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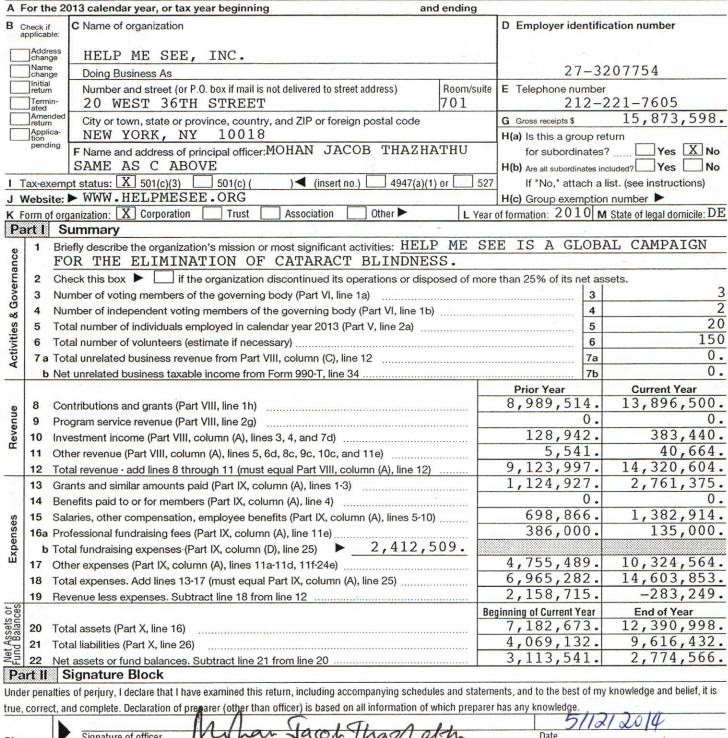
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Sign	Signature of officer	valor mag watch	Date	
Here	MOHAN JACOB THAZHATHU,	PRESIDENT & CEO		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check] PTIN
Paid	STACY CULLEN	all	05/06/14 self-employed	
Preparer	Firm's name TAIT, WELLER & E		Firm's EIN 🕨	23-1144520
Use Only	Firm's address 1818 MARKET STRE	ET; SUITE 2400		
	PHILADELPHIA, PA		Phone no.215	.979.8800
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
		and a second		

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1

OMB No. 1545-0047

Open to Public

Inspection

	990 (2013) HELP ME SEE, INC.	27-3207754	Page 2
Pai	t III Statement of Program Service Accomplishments		· ••
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE HELPMESEE MISSION IS TO RESTORE SIGHT TO MILLIONS		
	THROUGH HIGH-QUALITY MANUAL SMALL INCISION CATARACT SU		(C)
	IN PARTNERSHIP WITH A GLOBAL NETWORK OF CATARACT SURGI		
	OF WHOM, 30,000 WILL BE TRAINED USING A SIMULATOR-BASE		10,
	Did the organization undertake any significant program services during the year which were not listed on	b incontini.	
		Ves	XN
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services		XN
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses	s
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of		
	revenue, if any, for each program service reported.		
1	(Code:) (Expenses \$ 1,441,135 • including grants of \$) (Rev	venue \$	
	PUBLIC AWARENESS: IN 2013, HELPMESEE CONTINUED ENGAGING	IN HIGH-LEVE	L
	POLICY DIALOGUE AND DEVELOPMENT OF HIGH-LEVEL SURGICAL	QUALITY	
	ASSURANCE AND PATIENT CARE MANAGEMENT OF CATARACT SURG	ICAL SERVICES	
	ACROSS 93 SURGICAL PARTNERS, COUNTRY GOVERNMENTS WHERE	BLINDNESS IS	_
	MOST PREVALENT AND SEVERAL GLOBAL COMPANIES' CORPORATE	SOCIAL	
	RESPONSIBILITY (CSR) SECTORS. THE SURGICAL PARTNER PRO		KEY
	ADVOCACY COMPONENTS DESIGNED TO YIELD GREATER PUBLIC E		
	STRONGER UNDERSTANDING OF CATARACT BLINDNESS WITHIN TH		
	TO GARNER THE SUPPORT OF INFLUENTIAL GOVERNMENT OFFICE		
	HELPMESEE LAUNCHED AN AGGRESSIVE MEDIA AND SOCIAL MEDI.)
	RAISE THE AWARENESS TOWARD THE TRAGEDY OF CATARACT BLI		
	PHILOSOPHY AND SUBSEQUENT PROGRAMMATIC ACTIONS BEING I		Y
	(Code:) (Expenses \$3,513,101. including grants of \$2,761,375.) (Rev		
	CATARACT SURGERIES: ELIMINATING CATARACT BLINDNESS IS N		
	CORE OF THE HELPMESEE CAMPAIGN - IT IS THE REASON IT E		HIS,
	THE NUMBER OF MANUAL SMALL INCISION CATARACT SURGERIES		
	PERFORMED IS THE BASIC INDICATOR OF MISSION PROGRESS.		
	YEAR 2013 - THE ORGANIZATION'S 2ND YEAR OF MSICS OPERA		
	SUCCESSFULLY ESTABLISHED A TOTAL OF 149 SURGICAL PARTN		
	74,558 CATARACT SURGERIES, EXCEEDING THE STATED GOAL O		
	BRINGING THE OVERALL NUMBER TO 100,000 COMPLETED SURGE		
	INCREASING NUMBER OF SURGICAL PARTNERS AND THE EXPANSION		
	REGIONS, HELPMESEE HAS THE CAPACITY TO RAPIDLY SCALE U		
	SURGICAL OUTREACH INTO MORE COUNTRIES, MORE STATES AND		5.
	THE HELPMESEE SURGICAL QUALITY ASSURANCE SYSTEM IS CAP. (Code:) (Expenses \$ 630,213. including grants of \$) (Rev		
	(Code:) (Expenses \$ 630,213. including grants of \$) (Rev TECHNICAL ASSISTANCE: THE HELPMESEE BLINDNESS ELIMINAT	/enue \$ דרא פייים איידיניע	TC
	BUILT AROUND TRAINING OF LOCAL SURGICAL PARTNERS, SUST.		
	EMPOWERMENT. CRITICAL TO THE HELPMESEE CAMPAIGN IS THE		
	DEVELOPMENT AND DEPLOYMENT OF THE HELPMESEE MSICS TRAIN		R
	WITH BUILT IN INSTRUCTIONAL SYSTEM AND COURSEWARE. IN		
	ALONG WITH ITS SURGICAL SIMULATOR DEVELOPMENT PARTNERS	-	
	TESTING THE HIGH-QUALITY SIMULATION OF THE SURGICAL PRO		PBY
	STEP - AGAINST PHYSICS-BASED DATA TO SUPPORT CRITICAL		
	AND ALL SURGICAL PROCESS VARIABLES. THIS INCLUDED FORCE		
	ANATOMICAL AND A SURGICAL RESPONSE FROM THE HUMAN EYE		
	POSSIBLE VARIABLE AND COMPLICATION THAT COULD OCCUR DU		
	THE 360-DEGREE TRAINING MODULE AND INSTRUCTIONAL COURS		BILL •
	Other program services (Describe in Schedule O.) (Expenses \$ 5,679,698 • including grants of \$) (Revenue \$	١	
)	
•	Total program service expenses ► 11, 264, 147.	Eorm Q	90 (2013
002 29-	SEE SCHEDULE O FOR CONTINUATION		
	2		
0	506 758275 3148.000 2013.03030 HELP ME SEE, INC.	3148	8_001

			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
(during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	F		x
	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u></u>
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
5	Schedule D, Part III	8		X
9 I	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
ä	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b I	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
á	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
	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	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
3	Schedule D, Parts XI and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year?			<u></u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u>-</u> -
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	<u> </u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d		24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31		
32		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
34		34		x
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30a		- 23
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26		330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		- **
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- **
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	200	x	
	Note. All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2013)

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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Sheduk & Ocharias a response on tota to any line in the Part V	Form	990 (2013) HELP ME SEE, INC.		27-3207	754	P	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 30 1b 1b 10 0 1c Kare the number of Forms W-20 included in line 1a. Enter 0- if not applicable 1b 0 1c Minings to pitz winner? 1c X 2a Fifter this number of enrors W-20 included in line 1a. Enter 0- if not applicable 2a 20 2a Fifter this number of enrors W-20 in Form W-3. Transmittal of Wage and Tax Statements. 2a 20 2b It least one is reported on line 2a, did the organization fills all required tedraf enrophyses retures to 6% (tes enrophyses) 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b X 3b If Was, 'Inste filled a comsoly fille organization have an interest in, or a signature or other authority over, a financial accountity. 3a X 3c Was the organization and the organization have an interest in, or a signature or other authority over, a financial accountity. 5a X 3b Did any taxable paty notify the organization have an approt foreign Bank and Financial Accounts. 5a X 3c If 'Yes, '' out organization nucle with weany collecatacount in a foreign companin. 5a	Pai						
a Enter the number eported in Box of Form 1006. Enter -0, not applicable 1a 30 b Enter the number of form W04 Related in the relation of applicable payments to vendors and reportable gaming (gambing) winnings to prea winners? 1c X 2 Enter the number of employees reported on Form V3, Transmittal of Wage and Tax Statements, Implied for the calendar yave ending with or within the year overare by this return 2a 20 2 Enter the number of employees incremed 51 (xoor may be requested formal employment tax returns?) 2b X Note, If the sum of lines 1a and 2a is greater than 250, your may be request to effect enstructions) 3a X 3 Do the organization have unrelated business grooss income of 51 (xoor more during the yaw?) 3b 4a 4 At any time the name of the form group and the yaw? 4a X 4 Tays, the relation of ming requirements for Form 10F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a X 5a Was the organization have an inclusted tax of eleft framaction at any time during the tax year? 5b X 5a X 5b X 5b X 5a X 5b X 5b X 5a X 5a X 5a X<		Check if Schedule O contains a response or note to any line in this Part V					
b Entry the number of Forms W20 networks in the 16 Entry 0-if not applicable Image: Constraints on complexity withinking rules for reportable payments to vendom and reportable gamming (gambling) wrinings to prize wrinners? Image: Constraints on complexity withinking rules for reportable payments to vendom and reportable gamming (gambling) wrinings to prize wrinners? Image: Constraints on the constraints of Wage and Tax Statements. Image: Constraints on the constraints of the value of the vendom end of the vendom						Yes	No
c Did the organization comply with backup withholding rules for reportable gamming to the winners? 1 2a East the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, the field for the calendar year anding with or within the year covered by this return. 2a 2a 2a X 3b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X When the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If Yes," that if field a form 990-T for this year? If No, 'to ine 30, provide an exploration in Schedule O 3b 4a b If Yes," that if field a form 990-T for this year? If No, 'to ine 30, provide an exploration in Schedule O 3b X b If Yes," to the foreign ocurity (such as a bank acount, securities account, or other financial account)? 4a X b If Yes," to the 5a or 5b, did the organization has an bank acount, securities account or the second and year action provide an analytop a prohibited tax shelter transaction? 5a X c If Yes," to the 5a or 5b, did the organization has an enalty greater that \$100,000, and did the organization has an intervide word word word word word word word word	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30			
gambling: winnings to prize winnes? 1c X 2a Enter the number of enclyboxs reported on free 2a, did the organization fie all required defaral employment tax returns? 20 X 3b If at least one in reported on line 2a, did the organization fie all required defaral employment tax returns? 2a X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3d Did the organization have unrelated business gross income of \$1,000 or more during the tax relation? 4a X 4d X These, "test the name of the foreign country. 5a X 5a Did any taxable party notify the organization have an ormally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts 5a X 6a Did any taxable party notify the down of the value of the goods and services provided 10 the part? 7a X 6a Did with addid the organization include with wery solicitation an express statement that such contributions or gifts 5a	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 20 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If Yes, 'that if field a form 990-T for this year? If No, to ine 30, provide an explanation in Schedule O 3a X b If Yes, 'that if field a form 990-T for this year? If No, to ine 30, provide an explanation in Schedule O 3a X b If Yes, 'that if field a form 990-T for this year? If No, to ine 30, provide an explanation in Schedule O 3a X b If Yes, 'to line faor 690, duth e organization has at hark account, securities account, or other financial account? 5a X b If Yes, 'to line faor 690, duth e organization has at balker transaction? 5a X b If Yes, 'to line faor 690, duth e organization has an trans during during the tax show is a party to a prohibited tax show and you an optication an explonation and your during the tax show and the organization has an ortax tax during the year and your soliclation an explonating thas a contributions or gifts were not tax	с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eport	able gaming			
tit do the calendary pair anding with or within the year covered by this reduind feederal employment tax returns? 20 b if at least one is reported on the 2a, did the organization fiel all required feederal employment tax returns? 2a 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If ''ves,'' hast fild a Form BOD To this year? 3a 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If ''ves,'' hast fild a Form BOD To this year? 3a 3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account; a conjuginourmost for Form TD F 50.2.2, heport of Foreign Bank and Financial accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Uas tax cognization have annual gross receipts that are normally greater than \$100,000, and did the organization solid: any contributions that were not tax deductible? 5c 6a Does the organization neity were within were year is a party to a prohibited tax shelter transaction? 5c 7b If ''yes,'' to line Ea or 5b, did the organization in E-Orm 88667? 6b 6a Does the organization neity segment in eccess of 5b, made party as contributions of the party party in the control of the value of the goods or services provided? 7a 7c Organization cells any contributions of 5b mede party as contributions of the party in the corganization neither any track identify to rindirectly, to		(gambling) winnings to prize winners?			1c	Х	
b If at least one is roported on line 32, did the organization lis all required to 64rd employment tax returns? 2b X Note. If the sum existed business gross income of 31,000 or more during the year? 3a X b If "Yes," has it flida a Form 90.01 for this year? If "No," to line 3b, provide an explanation in Schedule 0 3a X b If "Yes," has it flida a Form 90.01 for this year? If "No," to line 3b, provide an explanation in Schedule 0 3a X b If "Yes," that it flida a Form 90.01 for this year? If "No," to line 3b, provide an explanation in Schedule 0 3a X b If "Yes," that it flida a Form 90.01 for this year? If "No," to line 3b, provide an explanation in Schedule 0 3a X b If "Yes," to line 5a or 5b, did the organization have an lineset, in, or signature or other schedule 1b, schedul transaction? 5a X b If "Yes," to line 5a or 5b, did the organization have parity to a prohibited tax shelet transaction? 5b X b If "Yes," tol the organization an express statement tha such contributions or gifts were not tax deductible? 5b X c If "Yes," did the organization note, were solicitation an express statement tha such contributions or gifts were not tax deductible? 7c X f If "Yes," did the organization note, were were solicita	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effe (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a corting country ≥ 3a 5a Did the organization country ≥ 5a 5a Max		filed for the calendar year ending with or within the year covered by this return	2a	20			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit "Yes," has it liked a Form 980 Tor this year? If "No," to lim 3b, provide an explanation in Schedule O 3b 4a bit "Yes," has it liked a Form 980 Tor this year? If "No," to lim 3b, provide an explanation in Schedule O 3b 4a bit "Yes," that it liked a Form 980 Tor this year? If "No," to lim 3b, provide an explanation in Schedule O 4a X bit "Yes," that it liked a Form 980 Tor this year? If "Yes," to line off the organization schedule account, securities account, or other financial accounts. 5a X bit "Yes," to line ba or 5b, did the organization filts two is a party to a prohibited tax shelter transaction? 5a X bit "Yes," to line bas or 5b, did the organization filts Form 88861? 5a X cit "Yes," to line bas or 5b, did the organization filts Form 88861? 5a X did the organization nucled with were ysolicitation an express statement that such contributions or gits were not tax deductible as charitable contributions? 5a X bit "Yes," to lift the organization nucled show are presenal tanent (contract)? 7a X for the organization nucled with were ysolicitation an exprese statement that such contributions or gits were not tax deductible? 7a X for did the organization subty the donor of th	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a other financial account? 4a X b If "Yes," enter the name of the foreign country: ▶		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11a 10b a Gross income from members or shareholders 11a 11b 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a a Is the organization licensed to issue qualified health plans 13b 13a 13a a Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13a 13a a Is the organization receive any payments for indoor tanning services during the tax year? 14a 14a X	9						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					140		x
							- 23
	<u> </u>	ה וכא, המאור הביע מדיטווו ובט נט ובאטרו נוובאב אמיוופוונא ווי איט, איטיטי מו באטומוומנוטו ווו איטיובט ווייני בי				990	(2013)

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Form 990 (2013)

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27-3207754 Page 6 elow, and for a "No" response

Part VI	Governance, Management, and Disclosure For each "	Yes" response to lines 2 through 7b below, and for a "No" respons
	to line 8a, 8b, or 10b below, describe the circumstances, processes,	

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

X

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Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a3	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ition: 🕨	`	
	MENGFANG MADGE BIAN - 212-221-7605			
	20 WEST 36TH ST, SUITE 701, NEW YORK, NY 10018-8005	Γ	000	(0040)
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Form 990 (2013)	HELP ME SEE	, INC.		27-3207754	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employee	es, and Independent Co	ontractors							
Check if Sch	edule O contains a response o	or note to any line in this	⊃art VII						
Section A. Officers, Di	irectors, Trustees, Key Empl	oyees, and Highest Con	pensated Employees						
1a Complete this table f	or all persons required to be lis	ted. Report compensation	on for the calendar year ending with o	r within the organization	's tax year.				
 List all of the organ 	nization's current officers, dire	ctors, trustees (whether i	ndividuals or organizations), regardles	ss of amount of compension	sation.				

Enter 0- in columns (Ď), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(da	notol	Pos	sition			Reportable	Reportable	Estimated
	hours per	(do not check box, unless p			rson	is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	ordir				ited		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			bensa		(W-2/1099-MISC)		organization
	organizations	ual tru	onal t		ploye	com				and related
	(list any hours for related organizations below line)	ndividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES TYLER UELTSCHI	40.00				-	<u> </u>				
CHAIRMAN, TREASURER		х		Х				0.	0.	0.
(2) JEFF MULLEN	2.00									_
SECRETARY		Х		х				0.	0.	0.
(3) MOHAN JACOB THAZHATHU	40.00									
CEO & PRESIDENT		Х		х				390,250.	0.	16,002.
(4) GLENN STRAUSS	40.00									-
CHIEF MEDICAL OFFICER				X				229,208.	0.	0.
(5) VENKAT SAMBANDHAMOORTHY	40.00							100.000		
CHIEF OF PROGRAMS & FIELD OPERATIONS				X				120,000.	0.	0.
(6) VENUDHAR BHATT	40.00							100 000		0
CHIEF LEARNING OFFICER				X				120,000.	0.	0.
		1								
		1								
		1								
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Form 990 (2013) HELP ME	SEE, INC	2.							27-32	0775	4	Page 8	
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghes	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box,	not c unle	Pos heck ss pe	more rson	than o is both pr/trust	n an	(D) (E) Reportable Reportable compensation compensation from from related			(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C) c	from organi and re	nsation n the ization elated zations	
										_			
1b Sub-total c Total from continuation sheets to Part V							►	859,458. 0.		0.	16,	,002. 0.	
dTotal (add lines 1b and 1c)2Total number of individuals (including but not individual)								859,458. eceived more than \$100			16,	,002.	
compensation from the organization											TY(es No	
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>								highest compensated e		3		x	
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" COI	mple	ete S	Sche	edule	Jt	for such individual	-	4	2	ĸ	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors					-			ed organization or indivi	dual for services	5		X	
1 Complete this table for your five highest co the organization. Report compensation for	-									ensatio	n fror	n	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Com	(C) pensa	ation	
							_						

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 ► 0

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		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
nan o		Membership dues						
ΩĔ		Fundraising events						
ar A		Related organizations						
٦ <u>ان</u>		Government grants (contributi						
Si Si		All other contributions, gifts, grant						
le riti		similar amounts not included abov		13,896,500.				
Ę₽	~			10,000,000.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines Total. Add lines 1a-1f			13,896,500.			
<u> </u>				Business Code	,,			
e	2 a			Dusiness Code				
Ś	b							
Ser	c							
E §	d							
Program Service Revenue	e							
Pre		All other program service reve	nue					
		Total. Add lines 2a-2f						
_	3	Investment income (including						
	U	other similar amounts)			2,041.			2,041.
	4	Income from investment of tax			_,			
	5	Royalties						
	5	noyanes	(i) Real	(ii) Personal				
	6 2	Gross rents	(i) Heal	(ii) i ersonal				
		Gross rents Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	1 a	assets other than inventory	1,934,393.					
	h	Less: cost or other basis						
	b	and sales expenses	1,552,994.					
	c	Gain or (loss)						
		Net gain or (loss)			381,399.			381,399.
		Gross income from fundraising			, -			, -
nue	0 4	including \$	of					
eve		contributions reported on line						
Other Revenu		Part IV, line 18	-					
the	b	Less: direct expenses						
Ó		Net income or (loss) from fund		►				
		Gross income from gaming ac		F				
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		►				
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	LIST RENTAL INCOME		900099	40,664.	40,664.		
	b							
	c							
	d							
		Total. Add lines 11a-11d		· · · · · · · · · · · · · · · · · · ·	40,664.			
	12	Total revenue. See instructions.			14,320,604.	40,664.	0	. 383,440.
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 Part VIII
 Statement of Revenue

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

	Check if Schedule O contains a respor			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
10, 1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	2,761,375.	2,761,375.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	875,460.	727,958.	43,984.	103,518
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	435,457.	362,346.	21,475.	51,636
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,296.	17,831.	2,226.	2,239 4,991
10	Payroll taxes	49,701.	39,748.	4,962.	4,991
11	Fees for services (non-employees):				
а	Management				
b	Legal	943,039.	302,855.	408,569.	231,615
	Accounting	3,125.	887.	1,354.	884
	Lobbying	125 000			125 000
е	Professional fundraising services. See Part IV, line 17	135,000.			135,000
f	Investment management fees				
g			05 010	101 100	10 005
	column (A) amount, list line 11g expenses on Sch 0.)	285,929.	85,812.	181,190.	18,927
12	Advertising and promotion	142,521.	100,868.	10 700	41,653
13	Office expenses	2,692,005.	1,054,583.	18,702.	1,618,720
14	Information technology	204,467.	126,840.	25,174.	52,453
15	Royalties				
16	Occupancy	222 210	100 011	6 754	16 645
17	Travel	223,210.	199,811.	6,754.	16,645
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,339.	1,871.	234.	234
20	Interest	2,339.	1,0/1.	234.	234
21	Payments to affiliates	26,188.	13,094.	13,094.	
22	Depreciation, depletion, and amortization	9,316.	7,441.	679.	1,196
23	Insurance	9,310.	/,441•	079.	1,190
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) SIMULATOR DEVELOPMENT E	5,303,445.	5,303,445.		
a	LIST SERVICE	452,765.	128,459.	196,159.	128,147
b	BANK CHARGES & FEES	13,776.	11,002.	1,005.	1,769
с С		±5,770•		±,00J•	±,103
d	All other expenses	22,439.	17,921.	1,636.	2,882
	All other expenses	14,603,853.	11,264,147.	927,197.	2,882
25 De	Joint costs. Complete this line only if the organization	±=,000,000.	<u>++,407,14/•</u>	J 4 1 , 1 J 1 •	4,414,505
26	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)	2,928,472.	1,054,250.	0.	1,874,222
	TO ION THE P LAND IT TO IOWING SUP 98-2 (ASC 958-720)		-,-,-,2,0.	• •	Form 990 (201)

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11 2013.03030 HELP ME SEE, INC.

Form 990 (2013) Part X Balance Sheet HELP ME SEE, INC. 27-3207754 Page 11

Pa	rt X	Balance Sheet							
		Check if Schedule O contains a response or no	te to an	y line in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			21,502.	1	17,684.		
	2	Savings and temporary cash investments			3,994,770.	2	2,409,724.		
	3	Pledges and grants receivable, net			0.	3	9,082,645.		
	4	Accounts receivable, net			5,542.	4	34,630.		
	5	Loans and other receivables from current and for							
		trustees, key employees, and highest compens	ated em	nployees. Complete					
		Part II of Schedule L				5			
	6	Loans and other receivables from other disqual							
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing					
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary					
its		employees' beneficiary organizations (see instr)	. Compl	ete Part II of Sch L		6			
Assets	7	Notes and loans receivable, net				7			
◄	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges			132,748.	9	202,068.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D		669,355.					
	b	Less: accumulated depreciation	10b	43,228.	1,401,271.	10c	626,127.		
	11	Investments - publicly traded securities			1,608,720.	11	0.		
	12		Investments - other securities. See Part IV, line 11						
	13	Investments - program-related. See Part IV, line	11			13			
	14	Intangible assets			10.100	14	10.100		
	15	Other assets. See Part IV, line 11			18,120.	15	18,120.		
	16	Total assets. Add lines 1 through 15 (must equ			7,182,673.	16	12,390,998.		
	17	Accounts payable and accrued expenses			459,132.	17	2,006,432.		
	18	Grants payable			18				
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete				21			
Liabilities	22	Loans and other payables to current and forme							
bilid		key employees, highest compensated employee			610 000		1 610 000		
Lial		Complete Part II of Schedule L			610,000.	22	4,610,000.		
	23	Secured mortgages and notes payable to unrel			3,000,000.	23	3,000,000.		
	24	Unsecured notes and loans payable to unrelate			5,000,000.	24	5,000,000.		
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines							
						25			
	26	Schedule D Total liabilities. Add lines 17 through 25			4,069,132.	25	9,616,432.		
	20	Organizations that follow SFAS 117 (ASC 958			1,005,1520	20	5,010,1520		
s		complete lines 27 through 29, and lines 33 ar							
JCe	27	Unrestricted net assets			3,113,541.	27	2,774,566.		
alar	28	Temporarily restricted net assets				28			
Ä	29	Permanently restricted net assets		29					
ŭ		Organizations that do not follow SFAS 117 (A		25					
г		and complete lines 30 through 34.							
ts c	30	Capital stock or trust principal, or current funds		30					
sse	31	Paid-in or capital surplus, or land, building, or eq				31			
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32			
Ne	33	Total net assets or fund balances			3,113,541.	33	2,774,566.		
	34	Total liabilities and net assets/fund balances			7,182,673.	34	12,390,998.		
							Form 990 (2013)		

Form 990 (2013)

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HELP ME SEE, INC

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Form	1990 (2013) HELP ME SEE, INC.	27-32	07754	Pag	e 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,320						
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,603						
3	Revenue less expenses. Subtract line 2 from line 1	3		-283,249.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,113	3,54 5,72					
5	5 Net unrealized gains (losses) on investments 5								
6									
7	Investment expenses	7							
8	Prior period adjustments 8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	2,774	1,50	56.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990:								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				x				
2a	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	l 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?		2 b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
review, or compilation of its financial statements and selection of an independent accountant?									
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990 (2	2013)				

SCHEDULE A	
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Department of the Treasury

(Form	990	or	990-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Internal Reve	enue Service	Information abo	out Schedule A (Form 990	or 990-EZ)	and its inst	ructions is	at www.irs	s.gov/form	1990.	Insp	ection	
Name of	the organizati	on						E	mployer	identificat	tion nu	mber
			SEE, INC.						2	7-320	7754	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	ructions.				
The organ	nization is not a	a private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)					
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	il's nam	ıe,
	city, and stat	e:										
5 🗌	An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describ	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	l)(A)(v).					
7 X	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🔛	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 🗌	An organizati	ion that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	and gross re	eceipts	from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
	income and ι	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	ŀ).				
11 📖	An organizati	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	e purposes	of one	or
	more publicly	/ supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Ch	eck the bo	x that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.						
	a 🛄 Type I	I b ∐ Ty	/pell c T	ype III - Fu	nctionally	integrated	c	і 📖 Тур	e III - No	n-functiona	Ily integ	grated
e 📖	By checking	this box, I certify tha	at the organization is not	controllec	l directly o	r indirectly	by one o	r more dise	qualified	persons of	her tha	ın
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
	supporting o	rganization, check th	nis box									. Ш
g			organization accepted ar									<u> </u>
			irectly controls, either al								Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family member of a person described in (i) above?											
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?											
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		1	1					(11)	the			
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the organization in col (i) listed in your organization in col (iii) Amount of r									netary			
org	anization	(described on lines 1-9 above or IRC section	in col. (i) listed in your organization in co governing document? (i) of your suppor				Support Support					
			(see instructions))	Yes	No	Yes	No	Yes	No	4		
				165		162		165				
		1	1									

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

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Schedule A (Form 990 or 990 EZ) 2013 HELP ME SEE, INC.

	2	7-	3	2	0	7	7	5	4	Page 2
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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			3038049.	8989514.	13896500.	25924063.
2	Tax revenues levied for the organ-						
	ization'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			3038049.	8989514.	13896500.	25924063.
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)						18654523.
6	Public support. Subtract line 5 from line 4.						7269540.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			3038049.	8989514.	13896500.	25924063.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots			6.	75.	2,041.	2,122.
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 IV.)				5,541.	40,664.	46,205.
11	Total support. Add lines 7 through 10						25972390.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	^r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					▶ X
	ction C. Computation of Publ						
	Public support percentage for 2013 (I					14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the c				14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						. —
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17b	o, check this box a	and see instruction	

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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	s					
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is f	or the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						>
Section C. Computation of Put	olic Support Pe	rcentage				
15 Public support percentage for 2013	(line 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 207	-				16	%
Section D. Computation of Invo	estment Incom	e Percentage				
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2013. If th	e organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line 1	17 is not
more than 33 1/3%, check this box	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	▶∟
b 33 1/3% support tests - 2012. If th	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, cł	neck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions)
332023 09-25-13			15	Sch	nedule A (Form 99	0 or 990-EZ) 2013

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: IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).

32024 09-25-13		Schedule A (Form 990 or 990-EZ
	16	

60		Supplemente	al Financial Statements		OMB No. 1545-0047
	HEDULE D n 990)		2013		
		Part IV, line 6, 7, 8, 9, 10	anization answered "Yes," to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury Revenue Service	Information about Schedule D (For	Attach to Form 990. m 990) and its instructions is at _{www irs dow}	/form99	
Nam	e of the organizati		Ŭ	Em	ployer identification number
		HELP ME SEE, INC.			27-3207754
Pa		-	ed Funds or Other Similar Funds or	Acco	unts.Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, line I	e 6. (a) Donor advised funds	(b) Eur	nds and other accounts
-	Total number at a	ad of year		(b) i ui	
1 2		nd of year utions to (during year)			
2		from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fu	inds	
	-		exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	l only	
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose conf	erring	
Pa		· · · · · ·	ganization answered "Yes" to Form 990, Part IV	/, line 7	
1		servation easements held by the organizati			
		n of land for public use (e.g., recreation or e			
		of natural habitat n of open space	Preservation of a certified	nistoric	structure
2			fied conservation contribution in the form of a	ronserv	vation easement on the last
2	day of the tax yea	o o 1		2011361 0	ation easement on the last
	ady of the tax yea				Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b					
с			ucture included in (a)		
d			after 8/17/06, and not on a historic structure		
	listed in the Natior	nal Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anizatio	n during the tax
	year 🕨				
4		where property subject to conservation east			
5		tion have a written policy regarding the per			$\Box \Box$
			t holds?		
6			and enforcing conservation easements during		
7	•	U . U .	enforcing conservation easements during the ve satisfy the requirements of section 170(h)(4)	-	۵
8					Yes No
9			on easements in its revenue and expense stat		
•		- ·	tion's financial statements that describes the c		
	conservation ease	· · · · · · · · · · · · · · · · · · ·		- 3	
Pa			f Art, Historical Treasures, or Othe	[.] Simi	lar Assets.
	Complete i	f the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and bal	ance sheet works of art,
	historical treasure	s, or other similar assets held for public ext	nibition, education, or research in furtherance of	of public	c service, provide, in Part XIII,
	the text of the foo	tnote to its financial statements that descri	bes these items.		
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balanc	e sheet works of art, historical
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of public s	ervice,	provide the following amounts
	relating to these it				
	(i) Revenues incl	uded in Form 990, Part VIII, line 1			\$
-	.,				
2			asures, or other similar assets for financial gair	i, provid	de
	-	unts required to be reported under SFAS 1		•	٨
a h					\$
b	Assets included in	1 Form 990, Part X		🖻	φ
	For Doportuork D	eduction Act Nation and the Instruction	s for Form 990		Schedule D (Form 000) 2012
LHA 33205 09-25-		eduction Act Notice, see the Instruction	5 101 1-01111 330.		Schedule D (Form 990) 2013
05-20-	10		21		

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continued) a Diable withouton diable the organization s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): a Diable withouton d Loan or sxhange programs b Scholarly research e Other c Prevencies funds anther than to hematinate as part of the organization is accession? Yes No c Departs actions for the organization solutor receive donations of art, historical treasures, or other similar assets No c Departs action for status Yes No Part IV Escrow and Custodial Arragements. Complete the regulation's collection? Yes No on form Sop Part X more Soluto the scalar and on the soluto the scalar action answered Yes' to Form 580, Part X, Ine 21. Itel the organization anagent, trustee, custodian or other intermodiaty for contributions or ther asset not include Yes No b If "Yes," explain the arragement in Part XIII and complete the following table: Yes No b If "Yes," explain the arragement in Part XII. And complete the following table: Yes No b If Yes," explan the arragement in Pa		dule D (Form 990) 2013 HELP ME								<u>27-32</u>			
cleack at that apply: clean or exchange programs e Other	Pa	t III Organizations Maintaining C	Collectio	ns of A	rt, His	storical T	reasures,	or Othe	r Simila	ar Asse	ts(contin	nued)	
a Public exhibition definition definition definition of the organization is collection? c Preservation for future generations d C Convide a description of the organization scolections and explain how they further the organization's exempt purpose in Pert XIII. During the year, did the organization scolection? ves in No PertIVI Excove and CutoScolection and explain how they further the organization's exempt purpose in Pert XIII. The set of the organization and or the receive donations of art. historical treasures, or other similar assets to be sort or ass tunder rather than to be manifand as part of the organization answerd "Yes" to Form 990, Part XII. The set of the organization angent. The truttee, cutoScalar for Contributions or other assets not included on Form 990, Part X2. The set of the organization angent in Part XIII and complete the following table: Defining balance Defining balanc	3	Using the organization's acquisition, accessi	ion, and ot	her record	ls, chec	ck any of the	following that	at are a sig	gnificant ι	use of its	collectio	n iten	ns
b Scholarly research consistence of the granization of the organization and explain how they further the organization's everypt purpose in Part XIII. 5 During the year, did the organization solit or receive donalizes of art historical treasures, or other similar assets to be solid to rate funds arther than to be maintained as part of the organization collection? Part II Escrow and Custodial Arrangements. Complete if the organization collection? 1 a Is the organization and agent, fusites, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1 a Is the organization and agent, fusites, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. 1 b Enclowment In Part XIII and complete the following table: 2 Beginning balance 2 Beginning balance 3 Did the organization and the organization and the organization and using the year 3 I a barb organization and using the year 4 Distributions during the year 4 Distributions during the year 4 Enclowment Funds. Complete the organization include an amount on Form 990, Part X, line 10. 3 As three endowment Funds. Complete the organization include 4 Control the organization include an amount on Form 990, Part X, line 10. 4 Grants or scholarships 4 Contributions 4 Enclowment Funds. Complete the organization include and administered for the organization include and the organiza		(check all that apply):											
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Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)							,		-,			.,-	
				990, Part	X. colu	mn (B). line	10(c).)	L			62	6,1	.27.
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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			d-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"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-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"		e 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) lin	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line		1 990, 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) lin				
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's t	financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2013

332053 09-25-13

Sche	edule D (Form 990) 2013 HELP ME SEE, INC.			27-	3207754 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			_	
1	Total revenue, gains, and other support per audited financial statements			1	14,311,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	-55,726.		
b			47,090.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-8,636.
3	Subtract line 2e from line 1			3	14,320,604.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,320,604.
_					
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit		Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	nents Wit	h Expenses per		irn.
P a 1	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu 1	
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	nents Wit	h Expenses per		irn.
1	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per		irn.
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit	h Expenses per		irn.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	h Expenses per		irn.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per		ırn.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per 47,090.	1 2e	ırn. 14,650,943. 47,090.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per 47,090.	1	ırn. 14,650,943.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per 47,090.	1 2e	ırn. 14,650,943. 47,090.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	h Expenses per 47,090.	1 2e	ırn. 14,650,943. 47,090.
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	h Expenses per 47,090.	1 2e	ırn. 14,650,943. 47,090.
1 2 3 4 4	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	h Expenses per 47,090.	1 2e	ırn. <u>14,650,943.</u> <u>47,090.</u> <u>14,603,853.</u> 0.
1 2 b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	h Expenses per 47,090.	1 2e 3	ırn. 14,650,943. 47,090.

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:

EXPLANATION: MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN TAX

YEAR 2012 OR EXPECTED TO BE TAKEN ON THE ORGANIZATION'S 2013 TAX RETURN

AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

332054 09-25-13

SCHEDULE F (Form 990)			ivities Outside the UI n answered "Yes" on Form 990, Part			OMB No. 1545-0047
Department of the Treasury			orm 990. 🕨 See separate instructio			Open to Public
Internal Revenue Service Name of the organization	Information about	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection entification number
Name of the organization					Employer la	
HELP ME SEE, 3					27-320	
		ctivities Ou	tside the United States. Compl	ete if the organi	zation answer	ed "Yes" on
Form 990, Par 1 For grantmakers. Do		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
			the selection criteria used to award th			X Yes No
United States.		-	procedures for monitoring the use of it	-	her assistance	e outside the
			an be duplicated if additional space is		·	(6) T_=+=
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	ity listed in (d) gram service, specific type e(s) in region	(f) Total expenditures for and investments in region
			PROGRAM SERVICES & GRANTS	CATARACT SU SUPPORT FOR		,
SOUTH ASIA	0	2	TO RECIPIENTS IN REGION	CHILDREN	MDOLID MM	3,244,999.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION			30,570.
3 a Sub-total		2				3,275,569.
b Total from continuati sheets to Part I		0				0.
c Totals (add lines 3a and 3b)	0	2				3,275,569.

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

Schedule F (Form 990) 2013

332071 10-03-13

Schedule F (Form 990) 2013

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUPPORT FOR CATARACT SURGERIES	851,810.	WIRE TRANSFER	0.		
		SOUTH ASIA	SUPPORT FOR CATARACT SURGERIES	159 805.	WIRE TRANSFER	0.		
			SUPPORT FOR CATARACT					
		SOUTH ASIA	SURGERIES SUPPORT FOR CATARACT	1316840.	WIRE TRANSFER	0.		
		SOUTH ASIA	SURGERIES SUPPORT FOR CATARACT SURGERIES	35,040.	WIRE TRANSFER	0.		
		SOUTH ASIA	(\$83,075)/TECHNICAL ASSISTANT (\$502)	84,795.	WIRE TRANSFER	0.		
		SUB SAHARAN AFRICA	SUPPORT FOR CATARACT SURGERIES	30,570.	WIRE TRANSFER	0.		
	the grantee or counse	el has provided a sectio	recognized as charities by the n 501(c)(3) equivalency letter					6 0

26

Page 2

27

HELP ME SEE, INC. Schedule F (Form 990) 2013

Part III Grants an ماملم الألباء

Image: State 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. 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		

27 - 3207754

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If "Yes," the organization may be required to 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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form</i> 5471)	Yes	X 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	X 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	X 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

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. PART I, LINE 2: EXPLANATION: HELPMESEE'S SURGICAL SUPPORT AND TRAINING PROGRAMS ARE CUSTOMER TRANSACTION-BASED THAT ARE DRIVEN BY DATA AND FIELD EXPERIENCE. AGGREGATED DATA BASED ON PATIENT CARE AND SURGICAL REPORTS ALONG WITH THE PERFORMANCE OF EACH INDIVIDUAL MSICS SPECIALIST PROVIDES OBJECTIVE AND EVIDENCE-BASED MANAGEMENT OF THE HELPMESEE CAMPAIGN. THE META DATA AND ANALYTICS THAT WE REQUIRE FROM OUR SURGICAL PARTNERS ALLOW US TO ACCURATELY TRACK SURGICAL RESULTS, COMPLETION RATES AND OVERALL PROFICIENCY AT THE LEVELS OF PATIENT CARE, MSICS SPECIALIST TRAINEE AND OUR PARTNER SURGEONS. ADDITIONALLY, CLOUD-BASED DATA MANAGEMENT ALLOWS FOR REAL TIME ACCOUNTING AND A HIGH DEGREE OF ACCURACY AT THE POINT OF SERVICE DELIVERY TO THE PATIENTS AND SURGEONS, THUS ELIMINATING POTENTIAL DATA ENTRY ERRORS. IT IS OUR COMMITMENT TO TRANSPARENCY THAT OFFERS ACCESSIBILITY TO HELPMESEE DATA BY ANY AUTHORIZED USER, INCLUDING DONORS AND RESEARCH ENTITIES, DEVELOPING IRREFUTABLE EVIDENCE TOWARD THE EFFECTIVENESS OF SURGICAL PROCEDURE, PATIENT CARE AND SYSTEMS DELIVERY. THE SYSTEMS AND OPERATIONS MANAGEMENT STRUCTURES NEEDED FOR THE HELPMESEE CAMPAIGN ARE DEVELOPED AND DEPLOYED WITH CURRENT PARTNERS, WHICH ARE SCALED GLOBALLY TO ELIMINATE CATARACT BLINDNESS. THIS IS A HIGHLY NETWORKED INFORMATION AND TRANSACTION SYSTEM, ENABLING HELPMESEE TO BE ACCOUNTABLE AND MAINTAIN TRANSPARENCY STANDARDS FOR REPORTING AND QUALITY ASSURANCE IN REAL TIME.

332075 10-03-13

29 2013.03030 HELP ME SEE, INC.

(Form 990 or 990-EZ) Department of the Treasury	rm 990 or 990-EZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							OMB No. 1545-0047		
Name of the organization				<u>11150 U</u>			Employer id	lentification number		
Eundraioing A	LP ME SEE, IN				E		27-320			
Part I required to comple	ctivities. Complete if the ete this part.	organization answer	ed "Y	es" to	Form 990, Part IV, I	ne 17	. Form 990-E	z filers are not		
 Indicate whether the organ X Mail solicitations X Internet and emails X Phone solicitations X In-person solicitatio 2 a Did the organization have key employees listed in Formation b If "Yes," list the ten higher compensated at least \$5, 	colicitations ns a written or oral agreemen orm 990, Part VII) or entity i st paid individuals or entitie	e X Solicitation f Solicitation g Special f t with any individual (in connection with pro-	on of i on of g fundra (incluc	non-g gover ising o ling o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	XY			
(i) Name and address of ind or entity (fundraiser)	lividual (ii) /		(iii) Did fundraiser have custody or control of contributions?				Amount paid r retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
TARGET MARKETEAM - 1050			Yes	No						
POINTE PARKWAY, SUITE 18 OMP, INC 1133 19TH ST		MANAGER		X	2,190,845.		75,000	2,115,845.		
SUITE 300, WASHINGTON, I		MANAGEMENT		X	604,160.		60,000	544,160.		
Total 3 List all states in which the	organization is registered o	r licensed to solicit c	ontrib	► utions	2,795,005. s or has been notified	d it is	135,000 exempt from	, ,		
or licensing. AK , AL , AR , AZ , CA , C NM , NC , OH , OK , OR , P	CO, DE, FL, HI, ID PA, RI, SC, SD, TN	T, IL, IN, IA, I T, TX, UT, VT, V T, VT, VT, V T, VT, VT, V T, VT, V T, VT, V T, V	KS,: VA,	LA, WA,	MA,MI,MN,M WV,WI,WY	S , M	O , MT , N	-		

09420506 758275 3148.000

30 2013.03030 HELP ME SEE, INC.

3148_001

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events (add col. (a) through
						col. (c)
er			(event type)	(event type)	(total number)	
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	•					
suac	6	Rent/facility costs				
Direct Expenses						
irect	7	Food and beverages				
Ō	0	Entortoinmont				
	8 9	Entertainment Other direct expenses				
	10				•	
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		▶	
Pa	rt I	Gaming. Complete if the organization a	answered "Yes" to Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.			1	T
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				bingo/progressive bingo		
Re	1	Gross revenue				
s	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
ect I		Dept/feeility.coote				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	0	Not coming income summary Subtract line 7	from line 1 column (d)		•	
	8	Net gaming income summary. Subtract line 7				
9	En	ter the state(s) in which the organization operat	tes gaming activities:			
		the organization licensed to operate gaming ac		states?		Yes No
b	lf "	No," explain:				
	_					
						
		ere any of the organization's gaming licenses re		erminated during the tax	year?	L Yes L No
G	П	Yes," explain:				
0000		2 10 12			Sobodulo O /E-	rm 000 or 000 EZ) 004
33208	o∠ U!	9-12-13			Schedule G (FO	orm 990 or 990-EZ) 2013

Sche	edule G (Form 990 or 990-EZ) 2013 HELP ME SEE, INC. 27-3	207	754	Page
	Does the organization operate gaming activities with nonmembers?		Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	⊔ N
	Indicate the percentage of gaming activity operated in:			
	The organization's facility			
ы 14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b		
••				
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
~	of gaming revenue retained by the third party \triangleright \$			
с	If "Yes," enter name and address of the third party:			
	Name			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			<u> </u>
	retain the state gaming license?		Yes	∟ N
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II, line	nes 9	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		,	, ,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	s:		
(I) NAME OF FUNDRAISER: TARGET MARKETEAM			
(I				
) ADDRESS OF FUNDRAISER.			
-) ADDRESS OF FUNDRAISER: 50 CROWN POINTE PARKWAY, SUITE 1850, ATLANTA, GA 30338-7707			
10	50 CROWN POINTE PARKWAY, SUITE 1850, ATLANTA, GA 30338-7707			
10	50 CROWN POINTE PARKWAY, SUITE 1850, ATLANTA, GA 30338-7707			
10 (I (I	50 CROWN POINTE PARKWAY, SUITE 1850, ATLANTA, GA 30338-7707) NAME OF FUNDRAISER: OMP, INC.) ADDRESS OF FUNDRAISER:			
10 (I (I	50 CROWN POINTE PARKWAY, SUITE 1850, ATLANTA, GA 30338-7707) NAME OF FUNDRAISER: OMP, INC.) ADDRESS OF FUNDRAISER: 33 19TH ST, NW, SUITE 300, WASHINGTON, DC 20036			
10 (I (I 11	50 CROWN POINTE PARKWAY, SUITE 1850, ATLANTA, GA 30338-7707) NAME OF FUNDRAISER: OMP, INC.) ADDRESS OF FUNDRAISER: 33 19TH ST, NW, SUITE 300, WASHINGTON, DC 20036 B3 09-12-13 Schedule G (Form	1 990	or 990)-EZ) 20
10 (I (I 11 33208	50 CROWN POINTE PARKWAY, SUITE 1850, ATLANTA, GA 30338-7707) NAME OF FUNDRAISER: OMP, INC.) ADDRESS OF FUNDRAISER: 33 19TH ST, NW, SUITE 300, WASHINGTON, DC 20036			-EZ) 20 8_0 0

	(continued)	
		Schedule G (Form 990 or 990-EZ)
084 01-13		Schedule & (FUIII 390 01 390-EZ)
0506 758275 3148.000	33 2013.03030 HELP ME SEE, INC.	3148_001
70200 I207I2 2T40•000	ZOIJOOJOJO HEHE WE SEE, INCO	2740_001

	SCHEDULE J Compensation Information								
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2013					
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IU	,			
Depar	tment of the Treasury	Attach to Form 990. See separate instructions.		Open to Public					
Intern	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www irs gov/for			Inspection				
Nam	e of the organizatio		Employer ide			mber			
		HELP ME SEE, INC.	27-32	20775	4				
Ра	rt I Question	s Regarding Compensation				<u> </u>			
					Yes	No			
1a		iate box(es) if the organization provided any of the following to or for a person listed in Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	, i i i i i i i i i i i i i i i i i i i							
	Travel for con								
		cation and gross-up payments							
		spending account Personal services (e.g., maid, chauffeur, c	;hef)						
b		on line 1a are checked, did the organization follow a written policy regarding payment or							
•		provision of all of the expenses described above? If "No," complete Part III to explain		. 1 b					
2	0	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2					
2	Indiacta which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's						
3	,								
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
		compensation consultant							
		ther organizations Approval by the board or compensation of	ommittoo						
			Johnmittee						
4	During the year di	d any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
•		elated organization:							
а		ce payment or change-of-control payment?		4a		х			
		ceive payment from, a supplemental nonqualified retirement plan?				X			
		ceive payment from, an equity-based compensation arrangement?				X			
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	,								
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.							
5		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the								
а	The organization?			. 5a		Х			
		zation?				X			
		or 5b, describe in Part III.							
6	For persons listed	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the r	net earnings of:							
а	The organization?			. 6a		X			
		zation?				X			
		or 6b, describe in Part III.							
7		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments							
		ies 5 and 6? If "Yes," describe in Part III		7		X			
8		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
	Regulations sectio	n 53.4958-6(c)?		9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		le J (Forr	n 990) 2013			

332111 09-13-13

Schedule J (Form 990) 2013

HELP ME SEE, INC.

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in prior Form 990
(1) MOHAN JACOB THAZHATHU	(i)	320,250.	70,000.	0.	0.	16,002.	406,252.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GLENN STRAUSS	(i)	211,208.	18,000.	0.	0.	0.		0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(1)]							

Schedule J (Form 990) 2013

Page 2

27-3207754

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.

SCHEDULE L	
(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

OMB No. 1545-0047

Department of the freasury
Internal Revenue Service

Department of the Treasury Internal Revenue Service		Attach to Form 990 or Form 990-EZ. n about Schedule L (Form 990 or 990-EZ) an			Open To Public nspection		
Name of the organization	on			Employer	identifi	cation r	number
		IE SEE, INC.		27-32	0775	4	
Part I Excess	Benefit Tran	sactions (section 501(c)(3) and section	n 501(c)(4) organizations only).				
Complete	if the organizatio	n answered "Yes" on Form 990, Part IV,	line 25a or 25b, or Form 990-EZ, Pa	art V, line 40)b.		
1 (a) Name of disgualified person (b)		(b) Relationship between disqualified	(c) Description of tran	eaction		(d) Con	
	aimed person	person and organization		Saction		Yes	No
2 Enter the amount section 4958	of tax incurred by	y the organization managers or disqualifi	ed persons during the year under	► \$			
3 Enter the amount	of tax, if any, on	line 2, above, reimbursed by the organiza	ation	▶ \$			

Loans to and/or From Interested Persons. Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person		(b) Relationship with organization (c) Purpose of Ioan		an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
JAMES T. UELT	SCCHAIRMAN	TO FUND	X		5,000,000.	4,610,000.		Х	Х		Х	
Total					▶ \$	4,610,000.						

Part III

Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27

			i i i i i i i i i i i i i i i i i i i	i
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

332131 09-25-13 09420506 758275 3148.000

37 2013.03030 HELP ME SEE, INC. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Part V Supplemental Information					

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JAMES T. UELTSCHI

(B) RELATIONSHIP WITH ORGANIZATION: CHAIRMAN AND TREASURER

(C) PURPOSE OF LOAN: TO FUND START-UP OPERATIONS OF HELP ME SEE, INC.

SCHEDULE O Form 990 or 990-EZ) Department of the Treasury Department of the Treasury Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs. gov/fit	2013 Open to Public
Name of the organization HELP ME SEE , INC .	Employer identification number 27-3207754
FORM 990, PART III, LINE 1	
EXPLANATION: AN ESTIMATED 20 MILLION PEOPLE ARE BILATERAL	LY BLIND DUE
TO CATARACT, AND 167 MILLION SUFFER FROM VISUAL IMPAIRMEN	T CAUSED BY
CATARACT. THEY COULD GET THEIR SIGHT RESTORED THANKS TO A	SURGERY THAT
TAKES AS LITTLE AS 5 MINUTES FOR AN ADULT AND 15 MINUTES	FOR A CHILD.
JNFORTUNATELY, 99% OF THEM WILL NEVER RECEIVE THIS SURGER	Y AND REMAIN
BLIND BECAUSE THEY ARE TOO POOR TO AFFORD THE COST OF SUR	GERY AND/OR
THEY LIVE IN REMOTE COMMUNITIES WITH NO ACCESS TO TREATME	NT. THE
HELPMESEE CAMPAIGN WAS CREATED TO ADDRESS THESE SPECIFIC	DISPARITIES BY
MAKING THIS ESSENTIAL SURGERY AVAILABLE TO EVERY BLIND CH	ILD AND ADULT
IN THE WORLD WHO NEEDS IT REGARDLESS OF WHERE THEY LIVE O	R HOW POOR
THEY MAY BE. THE VAST MAJORITY OF THE BLIND LIVE IN DEVEL	OPING
COUNTRIES, WHERE A LACK OF ACCESS TO HIGH-QUALITY SERVICE	PREVENTS THEM
FROM UNDERGOING A QUICK, YET SAFE SURGERY THAT COULD REST	ORE THEIR
VISION. ACCORDING TO A RECENTLY PUBLISHED RAND CORPORATIO	N HEALTH
STUDY, CATARACT BLINDNESS WILL INCREASE TO 32 MILLION BY	2020, COSTING
THE WORLD GDP APPROXIMATELY \$1 TRILLION EACH YEAR. THE HE	LPMESEE GOAL
IS TO DELIVER VERY LOW-COST, HIGH-QUALITY MANUAL SMALL IN	CISION
CATARACT SURGERY (MSICS) TO MILLIONS OF ADULTS AND CHILDR	EN IN THE
DEVELOPING WORLD. AS OF APRIL 2014, WORKING WITH 149 PRAC	TICING PARTNER
MSIC SURGEONS IN CHINA, INDIA, NEPAL, SIERRA LEONE AND TO	GO, HELPMESEE
HAS RESTORED SIGHT TO MORE THAN 150,000 BLIND PERSONS, WI	TH A PROJECTED
INCREASE TO SURPASS 250,000 BY THE END OF 2014. BUILDING	ON THIS
MOMENTUM OF SUCCESS, THE HELPMESEE CAMPAIGN WILL EXPAND T	O INCLUDE 35
COUNTRIES THROUGHOUT AFRICA, ASIA, AND LATIN AMERICA, OVE	R THE NEXT
FIVE YEARS. ADDITIONALLY, BY CREATING AND IMPLEMENTING SI HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched 9-04-13 39	MULATION-BASED Iule O (Form 990 or 990-EZ) (2013
20506 758275 3148.000 2013.03030 HELP ME SEE, INC.	3148_001

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization HELP ME SEE, INC.	Employer identification number $27 - 3207754$
SURGICAL INSTRUCTION SYSTEMS, HELPMESEE EXPECTS TO TRAIN	1,680 MSICS
SPECIALISTS BY 2017, ENABLING THEM TO SUCCESSFULLY PERFOR	M 1 MILLION
SURGICAL PROCEDURES WITH HELPMESEE SUPPORT. IN 20 YEARS,	HELPMESEE
EXPECTS TO TRAIN 30,000 MSICS-DEDICATED SPECIALISTS TO DE	LIVER 60-70
MILLION SURGERIES REQUIRED TO PERMANENTLY ELIMINATE THE B	ACKLOG OF
CATARACT BLINDNESS.	

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE ORGANIZATION. INSPIRED BY THE THEORY OF CROWD-SOURCE COMMUNICATIONS, HELPMESEE EMBARKS ON A TWENTY-YEAR JOURNEY TO ENGAGE GLOBAL CITIZENS IN THE FIGHT TO ELIMINATE CATARACT BLINDNESS. FURTHER TO THIS, HELPMESEE FORGED KEY PARTNERSHIPS WITH LEADING NON-PROFITS WITH SIMILAR PROGRAMMATIC ALIGNMENT TO FURTHER STRENGTHEN PUBLIC AWARENESS AND TO LEND CREDIBILITY IN EYE HEALTH CARE POLICY DIALOGUE. A PRIME EXAMPLE OF THIS SUCCESS IS HELPMESEE'S THREE-YEAR PARTNERSHIP WITH HELPAGE INDIA - THE COUNTRY'S LEADING HUMANITARIAN NON-PROFIT DEDICATED TO THE ELDERLY PEOPLE OF INDIA. THIS PARTNERSHIP STRENGTHENS THE ISSUE OF AVOIDABLE BLINDNESS IN A COUNTRY WHERE BLINDNESS IS MOST PREVALENT AND WHERE A MAJORITY OF THE WORLD'S CITIZENS, BLINDED BY CATARACT, RESIDE. HELPMESEE CONTINUES TO WORK WITH, AND TO REACH OUT TO, LEADING HEALTHCARE ORGANIZATIONS IN AFRICA AND ASIA IN ORDER TO SHARE BEST PRACTICES AND TO ALIGN PROGRAMMATICALLY WHEN POSSIBLE.

	FORM	990,	PART	III,	LINE	4B,	PROG	GRAM	SERV	ICE	AC	CCOMP	LISE	IMENT	rs:			
	MONT	TORIN	G MIL	LTONS	OF S	URGEI	RTES	TNF	REAL	<u> ም</u> ተ M 1	E	MANA	GE 1	чн т	OGTS	STTCS	OF	
			0 1111		01 0	011021					_,				10010	1100		
	PRE-	STERI	LIZED	SURG	ICAL	KITS	AND	FAC	LITA	TE	ΓIΝ	IELY	PAY	1ENT	PROC	CESSI	NG	
	TO OT	UR SU	RGICA	L PAR'	TNERS	. HEI	LPMES	SEE 1	RACK	S AI	ND	REPC	RTS	1009	b OF			
	332212 09-04-13									_			S	chedul	e O (For	m 990 or	990-EZ	2) (2013)
									40)								
09	42050	6 758	3275 3	148.0	00	2	013.	0303	0 HEI	LP M	ΙE	SEE,	INC	•		3	148	001

Name of the organization

Employer identification number 27-3207754

SURGERIES PERFORMED AND REVIEWS SURGICAL QUALITY OUTCOME FROM EACH SURGICAL PARTNER IN ORDER TO MONITOR SAFETY, EFFICIENCY AND TO DISCOVER BEST PRACTICES. HELPMESEE EXPECTS TO SUPPORT 150,000 SURGERIES IN 2014, BRINGING THE TOTAL NUMBER OF SURGERIES TO 250,000.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CURRENTLY BEING DEVELOPED WITH THE SURGICAL SIMULATOR'S VIRTUAL REALITY BASED MODEL OF THE HUMAN EYE AS THE CENTERPIECE. IN 2013, HELPMESEE COMPLETED COMPREHENSIVE DOCUMENTATION FOR MSICS TRAINING AND WILL BE TESTED AND VALIDATED DURING THE PILOT PROGRAM IN 2014.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HELP ME SEE, INC.

SURGICAL TRAINING AND QUALITY ASSURANCE: HELPMESEE QUALITY ASSURANCE SYSTEMS ARE DEVELOPED FOR PATIENT SAFETY AND BEST SURGICAL RESULTS. THE BROAD ELEMENTS OF QUALITY CONTROL IMPLEMENTATION COVER: 1. QUALITY OF SURGICAL SIMULATION, EQUIVALENT TO THE LEVEL "D" IN AVIATION, WHICH PROVIDES VIRTUALLY INDISTINGUISHABLE VISUAL AND TACTILE EXPERIENCE TO THE REAL EYE. THIS ELIMINATES THE NEED FOR "LIVE TISSUE" TRAINING, ENDANGERING PATIENTS AND CREATING SUBOPTIMAL SURGICAL OUTCOMES. 2.OBJECTIVE ASSESSMENT OF PROFICIENCY AND CURRENCY SKILLS OF HELPMESEE SURGEONS. THIS IS DONE THROUGH CONTINUOUS SURGICAL PERFORMANCE REVIEWS AND SPECIALIZED TRAINING. 3. PRE-STERILIZED SINGLE USE SURGICAL KITS ALLOWING HIGH-QUALITY STANDARDIZATION THAT ARE AFFORDABLE AND DISTRIBUTED THROUGH A CALCULATED SUPPLY CHAIN MANAGEMENT SYSTEM. INCLUDING THE SURGICAL KIT, COSTS ARE PRESENTLY ESTIMATED AT \$50 FOR THE ENTIRE ADULT SURGICAL PROCESS. 4. PATIENT MANAGEMENT AND SURGICAL REPORTING SYSTEM, WHICH CAPTURES THE PRE, INTRA, AND POST, OPERATIVE RESULTS AND COMPLICATIONS OF EACH PATIENT AND SURGICAL PARTNER 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 41 09420506 758275 3148.000 2013.03030 HELP ME SEE, INC. 3148_001

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
TREATMENT PROCESS. HELPMESEE PRACTICES TOTAL QUALITY MANA	GEMENT
SOLUTIONS TO DELIVER HIGH VOLUME CATARACT SURGERIES AT TH	E MOST
AFFORDABLE PRICE.	
EXPENSES \$ 5,679,698. INCLUDING GRANTS OF \$ 0. REVENU	Е\$О.
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FORM 990 WAS REVIEWED BY THE CHAIRMAN/TR	EASURER AND
PRESIDENT AND CEO AND APPROVED BY THE SAME. FOR THIS YEAR	, THE CEO (MOHAN
JACOB THAZHATU) WILL SIGN THE FORM 990 AND MENGFANG MADGE	BIAN WILL SIGN AS
CUSTODIAN OF THE BOOKS. THE FORM 990 WAS DISCUSSED BY THE	BOARD AND
APPROVED THROUGH APPROPRIATE RESOLUTION BEFORE BEING FILE	D WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:	

EXPLANATION: THE BOARD OF HELPMESEE REVIEWS THE CONFLICT OF INTEREST POLICY AND SIGNS THE FORM ANNUALLY.

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

EXPLANATION: 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:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART IX

EXPLANATION: DURING 2013, HELPMESEE GENERATED \$14,311,968 IN REVENUE 332212 09-04-13
Schedule O (Form 990 or 990-EZ) (2013) 42
09420506 758275 3148.000
2013.03030 HELP ME SEE, INC. 3148_001

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization HELP ME SEE, INC.	Employer identification number $27 - 3207754$
AND SUPPORT, SPENT \$14,650,943 IN TOTAL EXPENSES, RESULTI	NG IN A
DECREASE IN NEW ASSENS OF \$338 975 AS OF DECEMBER 31 201	3

IN 2013, HELPMESEE LAUNCHED A JOINT FUNDRAISING CAMPAIGN WITH HELPAGE

INDIA TO ELIMINATE CATARACT BLINDNESS IN INDIA. AS OF DECEMBER 31,

2013, THE CAMPAIGN RAISED \$82,645 AND, TOGETHER, EXPECTS TO RAISE

\$887,160 BY THE END OF 2014. AL UELTSCHI FOUNDATION AND THE BILL &

MELINDA GATES FOUNDATION CONTINUE TO SUPPORT HELPMESEE THROUGH

UNRESTRICTED GRANTS. ADDITIONALLY, HELPMESEE RECEIVED \$2,716,240 FROM

INDIVIDUAL DONORS IN 2013.

HELPMESEE'S PROGRAM EXPENSES RATIO IN 2013 IS 77%, AS COMPARED TO 69% IN 2012. FOR 2013, THE MANAGEMENT AND GENERAL EXPENSES ARE 7% AND FUNDRAISING COSTS 16% RESPECITIVELY. THE SURGICAL PROGRAM SUPPORT EXPENSES INCREASED SIGNIFICANTLY TO \$3,513,101 IN 2013 AS COMPARED TO \$1,350,708 IN 2012.