

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HELP ME SEE, INC.		D Employer identification number 27-3207754
	Doing business as		E Telephone number 212-221-7633
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 17,981,142.
	1 EVERTRUST PLAZA SUITE 308		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code JERSEY CITY, NJ 07302		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: BONNIE AN HENDERSON SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HELPMESSEE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2010
			M State of legal domicile: DE

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SIMULATION BASED EYE SURGERY TRAINING TO CREATE ACCESS TO QUALITY CATARACT SURGERY WORLDWIDE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	3
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,438.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	14,825,084.	17,630,901.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	63.	214,082.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	209,200.	136,159.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,034,347.	17,981,142.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	562,405.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,452,940.	6,038,242.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		2,706,254.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,779,830.	9,653,948.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,795,175.	17,062,767.	
19 Revenue less expenses. Subtract line 18 from line 12	-760,828.	918,375.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 20,364,695.	End of Year 20,555,794.
	21 Total liabilities (Part X, line 26)	2,902,168.	2,218,426.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,462,527.	18,337,368.

Part II Signature Block

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

Signature of Officer <i>Bonnie An Henderson</i>	Date 7/7/2024
Signature of Preparer HARRISON PEREIRA	Date 07/03/24
Print/Type preparer's name HARRISON PEREIRA	Preparer's signature
Print/Type preparer's name HARRISON PEREIRA	Date 07/03/24
Preparer Firm's name TAIT, WELLER & BAKER LLP	Check if self-employed <input type="checkbox"/> PTIN P00746867
Use Only Firm's address 50 SOUTH 16TH STREET, SUITE 2900 PHILADELPHIA, PA 19102	Firm's EIN 23-1144520 Phone no. 215-979-8800

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,804,437. including grants of \$ 6,156.) (Revenue \$)

SIMULATOR OPERATIONS HELPMEESEE HAS DEPLOYED EYE SURGERY TRAINING SIMULATOR (S) TO SELECTED EYE SURGERY TRAINING INSTITUTIONS WORLDWIDE. THE INTENDED USE OF THE HELPMEESEE EYE SURGERY TRAINING SIMULATOR(S) IS FOR TRAINING OPHTHALMIC SURGEONS AND MEDICAL STUDENTS AS WELL AS OTHER EYE-HEALTH RELATED PROFESSIONALS, INTERNATIONALLY AND LOCALLY. HELP ME SEE INC., U.S.A. OWNS THE TRAINING SIMULATOR, ACCESSORIES, AND THE TRAINING SYSTEM. THE EYE SURGERY TRAINING SIMULATOR CORE UNIT IS MANUFACTURED AND CERTIFIED, UNDER CONTRACT WITH HELP ME SEE INC. THE INDIVIDUAL COMPONENTS AND PERIPHERALS ARE SOURCED INDEPENDENTLY, ASSEMBLED, AND CONFIGURED BY HELP ME SEE INC. SIMULATORS ARE BEING IMPROVED WITH HARDWARE COMPONENTS AND ROBUST TECHNOLOGY FEATURES WITH INCREASED SENSITIVITY OF HAPTICS, MICROSCOPES, AND REMOTE TRAINING

4b (Code:) (Expenses \$ 2,290,937. including grants of \$ 1,364,421.) (Revenue \$)

PUBLIC AWARENESS: ADVOCATING FOR CATARACT AS ESSENTIAL SURGERY UNDER UNIVERSAL HEALTH COVERAGE AND IN PUBLIC HEALTH POLICY PUBLIC SUPPORT DEVELOPMENT: THE ORGANIZATION RECEIVED FINANCIAL SUPPORT FROM VARIOUS SOURCES IN 2023, SUCH AS LOCAL AND INTERNATIONAL CORPORATIONS, FOUNDATIONS, GOVERNMENT, AND NON-GOVERNMENT ORGANIZATIONS. THROUGHOUT 2023, HELPMEESEE SENT THOUSANDS OF PRINT COMMUNICATIONS WITH THE PUBLIC SUPPORT BASE. THIS WAS ALSO COMPLEMENTED BY THE DIGITAL MAIL TEAM SENDING OUT ACQUISITION AND RENEWAL EMAILS TO INDIVIDUAL DONORS AND PROSPECTS. HELPMEESEE DIGITAL OUTREACH METHOD, INCLUDED EMAIL AND SOCIAL MEDIA POSTS (THROUGH FACEBOOK, INSTAGRAM, TWITTER, AND LINKEDIN) WITH SOLICITATION OF ANNUAL DONATIONS, SPECIAL APPEALS IN CONNECTION

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

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

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

4e Total program service expenses 13,095,374.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question, Yes, No. Rows include 2a (41 employees), 2b (X), 3a (X), 3b (X), 4a (X), 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a (X), 7b, 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a (X), 14b, 15 (X), 16 (X), 17 (Section 501(c)(21) organizations).

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHAO WANG - 212-221-7606
1 EVERTRUST PLAZA, SUITE 308, JERSEY CITY, NJ 07302-3051

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARO JAHANI CEO & PRESIDENT	40.00	X		X			601,459.	0.	28,261.	
(2) DANIEL J. THORPE CHIEF OF MKT AND DEVELOPME	40.00			X			417,697.	0.	45,626.	
(3) AILEEN CHANG GENERAL COUNSEL	40.00				X		290,445.	0.	45,490.	
(4) VAN LANSINGH CHIEF MEDICAL OFFICER	40.00			X			274,740.	0.	0.	
(5) JON POLLACK CHIEF OF TRAINING OPERATIO	40.00			X			237,187.	0.	31,766.	
(6) BONNIE HENDERSON CEO & PRESIDENT	40.00			X			250,000.	0.	0.	
(7) ERICK GARCIA BUSINESS INTELLIGENCE AND QUALITY AS	40.00				X		198,248.	0.	28,420.	
(8) MINAL U SHAHBALDOTA OPHTHALMOLOGY SIMULATOR EX	40.00				X		221,126.	0.	1,778.	
(9) TAMMY BUCK CHIEF OF ADMINISTRATION	40.00			X			207,971.	0.	1,786.	
(10) CHAO WANG DIRECTOR OF FINANCE AND ACCOUNTING	40.00				X		175,057.	0.	34,082.	
(11) MATTHEW WALDEN CLINICAL RESEARCH COORDINA	40.00				X		186,087.	0.	2,121.	
(12) JAMES TYLER UELTSCHI CHAIRMAN, TREASURER	20.00	X		X			0.	0.	0.	
(13) JEFF MULLEN BOARD MEMBER	1.00	X					0.	0.	0.	
(14) ANDREW BARNETT BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							3,060,017.	0.	219,330.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,060,017.	0.	219,330.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ANDRE JEAN MARIE 8 RUE DE FABRES, MARSEILLES, FRANCE 13001	CONSULTING SERVICE	218,698.
ARIEL LANDAU, 295 FRANKLIN AVENUE, THORNHILL, ONTARIO, CANADA L4J 7L7	CONSULTING SERVICE	201,660.
CONSILEX VR GMBH WOLLNER STRASSE 11, BERLIN, GERMANY 10435	CONSULTING SERVICE	159,983.
JONATHAN PETERSSON CONSULTING SPILLKRAKEGATAN 8, KNIVSTA, SWEDEN SE-74145	CONSULTING SERVICE	140,252.
MARIN TODOROV, 969 VICTORIA PARK AVE, SCARBOROUGH, ONTARIO, CANADA M4B 2J4	CONSULTING SERVICE	111,501.
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		7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	17,630,901.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		17,630,901.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		214,082.			214,082.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		16,438.		16,438.		
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a TRAINING DELIVERY/OTHER INCOME	Business Code	990099	99,486.	99,486.		
	b MISCELLANEOUS INCOME		990099	20,235.		20,235.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			119,721.			
12 Total revenue. See instructions			17,981,142.	99,486.	16,438.	234,317.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	250,000.	250,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,120,577.	1,120,577.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,096,493.	1,432,517.	252,513.	411,463.
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	3,086,040.	2,106,444.	372,545.	607,051.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	556,299.	387,532.	64,183.	104,584.
10 Payroll taxes	299,410.	208,577.	34,544.	56,289.
11 Fees for services (nonemployees):				
a Management				
b Legal	439,801.	157,535.	282,266.	
c Accounting	30,790.	25,989.	1,964.	2,837.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,298,865.	1,925,700.	164,835.	1,208,330.
12 Advertising and promotion	217,373.	36,146.		181,227.
13 Office expenses	339,919.	297,409.	21,432.	21,078.
14 Information technology	338,563.	255,668.	34,533.	48,362.
15 Royalties				
16 Occupancy				
17 Travel	633,587.	587,520.	11,591.	34,476.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,482,836.	3,480,516.	2,320.	
23 Insurance	34,139.	22,971.	4,199.	6,969.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SIMULATOR DEVELOPMENT E	722,517.	722,517.		
b PAYROLL SERVICES	47,810.	32,170.	5,881.	9,759.
c _____				
d _____				
e All other expenses _____	67,748.	45,586.	8,333.	13,829.
25 Total functional expenses. Add lines 1 through 24e	17,062,767.	13,095,374.	1,261,139.	2,706,254.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	2,386,648.	1	630,408.
	2	Savings and temporary cash investments	5,916,069.	2	6,801,906.
	3	Pledges and grants receivable, net	61,419.	3	6,050.
	4	Accounts receivable, net	972,532.	4	71,734.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	520,584.	8	495,551.
	9	Prepaid expenses and deferred charges	90,235.	9	172,115.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,894,473.		
	b	Less: accumulated depreciation	10b 9,360,700.	10c	11,533,773.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	949,980.	15	844,257.
16	Total assets. Add lines 1 through 15 (must equal line 33)	20,364,695.	16	20,555,794.	
Liabilities	17	Accounts payable and accrued expenses	2,206,198.	17	1,731,601.
	18	Grants payable		18	
	19	Deferred revenue	0.	19	8,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	695,970.	25	478,825.
	26	Total liabilities. Add lines 17 through 25	2,902,168.	26	2,218,426.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	10,102,086.	27	11,386,031.
	28	Net assets with donor restrictions	7,360,441.	28	6,951,337.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	17,462,527.	32	18,337,368.
	33	Total liabilities and net assets/fund balances	20,364,695.	33	20,555,794.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,981,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,062,767.
3	Revenue less expenses. Subtract line 2 from line 1	3	918,375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,462,527.
5	Net unrealized gains (losses) on investments	5	-238.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-43,296.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,337,368.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14896919.	12608574.	8142695.	14825084.	17630901.	68104173.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14896919.	12608574.	8142695.	14825084.	17630901.	68104173.
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)						56493072.
6 Public support. Subtract line 5 from line 4.						11611101.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	14896919.	12608574.	8142695.	14825084.	17630901.	68104173.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	182,587.	33,682.	4.	63.	230,520.	446,856.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,616.		2503053.	209,200.	119,721.	2848590.
11 Total support. Add lines 7 through 10						71399619.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	16.26 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	28.94 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

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

LIST RENTAL INCOME

2019 AMOUNT: \$ 5,013.

MISCELLANEOUS INCOME

2021 AMOUNT: \$ 55.

2022 AMOUNT: \$ 25,020.

2023 AMOUNT: \$ 24,321.

TRAINING DELIVERY

2019 AMOUNT: \$ 11,603.

2021 AMOUNT: \$ 118,949.

2022 AMOUNT: \$ 184,180.

2023 AMOUNT: \$ 95,400.

LITIGATION SETTLEMENT

2021 AMOUNT: \$ 2,384,049.

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

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

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

10% OF SUPPORT LIMITATION: THE ORGANIZATION HAS A PUBLIC SUPPORT PERCENTAGE OF 16.26% FOR THE YEAR ENDED 12/31/23 BASED ON AGGREGATE FINANCIAL INFORMATION FOR THE YEARS ENDED 12/31/19 THROUGH 12/31/23. THIS AMOUNT IS IN EXCESS OF THE 10% REQUIRED BY REGULATION SECTION 1.170A-(9)(E)(3)(I).

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

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

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

AVAILABILITY OF FACILITIES TO PUBLIC AND PUBLIC PARTICIPATION IN PROGRAMS: THE ORGANIZATION OFFERS SEVERAL WAYS FOR THE PUBLIC TO HELP IN ITS MISSION TO ELIMINATE CATARACT BLINDNESS. THE ORGANIZATION OFFERS VOLUNTEERING OPPORTUNITIES AND OPPORTUNITIES FOR THE PUBLIC TO LAUNCH ONLINE FUNDRAISERS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 2006), and questions about monitoring, expenses, and requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures for public service and financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		332,599.	291,379.	41,220.
d Equipment		8,727,699.	5,239,296.	3,488,403.
e Other		11,834,175.	3,830,025.	8,004,150.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				11,533,773.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	478,825.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	478,825.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	18,008,726.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-238.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	27,822.
e	Add lines 2a through 2d	2e	27,584.
3	Subtract line 2e from line 1	3	17,981,142.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	17,981,142.

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

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

1	Total expenses and losses per audited financial statements	1	17,139,981.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,441,635.
e	Add lines 2a through 2d	2e	1,441,635.
3	Subtract line 2e from line 1	3	15,698,346.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,364,421.
c	Add lines 4a and 4b	4c	1,364,421.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,062,767.

Part XIII Supplemental Information

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

PART X, LINE 2:

MANAGEMENT HAS REVIEWED THE TAX POSITIONS FOR THE OPEN TAX YEARS 2020-2022 OR EXPECTED TO BE TAKEN ON THE ORGANIZATION'S 2023 TAX RETURN AND HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITY INCOME 27,822.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF RELATED ENTITIES 1,441,635.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS TO RELATED ENTITY ELIMINATED IN CONSOLIDATION 1,364,421.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

HELP ME SEE, INC.

27-3207754

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA -INDIA	1	24	PROGRAM CAMPAIGN & GRANTS TO RECIPIENTS IN REGION	MSTC TRAINEE TRAINING, COURSEWARE DEVELOPMENT, PUBLIC AWARENESS, PROGRAM MANAGEMENT	1,971,190.
EAST ASIA- CHINA	1	4	PROGRAM CAMPAIGN	TRAINING PROGRAM AND MANAGEMENT	360,772.
EUROPE - NETHERLANDS, FRANCE, GERMANY, SWEDEN	0	2	PROGRAM CAMPAIGN	MSICS SIMULATOR DEVELOPMENT AND PROGRAM MANAGEMENT	3,513,801.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	4	PROGRAM CAMPAIGN	TRAINING PROGRAM AND MANAGEMENT	94,835.
SUB-SAHARAN AFRICA- MADAGASCAR, NIGERIA	0	4	PROGRAM CAMPAIGN	TRAINING PROGRAM AND MANAGEMENT	347,523.
3 a Subtotal	2	38			6,288,121.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	38			6,288,121.

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

Schedule F (Form 990) 2023

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	TRAINING PROGRAM EXPANSION	29,301.	WIRE TRANSFER	0.		
		SOUTH ASIA	TRAINING PROGRAM EXPANSION	1085120.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 2

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

Part V Supplemental Information

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

PART I, LINE 2:

HELPMESSEE MANAGES ITS INTERNATIONAL GRANTS AND ASSISTANCE WITH COMPREHENSIVE PROCESSES IN ACCOUNTING, HUMAN RESOURCES, TRAINING, AND TECHNOLOGY, USING CLOUD-BASED SYSTEMS FOR EFFICIENCY AND MONITORING. EMPHASIZING TRANSPARENCY, IT ENSURES FUNDS ARE USED AS INTENDED THROUGH DETAILED PROJECT MANAGEMENT, RIGOROUS INFORMATION SECURITY MEASURES, AND MANDATORY STAFF TRAINING. DATA PRIVACY IS MAINTAINED, WITH TRAINEES CONSENTING TO DATA POLICIES, AND TRAINING PERFORMANCE IS TRACKED AND EVALUATED USING ADVANCED SYSTEMS. FINANCIAL SUPPORT FOR PARTNER HOSPITALS IS DOCUMENTED, FOLLOWING ICD-11 STANDARDS FOR VISION IMPAIRMENT, ENSURING PROPER USE OF RESOURCES IN RESTORING VISION TO THOSE AFFECTED BY CATARACTS.

SCHEDULE F, PART I, LINE 3

PREPARED ON THE ACCRUAL METHOD OF ACCOUNTING.

SCHEDULE F, PART II, LINE 1

PREPARED ON THE ACCRUAL METHOD OF ACCOUNTING

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HMS VISION, INC. 8 THE GREEN, STE 14618 DOVER, DE 19901	92-0246682		250,000.	0.			TRAINING PROGRAM EXPANSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.

3 Enter total number of other organizations listed in the line 1 table 1.

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

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

MANAGEMENT: MANAGEMENT OF PROJECTS FOR TECHNOLOGY DEVELOPMENT, TRAINING

Part IV Supplemental Information

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

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

PERMISSIONS - DATA PRIVACY AND SECURITY: ALL HELPMESEE TRAINEES, SELF-FUNDED, OR WITH FINANCIAL ASSISTANCE MAY ELECT TO VOLUNTARILY ACCEPT THE HELPMESEE POLICIES AND PROCEDURES FOR DATA COLLECTION AND MONITORING. IN THE CASE OF TRAINEES REQUESTING FINANCIAL ASSISTANCE, THE CONSENTS FOR DATA SHARING FOR LEGITIMATE BUSINESS PURPOSES AS WELL AS PERMISSION TO DO CHECK ON INFORMATION PROVIDED REQUESTED WITH THE APPLICATION, IN ADVANCE OF APPROVAL AND TRAINING ENROLLMENT.

SIMULATION-BASED TRAINING:

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

Part IV Supplemental Information

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

CATARACT SURGERY PROFICIENCY MENTORING AND MONITORING: MOST HELPMESEE TRAINEES RETURN TO THEIR HOME RESIDENCY TRAINING PROGRAMS TO FURTHER REACH PROFICIENCY IN LIVE SURGERY UNDER SUPERVISION BY AN EXPERIENCED MENTOR SURGEON. HELPMESEE MAY FINANCIALLY SUPPORT SELECTED QUALIFYING PARTNER TRAINING HOSPITALS THAT PROVIDE LIVE SURGERY PROFICIENCY MENTORING TO QUALIFIED SIMULATION-BASED TRAINEES, IN MANUAL SMALL INCISION CATARACT SURGERY (MSICS). ADEQUATE RECORDS OF THESE TRAININGS AND FINANCIAL SUPPORT, IF ANY, ARE APPROPRIATELY RECORDED. HELPMESEE FOLLOWS THE INTERNATIONAL CLASSIFICATION OF DISEASES, ICD-11 STANDARDS, UPDATED AS OF APRIL 2019, '9D90 VISION IMPAIRMENT INCLUDING BLINDNESS' TO INCLUDE SEVERE VISUAL IMPAIRMENT. PATIENT SELECTION CRITERIA FOR HELPMESEE FINANCIAL SUPPORT FOR CATARACT SURGERY IS DEFINED AS 'VISUAL ACUITY WORSE THAN 6/60 (METRIC) OR 20/200 (F.P.S.)' IN ONE OR BOTH EYES.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

HELP ME SEE, INC.

Employer identification number

27-3207754

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARO JAHANI CEO & PRESIDENT	(i)	401,459.	0.	200,000.	0.	28,261.	629,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL J. THORPE CHIEF OF MKT AND DEVELOPME	(i)	317,697.	100,000.	0.	0.	45,626.	463,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AILEEN CHANG GENERAL COUNSEL	(i)	290,445.	0.	0.	0.	45,490.	335,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VAN LANSINGH CHIEF MEDICAL OFFICER	(i)	274,740.	0.	0.	0.	0.	274,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JON POLLACK CHIEF OF TRAINING OPERATIO	(i)	237,187.	0.	0.	0.	31,766.	268,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BONNIE HENDERSON CEO & PRESIDENT	(i)	250,000.	0.	0.	0.	0.	250,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERICK GARCIA BUSINESS INTELLIGENCE AND QUALITY AS	(i)	198,248.	0.	0.	0.	28,420.	226,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MINAL U SHAHBALDOTA OPHTHALMOLOGY SIMULATOR EX	(i)	221,126.	0.	0.	0.	1,778.	222,904.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TAMMY BUCK CHIEF OF ADMINISTRATION	(i)	207,971.	0.	0.	0.	1,786.	209,757.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHAO WANG DIRECTOR OF FINANCE AND ACCOUNTING	(i)	175,057.	0.	0.	0.	34,082.	209,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MATTHEW WALDEN CLINICAL RESEARCH COORDINA	(i)	186,087.	0.	0.	0.	2,121.	188,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

HELP ME SEE, INC.

Employer identification number

27-3207754

FORM 990, PART III, LINE 1

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

IT IS ACTIVELY LEADING THE FIGHT AGAINST CATARACT BLINDNESS ON A GLOBAL
SCALE. ITS INNOVATIVE TRAINING SYSTEM OFFERS A HIGHLY STRUCTURED
CURRICULUM FOR PHYSICIANS TO LEARN THE TECHNIQUES OF MANUAL SMALL
INCISION CATARACT SURGERY (MSICS), PHACOEMULSIFICATION AND SURGICAL
COMPLICATION MANAGEMENT FOR CATARACT SURGERY IN ORDER TO PROVIDE
SUCCESSFUL TREATMENTS FOR INDIVIDUALS AFFECTED BY CATARACTS. SIMULATION
BASED TRAINING OFFERS A WIDE RANGE OF BENEFITS TO BOTH SURGEONS AND
PATIENTS, SUCH AS PROVIDING AN ENVIRONMENT FOR SURGICAL TRAINING THAT
IS SAFE AND CONTROLLED. TRAINEES CAN PRACTICE TECHNIQUES WITH GREATER
PRECISION AND ACCURACY SINCE SIMULATORS PROVIDE DETAILED FEEDBACK ON
PERFORMANCES, HELPING TO MINIMIZE THE RISK OF COMPLICATIONS AND GAIN
EXPERIENCE WITH COMPLEX PROCEDURES WHICH ARE OTHERWISE DIFFICULT OR
EVEN IMPOSSIBLE TO PERFORM ON HUMANS. MEDICAL PROFESSIONALS CAN REACH
HIGHER LEVELS OF PROFICIENCY IN AN ETHICAL WAY WITHOUT COMPROMISING
PATIENT SAFETY OR QUALITY OF CARE.

MSICS IS PARTICULARLY SUITED FOR LOW RESOURCE SETTINGS AS IT ALLOWS
SURGEONS TO TREAT MOST TYPES OF CATARACTS PRESENT IN UNDERDEVELOPED
AREAS WHILE STILL PROVIDING EXCELLENT VISUAL OUTCOMES WITH MINIMAL
INVESTMENT. WELL TRAINED CATARACT SPECIALISTS CAN PROVIDE LOW-COST

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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TREATMENT TO MILLIONS OF THOSE WHO ARE CATARACT BLIND OR VISUALLY IMPAIRED. SUTURING TRAINING COURSE WAS LAUNCHED IN 2022.

PHACOEMULSIFICATION IS A PROCEDURE OF CHOICE FOR CATARACT SURGEONS WORLDWIDE AND THE TECHNOLOGY DEVELOPMENT FOR TRAINING IN THIS PROCEDURE HAS BEEN COMPLETED. THIS WAS MADE AVAILABLE IN 2023. ANTERIOR VITRECTOMY TRAINING DEVELOPED STARTED IN 2023 AND IS NOW AVAILABLE IN 2024 FOR TRAINING AT SELECTED CENTERS. PHACOEMULSIFICATION CONTINUES TO BE IMPROVED.

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

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

SUPPORT A WORLDWIDE NETWORK OF OPHTHALMOLOGY SURGICAL TRAINING CENTERS.

SUPPORT WORKFORCE DEVELOPMENT OF HIGHLY SKILLED EYE SURGEONS IN PARTNERSHIP WITH GOVERNMENT, OTHER NON-PROFITS, TRAINING INSTITUTES, PRIVATE ORGANIZATION AND ENABLE ACCESS TO EYE CARE TO THE MOST UNDERSERVED COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SUPPORT CAPABILITIES. FLIGHTSAFETY INTERNATIONAL TO BUILD AND MANUFACTURE COST EFFECTIVE CUTTING-EDGE AND ALSO MINIATURIZE THE HARDWARE.

IN ADDITION TO DEVELOPMENT OF SOFTWARE FOR TRAINING SURGEONS IN MSICS, TRAINING SURGEONS IN THE PHACOEMULSIFICATION WORK WAS INITIATED IN 2021 AND LAUNCHED IN 2023. THE FOLLOWING STEPS HAVE BEEN DEVELOPED 1) RIGHT

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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PARACENTESIS 2) VISCO INJECTION 3) CLEAR CORNEAL INCISION 4) LEFT
 PARACENTESIS 5) CAPSULORRHESIS THROUGH RIGHT PARACENTESIS 6)
 HYDRODISSECTION AND HYDRODELINEATION 7) NUCLEUS ROTATION 8) DIVIDE &
 CONQUER: CREATING THE TRENCHES 9) DIVIDE & CONQUER: DIVIDING THE
 NUCLEUS INTO 4 QUADRANTS 10) DIVIDE & CONQUER: EMULSIFYING THE NUCLEAR
 QUADRANTS AS WELL STOP AND CHOP METHOD 11) CORTEX ASPIRATION BIMANUAL
 12) IOL IMPLANTATION: INJECTING THE FOLDABLE IOL INTO THE BAG 13) IOL
 IMPLANTATION: DIALING THE FOLDABLE IOL 14) HYDRATION OF WOUNDS.
 TRAINING COURSES FOR SUTURING WERE LAUNCHED IN 2022 AND NOW IN 2023
 THEY ARE BEING OFFERED AT ALL TRAINING CENTERS WORLDWIDE. ANTERIOR
 VITRECTOMY TRAINING WAS RECENTLY LAUNCHED.
 HELPMESEE TRAINING IS INSTRUCTOR LED. IT INCLUDES PRE-STUDY EBOOK, IN
 CLASS LEARNING, ELEARNING, TRAINING ON THE SIMULATOR AND DEBRIEF
 SESSIONS. CUSTOMIZED TRAINING IS PROVIDED BASED ON THE SIMULATOR
 OBJECTIVE DATA AND THE EVALUATION OF THE ON-SITE INSTRUCTOR. HELPMESEE
 DELIVERS COMPETENCY BASED SURGICAL TRAINING IN A HIGHLY STANDARDIZED
 MODEL WHICH IS THE FIRST OF ITS KIND IN OPHTHALMOLOGY AND TO
 HELPMESEE'S KNOWLEDGE IS THE CLOSEST IN ITS ADOPTION OF THE AVIATION
 MODEL.
 HELPMESEE WILL CONTINUE TO IMPROVE ON THE CURRENT TECHNOLOGY AND BUILD
 ADDITIONAL MODULES. IN 2023, HELPMESEE HAS A PLAN TO OPTIMIZE THE
 PHACOEMULSIFICATION (PHACO) MODULES. PARS PLANA VITRECTOMY DEVELOPMENT
 IS IN THE WORKS (TROCAR INSERTION, VISCOELASTIC ASSISTED FRAGMENT
 REMOVAL).

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
 WITH SPECIFIC PROGRAMS. ALSO, THERE IS A STEADY INCREASE IN NUMBERS OF
 HELPMESEE FOLLOWERS ON YOUTUBE, LINKEDIN, AND INSTAGRAM.

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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THE PLANNED GIFTS TEAM HAS RECEIVED SEVERAL PLANNED GIFTS IN 2023. THE CORPORATION AND FOUNDATIONS TEAM HAS SUBMITTED MULTIPLE PROPOSALS AND RECEIVED LARGE GRANTS FROM MULTIPLE SOURCES WITH EYECARE HEALTH AS THEIR PRIORITIES. THE HELPMESSEE FUNDRAISING TEAM HAS ALSO REACHED OUT LAPSED DONORS FOR THEIR CONTINUED SUPPORT IN 2023. GENERAL SOLICITATIONS WERE MADE ON VARIOUS PLATFORMS, AND THEY INCLUDED PROMOTIONAL AND EDUCATIONAL MATERIALS.

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

AT HELP ME SEE, OUR FORM 990 IS PREPARED BY TAIT WELLER AND UNDERGOES A THOROUGH REVIEW PROCESS TO ENSURE COMPLIANCE WITH IRS REGULATIONS AND ACCURACY OF FINANCIAL INFORMATION. THEN THE 990 REVIEW IS CONDUCTED BY THE DIRECTOR OF FINANCE AND ACCOUNTING, AND PRESIDENT & CEO. DOCUMENTATION, INCLUDING AUDITED FINANCIAL STATEMENTS AND ACCOUNTING RECORDS, IS COMPILED WITHIN 31 DAYS FOLLOWING FISCAL YEAR-END. THE REVIEW PROCESS INVOLVES VERIFYING FINANCIAL DATA, ENSURING COMPLIANCE WITH IRS REGULATIONS, AND ADHERING TO INTERNAL CONTROLS. ANY DISCREPANCIES IDENTIFIED ARE PROMPTLY ADDRESSED. ONCE REVIEWED, THE FORM 990 IS SIGNED BY THE PRESIDENT & CEO AND SUBMITTED TO THE IRS, REFLECTING OUR COMMITMENT TO TRANSPARENCY, ACCURACY, AND ACCOUNTABILITY IN OUR REPORTING.

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

THE BOARD OF HELPMESSEE REVIEWS AND APPROVES THE CONFLICT OF INTEREST POLICY ANNUALLY.

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

THE CHAIRMAN/TREASURER IN CONSULTATION WITH THE BOARD DETERMINES THE COMPENSATION OF THE PRESIDENT AND CEO.

Name of the organization HELP ME SEE, INC.	Employer identification number 27-3207754
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FORM 990, PART VI, SECTION C, LINE 19:

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

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

CONSULTING:

PROGRAM SERVICE EXPENSES	1,690,312.
MANAGEMENT AND GENERAL EXPENSES	164,819.
FUNDRAISING EXPENSES	51,160.
TOTAL EXPENSES	1,906,291.

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	235,388.
MANAGEMENT AND GENERAL EXPENSES	16.
FUNDRAISING EXPENSES	1,157,170.
TOTAL EXPENSES	1,392,574.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,298,865.

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

FOREIGN EXCHANGE GAIN	-43,296.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HELPMEESEE INDIA FOUNDATION E-5 QUTAB HOTEL COMPOUND, SHAHEED JEET SING NEW DELHI, INDIA 110 016	PROGRAM	INDIA			HELP ME SEE, INC.	X	

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HMS VISION, INC. - 92-0246682 8 THE GREEN, STE 14618 DOVER, DE 19901	PROGRAM	DE		C CORP	0.	240,790.	100%		X
BEIJING HMS VISION TECHNICAL CONSULTING CO, LTD, 3 NORTH ROAD, EAST THIRD RING ROAD, BEIJING, CHINA 100027	PROGRAM	CHINA		C CORP	12,352.	59,983.	100%		X
HMS VISION PRIVATE LIMITED UNIT NUMBER 703, A WING, 7TH FLR, SUPREME BUS MUMBAI, INDIA 400076	PROGRAM	INDIA		C CORP	34,192.	249,507.	100%		X
BEIJING HELPMESEE TECHNOLOGY COMPANY LIMITED SUITE 1310, BUILDING 01, NO. 17. SANYUAN STRE BEIJING, CHINA 100077		CHINA		C CORP	29,301.	2,810.	100%		X

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HMS VISION PRIVATE LIMITED	A	4,086.	
(2) BEIJING HMS VISION TECHNICAL CONSULTING CO	A	12,352.	
(3) HMS VISION PRIVATE LIMITED BEIJING HELPEMEESEE TECHNOLOGY COMPANY	B	1,229,624.	
(4) LIMITED	B	29,301.	
(5) HMS VISION PRIVATE LIMITED	K	4,086.	
(6) HMS VISION, INC.	B	250,000.	

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 20,555,794, D Employer identification number 27-3207754, E Group exemption number, F Check box if an amended return, G Check organization type, H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of CHAO WANG Telephone number 212-221-7606

Form header section including: H Check if filing only to claim, I Check if a 501(c)(3) organization filing a consolidated return, J Enter the number of attached Schedules A (Form 990-T) 1, K During the tax year, was the corporation a subsidiary, L The books are in care of CHAO WANG Telephone number 212-221-7606

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations for total unrelated business taxable income, deductions, and final amount of 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax calculations for organizations taxable as corporations, trusts, proxy tax, and other tax amounts, resulting in a total of 0.

Table for Part III: Tax and Payments. Rows 1a-5 showing foreign tax credit, other credits, amounts due from various forms, total amounts due, and total tax liability, resulting in a current net liability of 0.

Part III Tax and Payments (continued)			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here SEE STATEMENT 2	X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information
Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer <u>Bonnie In Henderson</u> <small>886#205B078041E...</small>	Date <u>7/4/2024</u>	Title <u>PRESIDENT & CEO</u>		
Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>HARRISON PEREIRA</u>		<u>07/03/24</u>		<u>P00746867</u>
	Firm's name <u>TAIT, WELLER & BAKER LLP</u>	Firm's address <u>50 SOUTH 16TH STREET, SUITE 2900 PHILADELPHIA, PA 19102</u>		Firm's EIN <u>23-1144520</u>	Phone no. <u>215-979-8800</u>

HELP ME SEE, INC.

27-3207754

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 2

NAME OF COUNTRY

INDIA

CHINA

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization HELP ME SEE, INC.	B Employer identification number 27-3207754
C Unrelated business activity code (see instructions) 900003	D Sequence: 1 of 1

E Describe the unrelated trade or business **ROYALTY INCOME FROM CONTROLLED ORGANIZATION**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	16,438.	394,568.	-378,130.
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	16,438.	394,568.	-378,130.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement). See instructions		5		
6 Taxes and licenses		6		
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			8b
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement)		14		
15 Total deductions. Add lines 1 through 14		15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-378,130.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-378,130.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a Yes/No checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal/real property and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income, deductions (depreciation), average acquisition debt, and total gross income. Rows 9-11: Allocable deductions and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations STMT 3			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1) HMS VISION PRIVATE						
(2) BEIJING HMS VISION						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1) 0.	0.	0.	4,086.	36,891.		
(2) 0.	0.	0.	12,352.	357,677.		
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			16,438.	394,568.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

HELP ME SEE, INC.27-3207754

FORM 990-T (A) PART VI - DEDUCTIONS OF CONTROLLED STATEMENT 3
 ORGANIZATIONS DIRECTLY CONNECTED WITH
 COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
COURSEWARE AMORTIZATION		36,891.	
- SUBTOTAL -	1		36,891.
COURSEWARE AMORTIZATION		214,317.	
SIMULATOR DEPRECIATION EXPENSE		143,360.	
- SUBTOTAL -	2		357,677.
TOTAL OF FORM 990-T, SCHEDULE A, PART VI, COLUMN 11			<u>394,568.</u>

Form **4626**
Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax-Corporations

OMB No. 1545-0123

2023

Attach to your tax return.
Go to www.irs.gov/Form4626 for instructions and the latest information.

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

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments:			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return (see instructions)	2b		
c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes (see instructions)	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits (see instructions)	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other (see instructions)	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

LHA For Paperwork Reduction Act Notice, see separate instructions.

316231 02-12-24

Form 4626 (2023)

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
10 AFSI for purposes of the \$100 million test before adjustments:			
a AFSI from line 5	10a		
b Aggregation differences (see instructions)	10b		
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c		
11 Adjustments:			
a Income not effectively connected to a U.S. trade or business	11a		
b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	11b		
c Reserved for future use - Other adjustments 1	11c		
d Reserved for future use - Other adjustments 2	11d		
12 Total adjustments. Combine lines 11a and 11b	12		
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13		
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13			14
15 3-year average annual AFSI for purposes of the \$100 million test			15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax

Table with 3 columns: Description, Line Number, and Amount. Rows include: 1 Net income or loss per applicable financial statement(s) (AFS) (see instructions); a Consolidated net income or loss per the AFS of the corporation (-379,130.); b Include AFS net income or loss of other includible entities; c Exclude AFS net income or loss of excludible entities; d Adjustment for certain consolidating entries; e Specified additional net income or loss item D. Reserved for future use; f AFS net income or loss before adjustments. Combine lines 1a through 1d (-379,130.); 2 Adjustments: a Financial statements covering different tax years; b Reserved for future use - Adjustment 2b; c Corporations that are not included on the taxpayers - consolidated return; d The corporation's distributive share of adjusted financial statement income of partnerships; e Pro-rata share of net income from controlled foreign corporations; f Amounts that are not effectively connected to a U.S. trade or business; g Certain taxes; h Patronage dividends; i Alaska native corporations; j Certain credits; k Mortgage servicing income; l Covered benefit plans; m Tax-exempt entities; n Depreciation; o Qualified wireless spectrum; p Covered transactions; q Adjustments related to bankruptcy; r Certain insurance company adjustments; s AFSI adjustment S; t AFSI adjustment T; u AFSI adjustment U; z Other; 3 Total adjustments; 4 AFSI before financial statement net operating loss carryover (-379,130.); 5 Financial statement net operating loss (FSNOL); 6 AFSI. Subtract line 5 from line 4; 7 Multiply line 6 by 15% (0.15); 8 Corporate alternative minimum tax foreign tax credit (CAMT FTC); 9 Tentative minimum tax; 10 Regular tax liability; 11 Base erosion minimum tax; 12 Combine lines 10 and 11; 13 Alternative minimum tax.

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

Table with 3 columns: Description, Line Number, and Amount. Rows include: 1 Current income tax provision - Foreign; 2 Current income tax provision - Federal; 3 Deferred income tax provision - Foreign; 4 Deferred income tax provision - Federal; 5 Income taxes included in equity method investment income; 6a Adjustment A - Reserved for future use; b Adjustment B - Reserved for future use; c Adjustment C - Reserved for future use; d Adjustment D - Reserved for future use; e Adjustment E - Reserved for future use; f Adjustment F - Reserved for future use; g Adjustment G - Reserved for future use; h Adjustment H - Reserved for future use; z Income taxes in other places; 7 Total. Combine lines 1 through 6z.

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

1	Domestic corporation AMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b		
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	3e		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			6

Form **5471**

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2023)

Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, and ending _____,

Attachment
Sequence No. **121**

Name of person filing this return HELP ME SEE, INC. <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 1 EVERTRUST PLAZA SUITE 308 City or town, state, and ZIP code JERSEY CITY, NJ 07302 Filer's tax year beginning JAN 1 , 20 23 , and ending DEC 31 , 20 23	A Identifying number 27-3207754 B Category of filer (See instructions. Check applicable box(es).): 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %
--	--

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) _____

H Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation BEIJING HELPME TECHNOLOGY CO. LTD RM 1018, 10TH FL, BLDG B, NO. 3 E. THIRD RING R BEIJING CHINA	b(1) Employer identification number, if any 00000000 b(2) Reference ID number (see instructions) BEIJING122315 b(3) Previous reference ID number(s), if any (see instr.) c Country under whose laws incorporated CHINA			
d Date of incorporation 12/23/15	e Principal place of business BEIJING CHINA	f Principal business activity code number 	g Principal business activity 	h Functional currency code CNY

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States 	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">(i) Taxable income or (loss)</td> <td style="width:50%; text-align: center;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td style="height: 30px;"> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
c Name and address of foreign corporation's statutory or resident agent in country of incorporation 	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different 				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

HELP ME SEE, INC.

27-3207754

Form 5471 (Rev. 12-2023)

Page 2

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
HELP ME SEE, INC. 1 EVERTRUST PLAZA SUITE JERSEY CITY NJ 07302 27-3207754				

Part II Direct Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. Note: This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
HELP ME SEE, INC. 1 EVERTRUST PLAZA SUITE JERSEY CITY NJ 07302 27-3207754			

Form 5471 (Rev. 12-2023)

HELP ME SEE, INC.

27-3207754

Form 5471 (Rev. 12-2023)

Page **3**

Schedule C **Income Statement** (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a 207,153.	29,301.
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c 207,153.	29,301.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3 207,153.	29,301.
	4 Dividends	4	
	5 Interest	5 154.	22.
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
	7 Net gain or (loss) on sale of capital assets	7	
8a Foreign currency transaction gain or loss - unrealized	8a	4.	3,538.
	b Foreign currency transaction gain or loss - realized	8b	
	9 Other income (attach statement)	9 11,492.	1,625.
	10 Total income (add lines 3 through 9)	10 218,803.	34,486.
Deductions	11 Compensation not deducted elsewhere	11 199,828.	28,265.
	12a Rents	12a 57,488.	8,131.
	b Royalties and license fees	12b	
	13 Interest	13	
	14 Depreciation not deducted elsewhere	14 3,701.	523.
	15 Depletion	15	
	16 Taxes (exclude income tax expense (benefit))	16	
	17 Other deductions (attach statement - exclude income tax expense (benefit))	17 387,974.	54,879.
18 Total deductions (add lines 11 through 17)	18 648,991.	91,798.	
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19 -430,188.	-57,312.
	20 Unusual or infrequently occurring items	20	
	21a Income tax expense (benefit) - current	21a	
	b Income tax expense (benefit) - deferred	21b	
22 Current year net income or (loss) per books (combine lines 19 through 21b)	22 -430,188.	-57,312.	
Other Comprehensive Income	23a Foreign currency translation adjustments	23a	
	b Other	23b	
	c Income tax expense (benefit) related to other comprehensive income	23c	
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24	

Form **5471** (Rev. 12-2023)

HELP ME SEE, INC.

27-3207754

Form 5471 (Rev. 12-2023)

Page 4

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Table with columns: Assets, (a) Beginning of annual accounting period, (b) End of annual accounting period. Rows include Cash, Trade notes and accounts receivable, Derivatives, Inventories, Other current assets, Loans to shareholders, Investment in subsidiaries, Other investments, Buildings and other depreciable assets, Depletable assets, Land, Intangible assets, Other assets, Total assets, Liabilities and Shareholders' Equity, Accounts payable, Other current liabilities, Loans from shareholders, Other liabilities, Capital stock, Retained earnings, Total liabilities and shareholders' equity.

Schedule G Other Information

Table with columns: Question, Yes, No. Rows include questions about foreign ownership, base erosion payments, and disallowed deductions.

HELP ME SEE, INC.27-3207754

FORM 5471	OTHER INCOME		STATEMENT 4
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
NONOPERATING REVENUE	8,911.		1,260.
OTHER INCOME	2,581.		365.
TOTAL TO 5471, SCHEDULE C, LINE 9	11,492.		1,625.

FORM 5471	OTHER DEDUCTIONS		STATEMENT 5
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
ACCOUNTING & AUDITING	70,870.		10,024.
BANK CHARGES AND FEES	2,678.		379.
EMPLOYEE BENEFITS	77,771.		11,001.
MISCELLANEOUS	211.		30.
OFFICE EXPENSE	155,653.		22,017.
PAYROLL SERVICE	5,680.		803.
POSTAGE & DELIVERY	6,497.		919.
SIMULATOR SHIPPING	21,555.		3,049.
TELEPHONE	693.		98.
TRAVEL	23,854.		3,374.
UTILITIES	556.		79.
WEB & IT	21,956.		3,106.
TOTAL TO 5471, SCHEDULE C, LINE 17	387,974.		54,879.

FORM 5471	OTHER CURRENT ASSETS		STATEMENT 8
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
SECURITY DEPOSITS	17,139.	0.	
ADVANCES	21,226.	0.	
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	38,365.	0.	

HELP ME SEE, INC.27-3207754

FORM 5471

OTHER ASSETS

STATEMENT 9

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
FUNDS TO INTERNATIONAL OFFICES	235,248.	230,359.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 13	235,248.	230,359.

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 10

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PAYROLL TAX LIABILITY	4,031.	0.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	4,031.	0.

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No' and rows 6a through 19b. Rows 6a, 7, 8, 9a, 10, 11, 12, 14, 15, 17a, 18a, 18b, 19a, and 19b(1) have 'X' in the 'No' column. Rows 6b, 6c, 6d, 13, 16, 17b, 18b, and 19b(2) are blank.

HELP ME SEE, INC.

27-3207754

Form 5471 (Rev. 12-2023)

Page **6**

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder	Identifying number
1a Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a
b Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b
c Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c
d Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d
e Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1e
f Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f
g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g
h Other subpart F income (enter result from Worksheet A)	1h
2 Earnings invested in U.S. property (enter the result from Worksheet B)	2
3 Reserved for future use	3
4 Factoring income	4
See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	
5a Section 245A eligible dividends (see instructions)	5a
b Extraordinary disposition amounts (see instructions)	5b
c Extraordinary reduction amounts (see instructions)	5c
d Section 245A(e) dividends (see instructions)	5d
e Dividends not reported on line 5a, 5b, 5c, or 5d	5e
6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6

	Yes	No
7a Was any income of the foreign corporation blocked?		
b Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)		

Form **5471** (Rev. 12-2023)

**SCHEDULE M
(Form 5471)**

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 HELP ME SEE, INC.	Identifying number 27-3207754
---	---

Name of foreign corporation BEIJING HELPME TECHNOLOGY CO. LTD	EIN (if any) 000000000	Reference ID number BEIJING122315
---	----------------------------------	---

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **CHINA, YUAN**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instr.)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Loan guarantee fees received					
14 Other amounts received (att. statement)	0.	0.	29,301.	0.	0.
15 Add lines 1 through 14			29,301.		
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade					
18 Purchases of property rights (patents, trademarks, etc.)					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid					
21 Compensation paid for technical, managerial, engineering, construction, or like services					
22 Commissions paid					
23 Rents, royalties, and license fees paid					
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid					
29 Other amounts paid (attach statement)	29,301.	0.	0.	0.	0.
30 Add lines 16 through 29	29,301.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Name of person filing Form 5471 HELP ME SEE, INC.	Identifying number 27-3207754
---	--

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

Schedule M (Form 5471) (Rev. 12-2021)

Form **5471**

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

OMB No. 1545-0123

(Rev. December 2023)

Go to www.irs.gov/Form5471 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, and ending _____,

Attachment
Sequence No. **121**

Name of person filing this return HELP ME SEE, INC. <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> 1 EVERTRUST PLAZA SUITE 308 City or town, state, and ZIP code JERSEY CITY, NJ 07302	A Identifying number 27-3207754 B Category of filer (See instructions. Check applicable box(es).): 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 % Filer's tax year beginning JAN 1 , 2023 , and ending DEC 31 , 2023
--	--

D Check box if this is a final Form 5471 for the foreign corporation

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Check the box if this Form 5471 has been completed using "Alternative Information" under Rev. Proc. 2019-40

G If the box on line F is checked, enter the corresponding code for "Alternative Information" (see instructions) _____

H Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation HMS VISION PRIVATE LIMITED UNIT 703, A WING , 7TH FL, SUPREME BUSINESS PAR MUMBAI 400076 INDIA	b(1) Employer identification number, if any 00000000 b(2) Reference ID number (see instructions) HMSVISION011823 b(3) Previous reference ID number(s), if any (see instr.) c Country under whose laws incorporated INDIA			
d Date of incorporation 01/18/23	e Principal place of business 	f Principal business activity code number 	g Principal business activity 	h Functional currency code INR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States 	b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> (i) Taxable income or (loss) </td> <td style="width:50%; vertical-align: top;"> (ii) U.S. income tax paid (after all credits) </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
c Name and address of foreign corporation's statutory or resident agent in country of incorporation 	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different 				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

HELP ME SEE, INC.

27-3207754

Form 5471 (Rev. 12-2023)

Page 2

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

Table with 5 columns: (a) Name, address, and identifying number of shareholder; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period; (e) Pro rata share of Subpart F income (enter as a percentage). Includes entry for HELP ME SEE, INC.

Part II Direct Shareholders of Foreign Corporation (see instructions)

Table with 4 columns: (a) Name, address, and identifying number of shareholder. Also, include country of incorporation or formation, if applicable; (b) Description of each class of stock held by shareholder; (c) Number of shares held at beginning of annual accounting period; (d) Number of shares held at end of annual accounting period. Includes entry for HELP ME SEE, INC.

Form 5471 (Rev. 12-2023)

HELP ME SEE, INC.

27-3207754

Form 5471 (Rev. 12-2023)

Page **3**

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. generally accepted accounting principles (GAAP). Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for dollar approximate separate transactions method (DASTM) corporations.

		Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a 92,950,314.	1,119,311.
	b Returns and allowances	1b	
	c Subtract line 1b from line 1a	1c 92,950,314.	1,119,311.
	2 Cost of goods sold	2	
	3 Gross profit (subtract line 2 from line 1c)	3 92,950,314.	1,119,311.
	4 Dividends	4	
	5 Interest	5	
	6a Gross rents	6a	
	b Gross royalties and license fees	6b	
	7 Net gain or (loss) on sale of capital assets	7	
8a Foreign currency transaction gain or loss - unrealized	8a	136,761.	1,647.
	b Foreign currency transaction gain or loss - realized	8b	
	9 Other income (attach statement)	9 8.	0.
	10 Total income (add lines 3 through 9)	10 93,087,083.	1,120,958.
Deductions	11 Compensation not deducted elsewhere	11 32,723,671.	394,060.
	12a Rents	12a 7,688,645.	92,587.
	b Royalties and license fees	12b	
	13 Interest	13 42,259.	509.
	14 Depreciation not deducted elsewhere	14 114,717.	1,381.
	15 Depletion	15	
	16 Taxes (exclude income tax expense (benefit))	16 10,145,829.	122,177.
	17 Other deductions (attach statement - exclude income tax expense (benefit))	17 41,486,618.	499,583.
18 Total deductions (add lines 11 through 17)	18 92,201,739.	1,110,297.	
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19 885,344.	10,661.
	20 Unusual or infrequently occurring items	20	
	21a Income tax expense (benefit) - current	21a	
	b Income tax expense (benefit) - deferred	21b	
22 Current year net income or (loss) per books (combine lines 19 through 21b)	22 885,344.	10,661.	
Other Comprehensive Income	23a Foreign currency translation adjustments	23a	
	b Other	23b	
	c Income tax expense (benefit) related to other comprehensive income	23c	
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24	

Form **5471** (Rev. 12-2023)

HELP ME SEE, INC.

27-3207754

Form 5471 (Rev. 12-2023)

Page 4

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	0.	133,776.
2a Trade notes and accounts receivable	2a	0.	170.
b Less allowance for bad debts	2b	()	()
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement)	5		103,128.
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement)	7		
8 Other investments (attach statement)	8		
9a Buildings and other depreciable assets	9a	0.	13,814.
b Less accumulated depreciation	9b	0.)	(1,381.)
10a Depletable assets	10a		
b Less accumulated depletion	10b	()	()
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	()	()
13 Other assets (attach statement)	13		
14 Total assets	14		249,507.
Liabilities and Shareholders' Equity			
15 Accounts payable	15	0.	78,834.
16 Other current liabilities (attach statement)	16		15,508.
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement)	19		144,504.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b		
21 Paid-in or capital surplus (attach reconciliation)	21		
22 Retained earnings	22	0.	10,661.
23 Less cost of treasury stock	23	()	()
24 Total liabilities and shareholders' equity	24		249,507.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from their owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branches (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).		
4a During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," complete lines 4b and 4c.		
b Enter the total amount of the base erosion payments	\$ _____	
c Enter the total amount of the base erosion tax benefits	\$ _____	
5a During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," complete line 5b.		
b Enter the total amount of the disallowed deductions (see instructions)	\$ _____	

HELP ME SEE, INC.27-3207754

FORM 5471

OTHER INCOME

STATEMENT 6

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
OTHER INCOME	8.		0.
TOTAL TO 5471, SCHEDULE C, LINE 9	8.		0.

FORM 5471

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
EMPLOYEE BENEFITS	1,103,115.		13,284.
OUTSOURCED MANPOWER	695,572.		8,376.
OFFICE EXPENSE	531,589.		6,401.
REPAIRS & MAINTENANCE	181,400.		2,184.
INSURANCE	69,372.		835.
FEES, LICENSES, PERMITS	150,596.		1,814.
MISCELLANEOUS	3,000.		36.
BANK CHARGES AND FEES	53,567.		645.
POSTAGE & DELIVERY	151,409.		1,823.
MEMBERSHIPS & SUBSCRIPTIONS	3,151,569.		37,951.
UTILITIES	454,035.		5,468.
TELEPHONE	1,207,381.		14,539.
MEDICAL SUPPLIES	114,620.		1,380.
INFORMATION TECHNOLOGY	1,480,396.		17,827.
PRINTING & PHOTOSHOP	137,262.		1,653.
ADVERTISING	353,671.		4,259.
CONSULTING	24,338,853.		293,090.
COMPLIANCE FEE	617,676.		7,438.
LEASE CHARGES	339,288.		4,086.
ROYALTIES	339,288.		4,086.
ACCOUNTING & AUDITING	244,850.		2,949.
TRAVEL	3,770,080.		45,399.
MEETINGS	750,386.		9,036.
MEALS & ENTERTAINMENT	261,242.		3,146.
SIMULATOR EXPENSES	986,401.		11,878.
TOTAL TO 5471, SCHEDULE C, LINE 17	41,486,618.		499,583.

HELP ME SEE, INC.27-3207754

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 11

<u>DESCRIPTION</u>	<u>BEG. OF ANNUAL ACCOUNTING PERIOD</u>	<u>END OF ANNUAL ACCOUNTING PERIOD</u>
SECURITY DEPOSITS	0.	37,600.
TDS RECEIVABLE	0.	790.
ADVANCES	0.	64,738.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 5	0.	103,128.

FORM 5471

OTHER CURRENT LIABILITIES

STATEMENT 12

<u>DESCRIPTION</u>	<u>BEG. OF ANNUAL ACCOUNTING PERIOD</u>	<u>END OF ANNUAL ACCOUNTING PERIOD</u>
PAYROLL TAX LIABILITY	0.	11,299.
PROVIDENT FUND	0.	1,647.
DEFERRED INCOME	0.	2,557.
PROFESSION TAX	0.	5.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 16	0.	15,508.

FORM 5471

OTHER LIABILITIES

STATEMENT 13

<u>DESCRIPTION</u>	<u>BEG. OF ANNUAL ACCOUNTING PERIOD</u>	<u>END OF ANNUAL ACCOUNTING PERIOD</u>
INVESTMENT ACCOUNT	0.	144,504.
TOTAL TO 5471, PAGE 4, SCHEDULE F, LINE 19	0.	144,504.

HELP ME SEE, INC.

27-3207754

FORM 5471, SCHEDULE M

OTHER AMOUNTS RECEIVED

STATEMENT 14

DESCRIPTION	US PERSON FILING THIS RETURN	ANY	ANY OTHER	10% OR MORE	10% OR MORE
		DOMESTIC CORP OR PARTNERSHIP CONTROLLED BY US PERS FILING THIS RETURN	FGN CORP OR PARTNERSHIP CONTROLLED BY U.S. PERSON FILING THIS RETURN	US SHRHLDR OF CFC (OTHER THAN THE US PRSN FILING THIS RTN)	US SHRHLDR OF ANY CORP CONTROLLING THE FGN CORPORATION
GRANTS	0.	0.	29,301.	0.	0.
TOTAL TO LINE 14	0.	0.	29,301.	0.	0.

FORM 5471, SCHEDULE M

OTHER AMOUNTS PAID

STATEMENT 15

DESCRIPTION	US PERSON FILING THIS RETURN	ANY	ANY OTHER	10% OR MORE	10% OR MORE
		DOMESTIC CORP OR PARTNERSHIP CONTROLLED BY US PERS FILING THIS RETURN	FGN CORP OR PARTNERSHIP CONTROLLED BY U.S. PERSON FILING THIS RETURN	US SHRHLDR OF CFC (OTHER THAN THE US PRSN FILING THIS RTN)	US SHRHLDR OF ANY CORP CONTROLLING THE FGN CORPORATION
GRANTS	29,301.	0.	0.	0.	0.
TOTAL TO LINE 29	29,301.	0.	0.	0.	0.

Schedule G Other Information (continued)

Table with columns 'Yes' and 'No' and rows 6a through 19b. Rows 6a, 7, 8, 9a, 10, 11, 12, 13, 14, 15, 16, 17a, 18a, 18b, 19a, and 19b(1) have 'X' in the 'No' column. Rows 6b, 6c, 6d, 17b, 18b, and 19b(2) are blank.

HELP ME SEE, INC.

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Page **6**

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item H on page 1 is completed, a separate Schedule I must be filed for each Category 4, 5a, or 5b filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder	Identifying number
1a Section 964(e)(4) subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a
b Section 245A(e)(2) subpart F income from hybrid dividends of tiered corporations (see instructions)	1b
c Subpart F income from tiered extraordinary disposition amounts not eligible for subpart F exception under section 954(c)(6)	1c
d Subpart F income from tiered extraordinary reduction amounts not eligible for subpart F exception under section 954(c)(6)	1d
e Section 954(c) Subpart F Foreign Personal Holding Company Income (enter result from Worksheet A)	1e
f Section 954(d) Subpart F Foreign Base Company Sales Income (enter result from Worksheet A)	1f
g Section 954(e) Subpart F Foreign Base Company Services Income (enter result from Worksheet A)	1g
h Other subpart F income (enter result from Worksheet A)	1h
2 Earnings invested in U.S. property (enter the result from Worksheet B)	2
3 Reserved for future use	3
4 Factoring income	4
See instructions for reporting amounts on lines 1, 2, and 4 on your income tax return.	
5a Section 245A eligible dividends (see instructions)	5a
b Extraordinary disposition amounts (see instructions)	5b
c Extraordinary reduction amounts (see instructions)	5c
d Section 245A(e) dividends (see instructions)	5d
e Dividends not reported on line 5a, 5b, 5c, or 5d	5e
6 Exchange gain or (loss) on a distribution of previously taxed earnings and profits	6

	Yes	No
7a Was any income of the foreign corporation blocked?		
b Did any such income become unblocked during the tax year (see section 964(b))?		
If the answer to either question is "Yes," attach an explanation.		
8a Did this U.S. shareholder have an extraordinary disposition (ED) account with respect to the foreign corporation at any time during the tax year (see instructions)?		X
b If the answer to question 8a is "Yes," enter the U.S. shareholder's ED account balance at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
c Enter the CFC's aggregate ED account balance with respect to all U.S. shareholders at the beginning of the CFC year \$ _____ and at the end of the tax year \$ _____. Provide an attachment detailing any changes from the beginning to the ending balances.		
9 Enter the sum of the hybrid deduction accounts with respect to stock of the foreign corporation (see instructions)		

Form **5471** (Rev. 12-2023)

**SCHEDULE M
(Form 5471)**

(Rev. December 2021)
Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0123

▶ Attach to Form 5471.

▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

Name of person filing Form 5471 HELP ME SEE, INC.	Identifying number 27-3207754
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Name of foreign corporation HMS VISION PRIVATE LIMITED	EIN (if any) 000000000	Reference ID number HMSVISION011823
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Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **INDIA, RUPEE**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received ...	4,086.				
9 Hybrid dividends received (see instr.) ...					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Loan guarantee fees received					
14 Other amounts received (att. statement)	4,086.	0.	1,229,624.	0.	0.
15 Add lines 1 through 14	8,172.		1,229,624.		
16 Purchases of stock in trade (inventory)					
17 Purchases of tangible property other than stock in trade					
18 Purchases of property rights (patents, trademarks, etc.)					
19 Platform contribution transaction payments paid					
20 Cost sharing transaction payments paid					
21 Compensation paid for technical, managerial, engineering, construction, or like services					
22 Commissions paid					
23 Rents, royalties, and license fees paid			4,086.		
24 Hybrid dividends paid (see instructions)					
25 Dividends paid (exclude hybrid dividends paid)					
26 Interest paid					
27 Premiums paid for insurance or reinsurance					
28 Loan guarantee fees paid					
29 Other amounts paid (attach statement)	1,229,624.	0.	4,086.	0.	0.
30 Add lines 16 through 29	1,229,624.		8,172.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule M (Form 5471) (Rev. 12-2021)

Name of person filing Form 5471

Identifying number

HELP ME SEE, INC.

27-3207754

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
31 Accounts Payable					
32 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
33 Accounts Receivable					
34 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

Schedule M (Form 5471) (Rev. 12-2021)

HELP ME SEE, INC.

27-3207754

FORM 5471, SCHEDULE M

OTHER AMOUNTS RECEIVED

STATEMENT 16

DESCRIPTION	US PERSON FILING THIS RETURN	ANY	ANY OTHER	10% OR MORE	10% OR MORE
		DOMESTIC CORP OR PARTNERSHIP CONTROLLED BY US PERS FILING THIS RETURN	FGN CORP OR PARTNERSHIP CONTROLLED BY U.S. PERSON FILING THIS RETURN	US SHRHLDR OF CFC (OTHER THAN THE US PRSN FILING THIS RTN)	US SHRHLDR OF ANY CORP CONTROLLING THE FGN CORPORATION
GRANTS	0.	0.	1,085,120.	0.	0.
PAID-IN CAPITAL	0.	0.	144,504.	0.	0.
SIMULATOR LEASE	4,086.	0.	0.	0.	0.
TOTAL TO LINE 14	4,086.	0.	1,229,624.	0.	0.

FORM 5471, SCHEDULE M

OTHER AMOUNTS PAID

STATEMENT 17

DESCRIPTION	US PERSON FILING THIS RETURN	ANY	ANY OTHER	10% OR MORE	10% OR MORE
		DOMESTIC CORP OR PARTNERSHIP CONTROLLED BY US PERS FILING THIS RETURN	FGN CORP OR PARTNERSHIP CONTROLLED BY U.S. PERSON FILING THIS RETURN	US SHRHLDR OF CFC (OTHER THAN THE US PRSN FILING THIS RTN)	US SHRHLDR OF ANY CORP CONTROLLING THE FGN CORPORATION
GRANTS	1,085,120.	0.	0.	0.	0.
PAID-IN CAPITAL	144,504.	0.	0.	0.	0.
SIMULATOR LEASE	0.	0.	4,086.	0.	0.
TOTAL TO LINE 29	1,229,624.	0.	4,086.	0.	0.