7606
434 WEST 33RD STREET, 9TH FLOOR, NEW YORK, NY 10001

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARO JAHANI CEO & PRESIDENT	40.00	X		X				928,406.	0.	27,533.
(2) AILEEN CHANG GENERAL COUNSEL	40.00					X		319,252.	0.	37,406.
(3) JON POLLACK CHIEF OF TRAINING OPERATIO	40.00			X				315,755.	0.	29,155.
(4) MINAL U SHAHBALDOTA OPHTHALMOLOGY SIMULATOR E	40.00					X		225,568.	0.	13,793.
(5) HUI LIU CHINA CHIEF REPRESENTATIVE	40.00					X		0.	198,949.	2,067.
(6) TAMMY BUCK CHIEF OF ADMINISTRATION	40.00			X				182,019.	0.	0.
(7) MATTHEW WALDEN CLINICAL RESEARCH COORDINA	40.00					X		174,131.	0.	0.
(8) HINABEN PATEL BUS.INTELLIGENCE/QUALITY A	40.00					X		139,194.	0.	26,036.
(9) VENUDHAR BHATT CHIEF LEARNING OFFICER	40.00			X				149,900.	0.	1,949.
(10) STEPHEN J. MOORE SENIOR DIRECTOR OF DEVELOPMENT	40.00			X				97,459.	0.	14,544.
(11) JAMES TYLER UELTSCHI CHAIRMAN, TREASURER	20.00	X		X				0.	0.	0.
(12) JEFF MULLEN BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							2,531,684.	198,949.	152,483.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,531,684.	198,949.	152,483.	

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 **11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
VAN LANSINGH, CIRCUITO DEL MESON 152, COL. EL PRADO, QUERETARO, MEXICO 760	CONSULTING SERVICE	303,750.
DANIEL HUTTER, 110 WASHINGTON AVE APT 1710, MIAMI BEACH, FL 33139	CONSULTING SERVICE	238,333.
MARIN TODOROV, 969 VICTORIA PARK AVENUE, SCARBOROUGH, ONTARIO, CANADA M4B 2	CONSULTING SERVICE	208,315.
ANDRE JEAN MARIE 8 RUE DE FABRES, MARSEILLES, FRANCE 13001	CONSULTING SERVICE	194,951.
ARNOLD & PORTER KAYE SCHOLER LLP, 250 WEST 55TH STREET, C2, NEW YORK, NY 10019	LEGAL SERVICE	175,186.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	11,602.		
	e	Government grants (contributions)	1e	1,528,535.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,602,558.		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		8,142,695.		
Program Service Revenue	2 a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4.		4.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c			
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c			
d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	LITIGATION SETTLEMENT	Business Code	2,384,049.		2384049.
	b	TRAINING DELIVERY/OTHER INCOME		118,949.	118,949.	
	c	MISCELLANEOUS INCOME		55.		55.
	d	All other revenue				
	e	Total. Add lines 11a-11d		2,503,053.		
12	Total revenue. See instructions		10,645,752.	118,949.	0.	2384108.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,019,462.	1,019,462.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,746,719.	1,389,049.	202,576.	155,094.
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	2,682,928.	2,133,921.	310,771.	238,236.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	423,827.	335,706.	50,537.	37,584.
10 Payroll taxes	200,696.	158,968.	23,931.	17,797.
11 Fees for services (nonemployees):				
a Management				
b Legal	84,126.	30,412.	53,714.	
c Accounting	46,868.	39,402.	3,266.	4,200.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,033,061.	1,938,330.	58,020.	36,711.
12 Advertising and promotion	1,458.	1,413.		45.
13 Office expenses	628,391.	562,992.	46,218.	19,181.
14 Information technology	548,862.	453,521.	26,670.	68,671.
15 Royalties				
16 Occupancy				
17 Travel	221,768.	215,745.	2,448.	3,575.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	489.	489.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,881,341.	1,859,199.	9,687.	12,455.
23 Insurance	38,169.	30,871.	3,193.	4,105.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SIMULATOR DEVELOPMENT E	382,638.	382,638.		
b PAYROLL SERVICES	25,043.	18,748.	2,754.	3,541.
c BANK CHARGES & FEES	6,319.	4,774.	676.	869.
d _____				
e All other expenses _____	47,012.	29,623.	1,775.	15,614.
25 Total functional expenses. Add lines 1 through 24e	12,019,177.	10,605,263.	796,236.	617,678.
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 X if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,103,006.	1	2,496,461.
	2 Savings and temporary cash investments	10,883,350.	2	6,695,993.
	3 Pledges and grants receivable, net	11,149.	3	16,327.
	4 Accounts receivable, net	15,788.	4	707,412.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	41,342.	8	114,191.
	9 Prepaid expenses and deferred charges	76,370.	9	54,820.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,448,273.		
	b Less: accumulated depreciation	10b 3,464,411.	7,686,833.	10c 8,983,862.
	11 Investments - publicly traded securities	0.	11	5,092.
	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	139,632.	15	140,318.
16 Total assets. Add lines 1 through 15 (must equal line 33)	20,957,470.	16	19,214,476.	
Liabilities	17 Accounts payable and accrued expenses	961,065.	17	1,137,827.
	18 Grants payable		18	
	19 Deferred revenue	425,210.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,386,275.	26	1,137,827.
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	11,025,384.	27	9,923,825.
	28 Net assets with donor restrictions	8,545,811.	28	8,152,824.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,571,195.	32	18,076,649.
	33 Total liabilities and net assets/fund balances	20,957,470.	33	19,214,476.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,645,752.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,019,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,373,425.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,571,195.
5	Net unrealized gains (losses) on investments	5	-82.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-121,039.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,076,649.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15527716.	26453339.	14896919.	12608574.	8142695.	77629243.
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	15527716.	26453339.	14896919.	12608574.	8142695.	77629243.
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)						54022466.
6 Public support. Subtract line 5 from line 4.						23606777.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	15527716.	26453339.	14896919.	12608574.	8142695.	77629243.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	863.	39,941.	182,587.	33,682.	4.	257,077.
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.)	14,901.	728.	16,616.		2503053.	2535298.
11 Total support. Add lines 7 through 10						80421618.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	29.35 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	28.70 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

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

LIST RENTAL INCOME

2017 AMOUNT: \$ 11,060.

2018 AMOUNT: \$ -12.

2019 AMOUNT: \$ 5,013.

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 3,841.

2018 AMOUNT: \$ 740.

2021 AMOUNT: \$ 55.

TRAINING DELIVERY

2019 AMOUNT: \$ 11,603.

2021 AMOUNT: \$ 118,949.

LITIGATION SETTLEMENT

2021 AMOUNT: \$ 2,384,049.

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

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

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.)

10% OF SUPPORT LIMITATION: THE ORGANIZATION HAS A PUBLIC SUPPORT PERCENTAGE OF 29.35% FOR THE YEAR ENDED 12/31/21 BASED ON AGGREGATE FINANCIAL INFORMATION FOR THE YEARS ENDED 12/31/17 THROUGH 12/31/21. 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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		264,720.	248,541.	16,179.
d Equipment		6,299,555.	2,917,642.	3,381,913.
e Other		5,883,998.	298,228.	5,585,770.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,983,862.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,632,905.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-82.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,163.
e	Add lines 2a through 2d	2e	-1,245.
3	Subtract line 2e from line 1	3	10,634,150.
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	11,602.
c	Add lines 4a and 4b	4c	11,602.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,645,752.

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	11,793,866.
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	605,751.
e	Add lines 2a through 2d	2e	605,751.
3	Subtract line 2e from line 1	3	11,188,115.
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	831,062.
c	Add lines 4a and 4b	4c	831,062.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,019,177.

Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN TAX YEARS 2018-2020 OR EXPECTED TO BE TAKEN ON THE ORGANIZATION'S 2021 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY INCOME -1,163.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS FROM RELATED ENTITIES 11,602.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF RELATED ENTITIES 605,751.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO RELATED ENTITY ELIMINATED IN CONSOLIDATION 831,062.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

HELP ME SEE, INC.

27-3207754

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	1	18	PROGRAM CAMPAIGN & GRANTS TO RECIPIENTS IN REGION	MSTC TRAINEE TRAINING, COURSEWARE DEVELOPMENT, PUBLIC AWARENESS, PROGRAM MANAGEMENT	1,474,875.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1	4	PROGRAM CAMPAIGN	TRAINING PROGRAM AND MANAGEMENT	914,976.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	1	PROGRAM CAMPAIGN	MSICS SIMULATOR DEVELOPMENT AND PROGRAM MANAGEMENT	1,033,732.
NORTH AMERICA	0	2	PROGRAM CAMPAIGN	TRAINING PROGRAM AND MANAGEMENT	625,895.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	2	PROGRAM CAMPAIGN	TRAINING PROGRAM AND MANAGEMENT	378,444.
3 a Subtotal	2	27			4,427,922.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	27			4,427,922.

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

Schedule F (Form 990) 2021

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)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	CATARACT SURGICAL TRAINING IN CHINA.	831,062.	WIRE TRANSFER	0.		
		NORTH AMERICA	TRAINING CATARACT SURGEONS	72,360.	WIRE TRANSFER	0.		

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

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2021

Part V Supplemental Information

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

PART I, LINE 2:

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

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

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

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

Part V Supplemental Information

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

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

SIMULATION-BASED TRAINING:

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

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

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

Part V Supplemental Information

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

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HELP ME SEE, INC.

Employer identification number
27-3207754

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

- a** The organization? **5a** Yes
- b** Any related organization? **5b** Yes
- 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** Yes
- b** Any related organization? **6b** Yes
- If "Yes" on line 6a or 6b, describe in Part III.

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

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** Yes

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

	Yes	No
1b		
2		
4a	<input checked="" type="checkbox"/>	
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARO JAHANI CEO & PRESIDENT	(i)	928,406.	0.	0.	0.	27,533.	955,939.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AILEEN CHANG GENERAL COUNSEL	(i)	319,252.	0.	0.	0.	37,406.	356,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JON POLLACK CHIEF OF TRAINING OPERATIO	(i)	315,755.	0.	0.	0.	29,155.	344,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MINAL U SHAHBALDOTA OPHTHALMOLOGY SIMULATOR E	(i)	225,568.	0.	0.	0.	13,793.	239,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HUI LIU CHINA CHIEF REPRESENTATIVE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	198,949.	0.	0.	0.	2,067.	201,016.	0.
(6) TAMMY BUCK CHIEF OF ADMINISTRATION	(i)	182,019.	0.	0.	0.	0.	182,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATTHEW WALDEN CLINICAL RESEARCH COORDINA	(i)	174,131.	0.	0.	0.	0.	174,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HINABEN PATEL BUS.INTELLIGENCE/QUALITY A	(i)	139,194.	0.	0.	0.	26,036.	165,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VENUDHAR BHATT CHIEF LEARNING OFFICER	(i)	149,900.	0.	0.	0.	1,949.	151,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Area with multiple horizontal lines for providing supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HELP ME SEE, INC.

Employer identification number

27-3207754

FORM 990, PART III, LINE 1

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

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

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

DESIGN, DEVELOPMENT AND DEPLOYMENT OF VIRTUAL REALITY EYE SURGERY
SIMULATOR-BASED TRAINING SYSTEM AND;
SUPPORT A WORLDWIDE NETWORK OF MSICS LEARNING CENTERS LOCATED IN THE
AREAS OF GREATEST NEED.

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

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

HELP ME SEE, INC.

Employer identification number

27-3207754

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

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

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

HELPMESSEE TECHNOLOGY

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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HELPESEE EYE SURGERY SIMULATOR IS A VIRTUAL REALITY (V.R.) TRAINING DEVICE. IT OFFERS HIGH FIDELITY SPATIAL, VISUAL, AND TACTILE REALISM. IT IS DESIGNED TO PROVIDE A CONTROLLED PRACTICE ENVIRONMENT TO ACQUIRE MSICS PROFICIENCY AND OTHER MICROSURGICAL SKILLS, WHETHER TO A NOVICE TRAINEE OR AN EXPERIENCED SURGEON IN A VIRTUALLY INDISTINGUISHABLE ENVIRONMENT TO REAL SURGERY.

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

WHAT HELPESEE AIMS TO DELIVER:

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: TRAINING, DEVELOPMENT, AND RESEARCH PURPOSES.

TEMPORARY PLACEMENTS OF SIMULATORS AT TRAINING LOCATIONS WITH LOWER

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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TRAINING VOLUMES, OPTIMIZES THE USE OF THE SIMULATORS AND ALLOWS MORE FLEXIBILITY. SPECIALLY IN COVID-19 TIMES WHEN IT HAS BEEN VERY HARD FOR TRAINEES TO TRAVEL. MOVING THE SIMULATOR TO THE TRAINING LOCATION WHERE MULTIPLE TRAINEES CAN BE TRAINED ON-SITE RATHER THAN HAVE THEM TRAVEL WAS SAFER AND MORE PRODUCTIVE.

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

SIMULATOR BASED TRAINING: 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 SIMULATOR OFFERS TRAINING IN MODULES AND COVERS ALL THE STEPS OF THE MSICS PROCEDURE.

MSICS SIMULATION-BASED TRAINING COURSE (MSTC) ENHANCEMENTS: HELPMESEE SUCCESSFULLY LAUNCHED THE FIRST COMPLETE MANUAL SMALL INCISION CATARACT SURGERY (MSICS) TRAINING SOFTWARE MODULE IN AUGUST 2020. WITH THE DEVELOPMENT OF THE ABOVE MODULES, MSTC COURSE IS NOW AVAILABLE FOR TRAINING IN CONTINUOUS STEPS. PREVIOUSLY, ONLY DISCRETE STEPS WITHIN EACH MODULE WERE AVAILABLE.

MSTC COURSE NEW MODULES: WORK WAS STARTED ON THE SIMULATION MODULES FOR COMPLICATION MANAGEMENT. PHACOEMULSIFICATION COURSE: FOOT PEDAL DESIGN WAS COMPLETED, AND PROTOTYPES WERE DEVELOPED FOR TESTING. EBOOK

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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ENHANCEMENT AND DEPLOYMENT AS WELL AS KITABOO APP DEVELOPMENT WAS COMPLETED IN 2021

THE EBOOK SERVES AS PRE-STUDY MATERIAL FOR TRAINEES ENROLLED INTO HELPMESEE'S SIMULATION-BASED TRAINING PROGRAM. IT COVERS STEP-BY-STEP INSTRUCTIONS ON EACH SURGICAL TASK IN THE MSICS PROCEDURE.

KEY FEATURES:

INTERACTIVE AND VERY CURRENT EBOOK WITH GREAT RICH MEDIA EMBEDDED MODELS, 3D IMAGES, SIMULATION, AND LIVE SURGERY VIDEO WRITTEN IN SIMPLIFIED ENGLISH, AND IN AN EASY-TO-UNDERSTAND FORMAT RECENTLY LAUNCHED READER APP THAT CAN BE USED ON ANDROID, IPHONE, MAC, AND PC. THE NEW VERSION IS MUCH MORE USER FRIENDLY AND ALLOWS ACCESS THE EBOOK ONLINE OR FOR DOWNLOAD.

ONLINE VIA BROWSER (CHROME, SAFARI, EDGE)

DOWNLOAD VIA APPLE APP STORE (IPHONE/IPAD)

DOWNLOAD VIA GOOGLE PLAY STORE (ANDROID PHONE/TABLET)

ANDROID .APK DOWNLOAD FOR CHINA USERS

MSICS EBOOK IS NOW ACCESSIBLE FOR ALL USERS VIA A NEW APPLICATION CALLED KITABOO WHICH WAS RELEASED IN DEC 2021. SEVERAL USERS WHO HAD THE EBOOK ON THE OLD PLATFORM HAVE BEEN GIVEN ONE YEAR ACCESS TO THE EBOOK ON THIS NEW PLATFORM FOR A PERIOD OF ONE YEAR. FOR THOSE WHO COMPLETED HELPMESEE TRAINING OVER A YEAR AGO, ACCESS HAS BEEN PROVIDED FOR AT LEAST SIX ADDITIONAL MONTHS. A TOTAL OF ABOUT 230 OLD USERS HAVE THUS BEEN MIGRATED TO THE NEW SYSTEM AND NEW USERS CONTINUE TO BE ADDED. IN ADDITION TO THIS, KEY SECTION OF THE EBOOK IS ALSO AVAILABLE WITH FRENCH AND CHINESE TRANSLATIONS.

FUTURE TECHNOLOGY DEVELOPMENT PLAN

HELPMESEE WILL CONTINUE TO IMPROVE ON THE CURRENT TECHNOLOGY AND BUILD ADDITIONAL MODULES. FOR 2022, HELPMESEE HAS A PLAN TO DEVELOP THE

Name of the organization

HELP ME SEE, INC.

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PHACOEMULSIFICATION (PHACO) MODULES AND ADD COMPLICATION MANAGEMENT

TRAINING IN THE MSTC MODULE. PHACO IS PREDOMINANTLY THE SURGICAL

PROCEDURE OF CHOICE IN DEVELOPED COUNTRIES FOR CARE FOR CATARACTS AND

IN DEVELOPING COUNTRIES TOO WHERE AFFORDABILITY OF CATARACT CARE IS NOT

A CONSTRAINT. WITH THE DEVELOPMENT OF THIS MODULE, HELPMESSEE HOPES TO

ADDRESS THE PATIENT SAFETY ISSUES DURING SURGICAL TRAINING NEEDS THAT

SPAN THE ENTIRE GLOBE.

SIMULATION-BASED TRAINING CENTERS: ACCOMPLISHMENTS: EYE SURGERY

SIMULATION-BASED TRAINING TOTAL 595 TRAINEES TRAINED IN 2021.

COURSES OFFERED IN 2021

1. FOES - FUNDAMENTALS OF EYE SURGERY

ONE DAY INTRODUCTORY COURSE INTO EYE SURGERY

2. O IDC - OCULAR INCISIONS AND DISSECTIONS COURSE

6 HOUR COURSE DESIGNED TO PROVIDE SURGEONS THE

OPPORTUNITY TO ANALYZE AND IMPROVE THE MECHANICS OF SURGICAL

INCISION AND DISSECTION SKILLS. NOW REPLACED BY MOST COURSE

3. MOST - MECHANICS OF OPHTHALMIC SURGERY, TISSUES, TOOLS

AND THOUGHTS PROGRAM (MOST)

16-HOUR COURSE COVERING MANY OF THE ELEMENTS OF THE FULL

MSICS COURSE INCLUDING:

OCULAR INCISIONS AND DISSECTIONS,

INTRAOCULAR INTERACTIONS, AND

FLUIDICS AND RESTORING THE EYE TO PHYSIOLOGICAL

CONDITIONS

4. MSTC - MSICS SIMULATOR TRAINING COURSE

FULL MSICS TRAINING COURSE 37 HOURS FOR INDIVIDUALS, 48

HOURS FOR TEAM TRAINING

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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5. PMDC PHACO TO MSICS DIFFERENCES COURSE

NEW 35 HOUR COURSE BASED ON STANDARD MSICS SIMULATION BASED TRAINING COURSE (MSTC) TAKING INTO ACCOUNT ATTENDEES' EXISTING EXPERTISE, EMPHASIZING SUBJECTS WHICH ARE NEW, AND REDUCING THE TIME SPENT ON SUBJECTS IN WHICH THEY ARE ALREADY PROFICIENT

6. FAMILIARIZATION GENERAL FAMILIARIZATION COURSE (2-4 HOURS)

7. MODULE A FAMILIARIZATION WENZHOU BASED 2 HOUR COURSE GIVEN AS PART OF THEIR PHASE TRAINING FOR JUNIOR RESIDENTS

8. MODULE A GLAUCOMA WENZHOU BASED 4 HOUR COURSE GIVEN AS PART OF THEIR PHASE TRAINING FOR GLAUCOMA SURGERY TRAINING TO SECOND YEAR RESIDENTS. MODULE A PHACO WENZHOU BASED 10 HOUR COURSE GIVEN AS PART OF THEIR PHASE TRAINING FOR PHACO SURGERY TRAINING TO SECOND YEAR RESIDENTS

OPHTHALMOLOGY AND MSICS TRAINING STEWARDSHIP - LEADERSHIP AND ADVOCACY: HELPMESSEE MEDICAL OFFICERS TEAM BASED IN ASIA, AFRICA, LATIN AMERICA, AND THE U.S.A. PROVIDE THE STEWARDSHIP AND REGIONAL LEADERSHIP TO PROMOTE THE CAUSE OF ELIMINATION OF CATARACT BLINDNESS. THEY PROVIDE THE LEADERSHIP FOR THE RECRUITMENT OF TRAINEES GLOBALLY AND DEVELOP PARTNERSHIPS FOR LIVE SURGERY QUALIFICATION OF TRAINEES GRADUATING THE SIMULATION-BASED TRAINING. WITH ONGOING PANDEMIC, PARTICIPATION IN INTERNATIONAL CONGRESSES HAS BEEN CURTAILED. HOWEVER, SOME KEY ACHIEVEMENTS ARE LISTED BELOW.

CONSOLIDATION OF PARTNERSHIPS WITH EXISTING TRAINING CENTERS.
INITIAL TALKS FOR PARTNERSHIPS WITH ORGANIZATIONS LIKE SEE INTERNATIONAL

ACCOMPLISHMENTS- COLLABORATIVE CHANNELS: RECOGNIZING THAT DELIVERY OF CATARACT SURGICAL CARE ACROSS THE GLOBE IS IMPOSSIBLE FOR ANY INDIVIDUAL ORGANIZATION, HELPMESSEE HAS DEVELOPED A STRATEGIC PLAN

Name of the organization

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FOR LONG TERM SUSTAINABILITY BY ENTERING INTO AGREEMENTS WITH LOCAL UNIVERSITIES AND GOVERNMENTS FOR TRAINING, PUBLIC HEALTHCARE ADVOCACY AS WELL AS RESEARCH COLLABORATIONS WITH FRONT RUNNERS IN SURGICAL TRAINING AS WELL AS RESEARCH.

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

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

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

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

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

ALSO, THERE IS A STEADY INCREASE IN NUMBERS OF HELPMESEE FOLLOWERS ON YOUTUBE, LINKEDIN, AND INSTAGRAM.

. THE PLANNED GIFTS TEAM HAS RECEIVED A NUMBER OF PLANNED GIFTS IN 2021. THE CORPORATION AND FOUNDATIONS TEAM HAS SUBMITTED MULTIPLE PROPOSALS AND RECEIVED LARGE GRANTS FROM MULTIPLE SOURCES WITH EYECARE HEALTH AS THEIR PRIORITIES . THE HELPMESEE FUNDRAISING TEAM HAS ALSO REACHED OUT LAPSED DONORS FOR THEIR CONTINUED SUPPORT IN 2021. GENERAL SOLICITATIONS WERE MADE ON VARIOUS PLATFORMS AND THEY INCLUDED PROMOTIONAL AND EDUCATIONAL MATERIALS.

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)

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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WILL SIGN THE FORM 990 AND CHAO WANG WILL SIGN AS CUSTODIAN OF THE BOOKS.
THE FORM 990 WAS DISCUSSED BY THE BOARD AND APPROVED THROUGH APPROPRIATE
RESOLUTION BEFORE BEING FILED WITH THE IRS.

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

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

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

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

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

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

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

CONSULTING:

PROGRAM SERVICE EXPENSES	1,932,677.
MANAGEMENT AND GENERAL EXPENSES	58,020.
FUNDRAISING EXPENSES	29,936.
TOTAL EXPENSES	2,020,633.

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	5,653.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	6,775.

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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TOTAL EXPENSES	12,428.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,033,061.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN EXCHANGE GAIN	-60,699.
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LITIGATION TRUST NET EXPENDITURES	-309,961.
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BEGINNING NET ASSETS OVERSTATED ON U.S. TRIAL BALANCE	249,621.
--	-----------------

TOTAL TO FORM 990, PART XI, LINE 9	-121,039.
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**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

2021

Open to Public Inspection

Name of the organization

HELP ME SEE, INC.

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

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

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

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

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

Schedule R (Form 990) 2021

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	

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEIJING HELPMESSEE TECHNOLOGY COMPANY LTD	B	831,062.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.