Our Global Mission

We have the opportunity to do something special.

Over the course of history, only one disease, smallpox, has been successfully eradicated. The disease was officially declared gone in 1980, bringing an end to a global public health crisis through a number of groundbreaking international partnerships.

HelpMeSee brings the same commitment to its own ambitious mission: eliminating cataract blindness within two decades. Cataracts are a common condition in both high and low income countries, but the difference is access to care. Developed regions have easy access to care, while rural or low-income areas often either lack access or ability to pay. Left untreated, cataracts develop to the point of blindness, creating major social and economic burdens on families, nations and communities.

HelpMeSee’s goal is to serve the 20 million people who suffer from this treatable condition. A proven and measurable solution exists, and can be completed for just $50 per operation. To reach this ambitious goal, we are combining principles from public health with state-of-the-art technology to mobilize patients and train specialists who can provide care.

Together, we can provide a sustainable cure.

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Preparing For Launch

2014 was an extraordinary year for HelpMeSee, thanks to the generosity of our supporters and the invaluable work of our local partners. We expanded into Southeast Asia and Latin America with new campaigns in Vietnam and Peru. By the end of the year, our 192 partner surgeons had completed a year by total of 76,637 surgeries as part of our campaign, transforming the lives of families and communities in India, Nepal, Sierra Leone, Togo, Vietnam, and Peru.

We also opened new offices in Beijing, New Delhi and Amsterdam. Our local offices partnered with regional nonprofits and corporations to build relationships and increase our effectiveness and outreach. All of this lays the groundwork for accelerated growth.

Preproduction prototypes of our state-of-the-art high fidelity cataract surgical simulators are in advanced stages and the first unit was shipped to Mumbai, India for integrated testing. Our Geographic Information System (GIS) Android app and pre-sterilized surgical kit are ready for implementation as well. Soon we will enroll our first class of certified surgical trainees to address the fundamental problem – a shortage of cataract specialists worldwide.

HelpMeSee has made tremendous progress towards our goal to eliminate the leading cause of preventable blindness, but millions more still need our help. As exciting as 2014 was, we look forward to further milestones in 2015 as we celebrate our 5-year anniversary and expand further for those in need.

181,095 cumulative surgeries
76,637 surgeries completed in 2014
192 partner surgeons

Dr. Abram Wodome, a HelpMeSee partner surgeon in west Africa, tests the vision of a young patient at his hospital in Lome, Togo.
NEW YORK CITY, USA
We expanded our headquarters office space in Midtown Manhattan, held a Grand Rounds panel discussion at Columbia University, and installed the M3 prototype of our simulator.

MEXICO
Dr. Van Charles Lansingh joined the HelpMeSee team as the Medical Officer for Latin America.

CALGARY, CANADA
Our technology partners continued development of the GIS Android App & surgical reporting system.

PERU
Our campaign launched in Latin America with two different locations of new.

MADAGASCAR
The Health Ministry formally accepted our letter of intent to begin operations in 2015.

THE GAMBIA
Dr. Jean Marie Andre led MSICS training with specialists in The Gambia.

KIGALI, RWANDA
The University of Kigali provided training for medical specialists to deliver training MSICS specialists to physicians in select Africa.

AMSTERDAM, NETHERLANDS
Our Europe office opened in Amsterdam, The Netherlands and we completed expert reviews and prototypes of the MSICS simulator.

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NEW DELHI, INDIA
Our India team moved into an expanded office space and launched our fundraising operations in India.

TOGO
Dr. Abram Wodome, a key partner in West Africa, delivered MSICS surgeries in the country’s capital, Lomé.

LIBERIA
The government accepted our letter of intent to begin surgeries in 2015.

MUMBAI, INDIA
Our learning team neared completion of the MSICS learning e-book.

GETA, NEPAL
Our established partnership continued with Geta Eye Hospital in southwestern Nepal.

CHITRAKOOT, INDIA
Through our saturation-based model, we marked Chitrakoot as India’s first district free of cataract blindness backlog.

WENZHOU, CHINA
Our team visited and evaluated potential sites for an MSICS training center.

BEIJING, CHINA
Our offices expanded into China, where we will open our campaign in 2015.

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The Health Ministry formally accepted our letter of intent, paving the way for operations to begin in 2015.

MARSEILLES, FRANCE
The University of Marseilles accepted our letter of intent and we completed benchtop reviews on our MSICS prototypes to deliver care in select Africa.

NEW DELHI, INDIA
Our India team moved into an expanded office space and launched our fundraising operations in India.

SENEGAL
Members of our medical team for MSICS training for local surgeons.

THE GAMBIA
Our Solar Panel Funded MSICS training, with operations in the Gambia.

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The government accepted our letter of intent to begin surgeries in 2015.

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Our team visited and evaluated potential sites for an MSICS training center.
By the end of 2014, we will have completed a total of 181,095 surgeries across seven countries and three continents. We will continue to expand into the nearly 60 campaign countries.

We expanded further within India, but we also launched operations in Southeast Asia and Latin America with new partners in Vietnam and Peru. Enough potential partners have approached us that we had to build a waiting list for those hoping to work with HelpMeSee. The need is overwhelming. Still, there are just not enough highly trained specialists working in the developing world. The demand far exceeds the supply of highly skilled providers, which our training efforts are intended to correct.

The simulator development is so far meeting its goals and milestones. This is an immensely complicated piece of equipment. We predict that no medical simulator in existence will provide such visual realism and haptic feeling in medical training.

We are set to begin deployment of the GIS/GPS system in early 2015. This unique product is very important as it allows us to track within communities, provinces, states or specific areas the identified blind as well as people who have received treatment and may need follow-up care. Once fully deployed, we can pivot towards building a sustainable system of cataract care.

None of this would have been possible without the support of our generous and committed donors. It’s a privilege to be part of this campaign, which has accomplished so much in so little time. It’s very exciting to see how many thousands we have already brought out of blindness. Together, we are doing something truly remarkable! For the first time, the future looks much brighter for those blinded by cataract.

On behalf of everyone at HelpMeSee, thank you.

Sincerely,

James Tyler Ueltschi
Co-Founder and Chairman

Our Leadership

When we started HelpMeSee just four short years ago, my late father, Al Ueltschi and I made a commitment to lead an effort to do something about the 200 million poor people suffering from blindness caused by cataract. It is totally unacceptable that so many people cannot get access to a low-cost, 5-minute sight restoring procedure because of where they live and their economic circumstance. So, we decided to take our experience in aviation pilot training and apply it to this problem. HelpMeSee will use high-fidelity simulation and sophisticated courseware to train thousands of people living in the developing world to provide a quick and very low cost cataract procedure called Manual Small Incision Cataract Surgery (MSICS).

Both the simulator and courseware are on target and well along with pre-production units scheduled for delivery in Mumbai, India in the first quarter of 2015. When deployed, we are confident that our training system will produce the needed 30,000 highly skilled MSICS specialists over the next 15 years to eliminate the cataract blindness backlog.

While developing the training system, we also made a commitment to increase the surgical rate of existing quality providers currently working in the developing world by providing financial subsidies and technical assistance. We now have 192 partnerships.

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On behalf of everyone at HelpMeSee, thank you.

Sincerely,

James Tyler Ueltschi
Co-Founder and Chairman

Letter from the Founder
Thank you for your wholehearted support! Our campaign is singularly focused on the elimination of blindness caused by cataract and we are listening every day to the unheard voices of the cataract blind around the world.

In a brief four years, HelpMeSee has built an agile and effective platform for campaign operations. At its core lie the highest standards of patient safety and patient customer service to eliminate blindness caused by cataract. We now have the network capability to reach every one of the 20 million or more bilaterally blind persons living in some of the most austere communities by 2030.

This is achieved through a well-choreographed mix of surgical standards, information and communications technologies. Introduction of single-use pre-sterilized surgical kits at the most affordable prices, as well as web and cloud-based data and communications, are key technology highlights.

We are getting ready to deploy soon the highest fidelity proficiency-level cataract surgical simulator that technology could build. With over 180,000 sight-restoring operations completed with our surgical partners, HelpMeSee has built a robust evidence-based delivery of best quality cataract surgical services, one community at a time.

HelpMeSee’s patient-centered services and technology are built with the most advanced data security, privacy and anonymity without sacrificing the analytical value of aggregated data. Neither literacy nor a physical address is required for HelpMeSee’s voice-integrated data system, making it far easier to use by anyone. The customer service system enables HelpMeSee to significantly improve patient experience, engagement and follow-up, as well as to improve surgical partner performance.

We are proud of our multinational team of medical, surgical, engineering, marketing and operations experts who are making our work possible everyday on behalf of the cataract blind and you.

With your continued support, HelpMeSee will be able to eliminate cataract blindness and replicate the success of the campaign that successfully eradicated smallpox over 3 decades ago.

If you have not already, I urge you to please join the HelpMeSee campaign as an advocate for the cataract blind, an advisor, a student ambassador, a volunteer, or as an activist in public health.

Sincerely,

Jacob Mohan Thazhathu
President & CEO
HelpMeSee: The Difference

We build sustainable solutions to this health challenge so that once we complete our own work, our partners continue on their own. This goal requires training specialists committed to long-term service who can deliver high-quality care. It also requires vast mobilization efforts to identify patients and connect them to care. Lastly, that care must be certified and accessible in even the most remote regions.

Our solution is three-fold.

**MSICS SURGICAL SIMULATOR**
Our MSICS surgical simulator facilitates training of the specialists needed to provide care.

**GIS – GPS MOBILE APP**
Our GIS – GPS mobile app allows community workers to identify patients and send health data to hospitals in a fraction of the time it once did.

**MSICS SURGICAL KIT**
Our MSICS surgical kit allows specialists to deliver care in remote areas without the concern of instruments becoming unsterilized.

Sunharidevi, 70, heads home from Venu Eye Institute with other patients after a successful cataract surgery.
HelpMeSee surgical partners performed over 76,000 cataract surgeries in 2014. This is just part of our overall sustainable solution to eliminating cataract blindness. Although surgery is an important aspect, we will not be able to make as significant of an impact as is necessary in order to eliminate cataract blindness without scaling up our work. With the production of our Manual Small Incision Cataract Surgery (MSICS) Simulator, we will be able to train the volume needed to provide sustainable, high-quality care.

HelpMeSee has developed a virtual reality simulator and courseware to train cataract surgical specialists in MSICS. The design achieves a level of realism that is virtually indistinguishable from live surgery performed by an experienced surgeon. This will replace traditional MSICS training with simulator-based proficiency training rather than views it as an adjunct to live training. HelpMeSee is applying the aviation FAA level D (the highest standards in aviation) simulator standard both as a quality standard and as a template for developing the simulator.

The groundbreaking HelpMeSee MSICS Simulator will provide visual and tactile realism, coupled with sophisticated courseware, enabling trainees to practice the MSICS procedure under every pre-existing and nearly every complication scenario.

Our Investment in Technology

“The simulator will allow us to train more specialists faster and more efficiently so that we can bring this sight-restoring procedure to the very people who otherwise wouldn’t have access to care.”

DENNIS GULASY, Director of Engineering and Simulation Systems

HelpMeSee Manual Small Incision Cataract Surgery (MSICS) Simulator

The MSICS simulator uses advanced live-tissue modeling to train a cataract surgical specialist.
Aarti, a 13-year old girl, following her cataract surgery. Shown with her mother in the patient wards at HelpMeSee’s partner hospital in Chitrakoot, India.

MSICS Learning Centers
The scalability and sustainability of the HelpMeSee mission is heavily influenced through the planned development of learning centers where MSICS specialists can be trained. Although large scale centers are still in the pipeline, we have performed smaller scale trainings in Togo and India.

Trainee competence will be determined by objective measurements of skills, training, and independent validation. Each surgical specialist will be capable of delivering at least 2,500 high quality cataract surgeries per year, leading to vision restoration for millions of underprivileged visually impaired and blind people.

Cataract Surgical Specialist Trainees are expected to undergo around 400 to 700 hours of learning based on their prior knowledge and skills. 60% of this time will be spent on simulator practice and evaluation, 20% on classroom instruction and lab activity, and 20% on self-study. Contingent on each individual’s background and experience, a trainee will be able to reach proficiency in MSICS within six months.

“To accomplish our goal, HelpMeSee needs to train approximately 30,000 MSICS specialists and enable them to set up surgical practices, mostly in rural areas. This is the only meaningful way to eliminate the insurmountable backlog of cataract surgeries.”

MOHAN JACOB THAZHATHU, President and CEO

“I went to many places looking for a cure. This is where we finally found respect.”

MOTHER OF 13-YEAR OLD PATIENT AARTI

Shanti takes her place in a line of moving patients toward the outpatient ward where they will be given a bed, a meal, and a change of clothes before surgery.
Surgical Kits

“We wanted to create a kit that was affordable, but also one that was comprehensive and didn’t compromise on quality.”

DR. JEAN MARIE ANDRE, Medical Officer, Africa

Setting high safety and quality control standards is one way HelpMeSee is able to measure and maintain our success. An example of this is our pre-sterilized single-use surgical kits. The use of HelpMeSee’s innovative MSICS surgical kit is a giant leap forward in providing the highest quality surgeries in the poorest areas of the world where sterilization is often difficult and expensive.

The kits are supplied to HelpMeSee surgical partners and are a vital part of the HelpMeSee comprehensive patient focused delivery and quality assurance program. Through the use of a QR code on the back of each kit, our surgical partners are able to track the use of each kit to the specific patient it was used on, allowing us to receive constant feedback on the effectiveness of the tools and the kit as a whole.

Key Goals of the Surgical Kits:
- Allow delivery of care in remote and rural areas.
- Provide clean instruments for every surgery.
- Standardize cost of instruments.
- Provide all necessary tools for MSICS procedure.
- Track instrument set with patient data via QR code.

Primary Surgery Kit Tools

1. Crescent Blade
   Used for making the tunnel to remove the cataract.

2. Westcott Scissors
   Used for opening the eye tissue in the early part of surgery.

3. Corneal Forceps
   Used for grasping delicate eye tissue.
GIS App & Cloud-Based Reporting

“IT used to take us from 1 to 2 days. Now with the mobile app, the whole process is completed in 10-15 minutes and then we just need to click send.”

MEERA DEVI, Community Worker, India

“IT is a major breakthrough in the delivery and tracking of blindness elimination in the developing world.”

ROD SYKES, Founder & President of Clarity.ca

Android application will allow locally trained community health workers to:
• locate patients
• ensure optimal positions of MSICS providers
• build community awareness
• schedule, screen, and select patients and surgical services
• facilitate post-surgical follow-up
• track altitude and terrain changes

A community mobilizer uses the GIS Android app to identify patients and capture GPS location, photograph and voice recording.

A community mobilizer follows up with a patient 4 weeks after surgery to complete a vision test.

After a surgical partner receives the patient data they conduct pre-surgery test.

The surgical partner scans a surgical kit and uses it to complete an MSICS operation.

User of GIS app can view location, test results, and patient’s health details.
Our Impact

To see the full effect of our work, you must look at the firsthand impact on the ground, within patients’ families and throughout their communities. In 2014, we restored sight to a shepherd who discovered he had cataracts when he started to lose his sheep. We helped a mother in Togo see her family again, and we gave a grandmother in Peru the gift of sight.

If all of the patients we treated in 2014 returned to work after surgery and earned their country’s minimum wage, they would earn a collective total of over $144 million in their lifetimes.*

*Assuming adults work at least five years and children, when older, work 25 years.

Allah Uddin, 70, a shepherd who received surgery in Chitrakoot, India.

A patient in Lomé, Togo.

Bernadina, 81, a patient treated by our partner in Trujillo, Peru.
When Jamal, an education worker in northeast India, first met Abdul Aziz and his sister Modina, he knew there was something amiss. At 13, Abdul could not read and at 7, Modina was also behind. The family had four other children who seemed to be progressing normally. Through a government-sponsored screening for cataracts, Jamal’s suspicions were finally confirmed: Abdul and Modina were legally blind from cataracts.

Modina and Abdul Aziz live in a village that spans roughly 6 square kilometers of Northeast Indian countryside. To get to the hospital for treatment, the Khuten family travelled over 300 km – first by foot, then by auto-rickshaw, next by boat and finally by bus. The surgeries were made possible by the support of HelpMeSee donors.

From isolation to inclusion, Modina and Abdul Aziz are learning to acclimate to the outside world they could not see for years. Modina is gregarious and engaged, and has begun attending school. Abdul is still shy – a keen observer – but with growing aspirations of becoming a businessman.

Hope of a productive future for Modina and Abdul Aziz can now also be seen in the smile of Shadia who, with the assistance of a network of organizations including Help Me See, brought a future of opportunity back into the lives of her children.

GUWAHATI, ASSAM, INDIA
Patients from Dutipara Village, Dhubri District, Assam, India
Partner Surgeon Dr. Harsha Bhattacharjee

LATITUDE 26.144517° N
LONGITUDE 91.736237° W
ELEVATION 55 METERS
Five years ago, Bernadina lost her husband in an accident that, under different circumstances, might not have taken his life. He had been out tilling fields when he had an accident with a piece of farming equipment. Had he not been so far from home, it might have turned out differently. But sadly, Bernadina and their 7 children lost the husband and father they knew.

One year ago, Bernadina began to lose her sight from cataracts. She had no idea the condition was curable. She actually thought the vision problems were from an earlier accident at 35.

As Bernadina’s sight began to decline, so too did her ability to cook or wash clothes or sew. Increasingly she became more isolated.

As others came to suspect, Bernadina’s very first doctor’s appointment revealed cataracts. She was immediately referred to the free surgery program in Chachapoyas. HelpMeSee partner surgeon Dr. Artemio Burga Valdivia restored Bernadina’s sight in early December, 2014.

With the promise of restored sight, Bernadina now looks forward to returning to activities that get her out of the house and active once again. She also plans to relish the everyday tasks she once took for granted – like sewing and cooking. Bernadina’s history tells the story of a powerful movement that’s changing the face of rural health, one problem at a time. HelpMeSee’s global campaign to end cataract blindness is proud to be leading the march.

Bernadina Mendoza Guevara, 81

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CHITRAKOOT DISTRICT, MADHYA PRADESH, INDIA

LATITUDE  25.178815° N
LONGITUDE  80.865453° E
ELEVATION  137 METERS

Chitrakoot: A Case Study in Our Model

In October, 2014, we achieved a key milestone – Chitrakoot was declared to be India’s first district cleared of cataract blindness backlog. By that, we mean that everyone in the district who was blind from cataracts received care. This specific goal required 32 surgeons from our partner hospital at Shri Sadguru Seva Sangh Trust to conduct 10,044 operations by the end of the year. They successfully eliminated the public health crisis of cataract blindness from the district of almost one million people.

"With a deep sense of gratitude, we embrace the remarkable contribution of the HelpMeSee campaign, without which, this would not have been possible. Our convincing results may inspire many to come up with similar approaches, for the benefit of underserved."

DR. B.K. JAIN, TRUSTEE & DIRECTOR, Shri Sadguru Seva Sangh Trust

990,626 Population of Chitrakoot District, Madhya Pradesh, India
10,044 MSICS operations completed by EOY 2014 within Saturation Model
32 HelpMeSee Partner Surgeons involved

LATITUDE 25.178815° N
LONGITUDE 80.865453° E
ELEVATION 137 METERS
Our Surgical Partners

Local surgical partners are integral to our work. They play critical roles throughout the process of delivering care, from patient outreach & awareness efforts to the final surgeries and follow-up care. We also launched partnerships in two key countries – Peru & Vietnam – to establish operations in Southeast Asia and Latin America where we will expand even further in 2015.

When asked why they choose their career path, many of our partners respond with a single word: Service. You could add sacrifice to that as well, since many will move to rural areas like Chitrakoot, India to deliver care where it is needed most. They may move away from family or turn down higher paying jobs in cities. For them, the work becomes second nature. It’s just part of who they are.

But for the tens of thousands who can now see – and the millions still in need of care – the work of these doctors is life changing.

<table>
<thead>
<tr>
<th>Country</th>
<th>2014 Surgeries</th>
<th>Adults treated</th>
<th>Children treated</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peru</td>
<td></td>
<td></td>
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<tr>
<td>Vietnam</td>
<td></td>
<td></td>
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<tr>
<td>Indonesia</td>
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<td></td>
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<tr>
<td>Cambodia</td>
<td></td>
<td></td>
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<tr>
<td>Nepal</td>
<td></td>
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<tr>
<td>Sierra Leone</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Senegal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangladesh</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td></td>
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</tr>
</tbody>
</table>

Surgery Growth (cumulative surgeries completed)

<table>
<thead>
<tr>
<th>Year</th>
<th>Surgeries completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>29,134</td>
</tr>
<tr>
<td>2013</td>
<td>104,458</td>
</tr>
<tr>
<td>2014</td>
<td>181,095</td>
</tr>
</tbody>
</table>
Dr. Rashmi Ingale of Chitrakoot’s Sadguru Netra Chikitsalya hospital is a perfect example of the sacrifices our partner surgeons make every day. She joined the hospital’s staff two years ago as one of 18 female ophthalmologists and spends most days conducting dozens of cataract surgeries to restore patients’ sight. Born and raised in Jalgaon, Maharashtra, she became interested in the medical field at age 17. Her immediate family wasn’t in the medical field, but she married an ENT specialist whose parents are both doctors.

Now 30, Dr. Ingale is one of the youngest surgeons on the staff. She works on a three-year ophthalmology fellowship in Chitrakoot that will end in January 2016. She estimates that in her two years at Chitrakoot, she has done over 1,000 surgeries.

Dr. Ingale has a very active one and a half year-old toddler named Aarush, and her husband, the ENT specialist, works at a Government District Hospital. What makes the family unique, however, is that none of them live together. Her husband lives nearly 600 kilometers away in Nagpur, and her son lives with his grandparents, 900 kilometers away in Jalgaon. But they make it work.

In fact, soon enough, she’ll be moving toward Nagpur and plans to open a private practice. What excites her most, though, is the thought of being reunited once again with her husband and child. Her family.

“Being able to bring light into the lives of the people who need it – this makes all the difference and keeps me going.”

Partner Surgeon Profile: Dr. Rashmi Ingale

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In fact, soon enough, she’ll be moving toward Nagpur and plans to open a private practice. What excites her most, though, is the thought of being reunited once again with her husband and child. Her family.
We are impressed with the HelpMeSee campaign and welcomed the opportunity to collaborate in China to improve the care of people with cataracts. Our Growing Partnership In China: HelpMeSee and the China Population Welfare Foundation have been working together to improve the care of people with cataracts. HelpMeSee has partnered with the China Population Welfare Foundation to implement standardized high-quality medical practices and to provide cataract treatment to some of the least developed countries in the world.

The joint efforts of the Marseille University Faculty of Medicine and HelpMeSee would significantly scale up the capacity of MSICS trainers, partner surgeons, and surgical practices to eliminate blindness due to cataracts.

Marseille University Faculty of Medicine, France

HelpMeSee has been working closely with the Trafigura Foundation to support the provision of sterile surgical kits to our surgical partners in Africa. Our partnership is critical to increasing access to care in West Africa.

Trafigura Foundation, Switzerland

HelpMeSee and its main technology partner, Moog, have made substantial progress in the development of the HelpMeSee MSIC Simulator; with an expected date of completion set for Q2 2016. InSimo and SenseGraphics are sub-partners in this project and are focused on revolutionizing surgical simulation in ophthalmology.

InSimo, France

SenseGraphics, Sweden

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InSimo (INRIA) is responsible for the development of the MSICS Simulator’s physics modeling, which replicates the interactions of a surgeon and surgical tools with a patient’s eyes.

SenseGraphics is responsible for the development of the MSICS Simulator’s visual modeling of the eye, surrounding tissues, and instruments, which replicate what a surgeon sees during cataract surgery.

We are proud to have the backing of such a respected global foundation.

Since December 2012, the Bill & Melinda Gates Foundation has provided significant support for the development of the HelpMeSee MSICS Simulator. We are proud to have the backing of such a respected global foundation.

The HelpEye Care System in China is an established private institute focused on provision of medical training to clinical staff, technicians, and surgeons. In partnership with the HelpEye Care System, HelpMeSee aims to launch a training center program in China to initiate the development of a sustainable model for cataract treatment to some of the least developed countries in the world.

Our Global Partnerships

We are proud to have the backing of such a respected global foundation.
Finance – Our Services and Supporters

In 2014, HelpMeSee raised a total of $19,532,840 in revenue, with significant support coming from the Ueltschi Foundations as well as contributions from the Trafigura Foundation and our joint fundraising efforts with HelpAge India.

HelpMeSee spent $732,982 more on cataract surgeries and $1,735,637 more on total program services than 2013. Our program expense ratio for 2014 was 70.5%.

Overview of 2014 Statement of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Assets</td>
<td>$12,390,998</td>
<td>$9,666,212</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>$9,616,432</td>
<td>$5,807,797</td>
</tr>
<tr>
<td>Total Net Assets</td>
<td>$2,774,566</td>
<td>$3,858,415</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>$12,390,998</td>
<td>$9,666,212</td>
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</tbody>
</table>

For further details, please see the Audited Financial Statements on our website at helpmesee.org/about-us/financials-and-reports or contact HelpMeSee at info@helpmesee.org or +1 212 221 7605.
In the News

Dr. R.K. Seth Memorial Award
Community Ophthalmology Society of India

Huffington Post
“As a proud participant in this innovative movement, and with a single focus on curing cataract blindness, HelpMeSee strongly believes that it takes a community, with the support of the international community, to solve its own problems in order to build sustainable systems to truly eradicate a single problem.”
Dr Van Charles Lansingh, HelpMeSee Medical Officer, Latin America

PilotFish Design Award 2014
“The HelpMeSee MSICS Simulator, which was developed with MOOG Industrial Group, was awarded with the Good Industrial Design 2014 Award.” PilotFish.eu

Guidestar Exchange Gold Participant
Guidestar is a nonprofit watchdog that publishes reports on nonprofit financials and impact. As a Guidestar Exchange Gold Participant, HelpMeSee commits itself to the highest standards of transparency.

In Memoriam: Dukes Wooters
Dukes was one of our earliest and most loyal supporters. As a past President of the Eye Surgery Fund and a longtime advocate for academic research, he will be remembered as a gentleman and a leader in the field of eye health.

Photographers
Amy Robb
Kelvin Young
Shelie Burrow
Sadguru Seva Trust Staff

Statements of Activities and Changes in Net Assets

<table>
<thead>
<tr>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Total 2014</th>
<th>Total 2013</th>
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</thead>
<tbody>
<tr>
<td><strong>PUBLIC SUPPORT</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Individuals</td>
<td>$ 1,843,698</td>
<td>$ -</td>
<td>$ 1,843,698</td>
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<tr>
<td>Corporations</td>
<td>40,240</td>
<td>-</td>
<td>40,240</td>
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<tr>
<td>Foundations (Note 6)</td>
<td>15,941,824</td>
<td>-</td>
<td>15,941,824</td>
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<tr>
<td>International Contributions (Note 6)</td>
<td>6,783</td>
<td>1,568,770</td>
<td>1,575,553</td>
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<tr>
<td>In-kind contributions</td>
<td>66,952</td>
<td>-</td>
<td>66,952</td>
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<td>Investment income (Note 7)</td>
<td>2,690</td>
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<tr>
<td>Rental income</td>
<td>42,732</td>
<td>-</td>
<td>42,732</td>
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<tr>
<td>Miscellaneous income</td>
<td>18,051</td>
<td>-</td>
<td>18,051</td>
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**NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>Total 2014</th>
<th>Total 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year</td>
<td>$ 2,774,566</td>
<td>$ 3,106,522</td>
</tr>
<tr>
<td>Ending of year</td>
<td>$ 2,551,893</td>
<td>$ 3,106,522</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total 2014</th>
<th>Total 2013</th>
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</thead>
<tbody>
<tr>
<td><strong>EXPENSES</strong></td>
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</tr>
<tr>
<td>Program services</td>
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</tr>
<tr>
<td>Technical assistance</td>
<td>830,554</td>
<td>-</td>
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<tr>
<td>Surgical training and quality assurance</td>
<td>5,879,412</td>
<td>-</td>
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<tr>
<td>Cataract surgeries</td>
<td>4,246,083</td>
<td>-</td>
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<tr>
<td>Public awareness</td>
<td>2,063,735</td>
<td>-</td>
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<tr>
<td>Total program services</td>
<td>12,999,784</td>
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</tr>
<tr>
<td>Supporting services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management and general</td>
<td>3,121,747</td>
<td>-</td>
</tr>
<tr>
<td>Fundraising</td>
<td>2,327,460</td>
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<tr>
<td>Total supporting services</td>
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<tr>
<td>Total expenses</td>
<td>18,448,991</td>
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</tr>
<tr>
<td>Change in net assets</td>
<td>(222,673)</td>
<td>1,306,522</td>
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<tr>
<td><strong>END OF YEAR</strong></td>
<td>$ 2,551,893</td>
<td>$ 3,106,522</td>
</tr>
<tr>
<td><strong>BEGINNING OF YEAR</strong></td>
<td>$ 2,774,566</td>
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</tbody>
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<table>
<thead>
<tr>
<th></th>
<th>Temporary</th>
<th>Restricted</th>
</tr>
</thead>
</table>
“Your mission is clear, your enthusiasm is contagious, your effectiveness is proven...This is a model that deserves the broadest publicity and understanding within the philanthropic community worldwide.”

GIL KEEGAN, HelpMeSee Donor