Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

<u> </u>	For the 2	011 calenc	dar year, or tax year beginning , 2011, and end	ing		,	,								
В	Check if app	olicable:	C		D Employ	er Identif	fication Number								
	Addres	s change	VISIONS GLOBAL EMPOWERMENT		26-	33866	678								
	Name	_	1621 BARRY AVENUE # PH 1		E Telepho										
		•	LOS ANGELES, CA 90025		,										
	Initial r				(31)	J) 86	67-9566								
	Termin	ated													
	Amend	ed return			G Gross re	eceipts 🕏	3 195	<u>,470.</u>							
	Applica	ation pending	F Name and address of principal officer:		a group retur		liates? Yes	X No							
			Same As C Above		l affiliates incl		Yes	No							
I	Tax-exem	pt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	II 1NO,	' attach a list.	(see insi	tructions)								
J	Websit	e: ► WW	w.VisionsGlobalEmpowerment.org	H(c) Group	exemption nu	ımber 🏲	-								
ĸ	Form of o	organization:	Corporation Trust Association Other ► L Year of Form		<u> </u>		egal domicile:								
		Summar			7 1111	1410 01 10	-ga. acrinono.								
200000	1 Bri		be the organization's mission or most significant activities: <u>Visions</u>	' micci	on ic	t 0 2	ccict and								
			disadvantaged and/or needy persons and commun												
3ce															
naf		scale, with a focus on developing nations, through efforts focused on, but not limited to, education, development, health care, relief, professional assistance													
Ver	limited to, education, development, health care, relief, professional assistance, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.														
တ္တိ			ting members of the governing body (Part VI, line 1a)			3	:15.	6							
প্র			dependent voting members of the governing body (Part VI, line 1a)			4		0							
ţį			of individuals employed in calendar year 2011 (Part V, line 2a)			5		ő							
Activities & Governance			of volunteers (estimate if necessary)			6		0							
Ä			ed business revenue from Part VIII, column (C), line 12			7a		0.							
			business taxable income from Form 990-T, line 34			7b		0.							
					Prior Year		Current Y	ear							
	8 Cor	ntributions	51,3	75.		,299.									
E.			and grants (Part VIII, line 1h)					/ = = = :							
Revenue	i	-	icome (Part VIII, column (A), lines 3, 4, and 7d)		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	171.							
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)												
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		51,3	75.	195	,470.							
			imilar amounts paid (Part IX, column (A), lines 1-3)					/							
	1		to or for members (Part IX, column (A), line 4)												
	1	-	er compensation, employee benefits (Part IX, column (A), lines 5-10)												
S	1														
Expenses			fundraising fees (Part IX, column (A), line 11e)	90000000000000		*********		***************************************							
xbe	b Tot	al fundrais	sing expenses (Part IX, column (D), line 25) ►10,365	<u>. </u>											
Ŵ	17 Oth	er expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		26,5	19.	120	,203.							
	18 Tot	al expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,5	19.	120	,203.							
	1	•	expenses. Subtract line 18 from line 12		24,8			,267.							
P S S	1				ng of Curren	$\overline{}$	End of Ye								
anc		al assets ((Part X, line 16)		25,2		······································	,500.							
Ass	l		s (Part X, line 26)			21.		21.							
Net Assets Fund Balan	1		fund balances. Subtract line 21 from line 20		25,2		100	······							
	******	Signatur			23,2	12.	100	<u>, 479.</u>							
com	ler penalties iplete. Declai	of perjury, I d ration of preparation	leclare that I have examined this return, including accompanying schedules and statements, an arer (other than officer) is based on all information of which preparer has any knowledge.	to the best o	f my knowledg	je and be	elief, it is true, corr	ect, and							
		L						***************************************							
c:		Signatur	re of officer	Da	ate										
Sig He	JII														
пе	16	Type or	print name and title.												
			The state of the s			7 1-	PTIN								
		Print/Type p	preparer's name Preparer's signature Date	201.0	Check X	Jif ^F	-1 IIN								
Pa		Nanda S	enathi, MS, CPA, CMA Nanda Senathi, MS, CPA, CMA UU	10/1	self-employe	ed I	P01365422								
Pre	eparer	Firm's name	NANDA SENATHI, MS, CPA, CMA		1										
Us	e Only	Firm's addre	ess PO BOX 3926		Firm's EIN ► 95-4109605										
			REDONDO BEACH, CA 90277-1725		Phone no.	(310)	379-8725								
May	the IRS	discuss thi	is return with the preparer shown above? (see instructions)				X Yes	No							

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 71
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28 c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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? If 'Yes,' complete Schedule R, Part VI.	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X
3 A A			-	

BAA Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				$\sqcup \sqcup$
			Frencisco	Yes	No
1a Ent	er the number reported in Box 3 of Form 1096. Enter -0- if not applicable		4		
b Ent	er the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b ()		
c Did (ga	the organization comply with backup withholding rules for reportable payments to vendors mbling) winnings to prize winners?	and reportable gaming	1c		
2a Ent mei	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statents, filed for the calendar year ending with or within the year covered by this return	2a ()		
b If a	t least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b		[
Not	te. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see ins	tructions)			
3a Did	the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		X
	Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3b		
	any time during the calendar year, did the organization have an interest in, or a signature ancial account in a foreign country (such as a bank account, securities account, or other fir	or other authority over, a nancial account)?	4a		Х
	Yes,' enter the name of the foreign country:		4		
	e instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fi				ļ.,.
	s the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5a	 	X
	any taxable party notify the organization that it was or is a party to a prohibited tax shelte Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5b 5c		X
6a Doe soli	es the organization have annual gross receipts that are normally greater than \$100,000, ar icit any contributions that were not tax deductible?	d did the organization	6a		Х
	Yes,' did the organization include with every solicitation an express statement that such cotax deductible?	ntributions or gifts were	6b		
7 Org	ganizations that may receive deductible contributions under section 170(c).				
	the organization receive a payment in excess of \$75 made partly as a contribution and pa vices provided to the payor?	rtly for goods and	7a		Х
	Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did For	the organization sell, exchange, or otherwise dispose of tangible personal property for wh m 8282?	ich it was required to file	7c		Х
d If 'Y	Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did	the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7 e		Х
f Did	the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit contract?	7f		Х
	ne organization received a contribution of qualified intellectual property, did the organizatio required?	n file Form 8899	7 g		
	ne organization received a contribution of cars, boats, airplanes, or other vehicles, did the m 1098-C?	organization file a	7h		
8 Spo	onsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, hadings at any time during the year?	organizations. Did the ve excess business	8		
	onsoring organizations maintaining donor advised funds.				
	the organization make any taxable distributions under section 4966?		9a	T*******	********
	the organization make a distribution to a donor, donor advisor, or related person?		9b		
	ction 501(c)(7) organizations. Enter:				
a Initi	ation fees and capital contributions included on Part VIII, line 12	10a			
b Gro	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	7		
11 Sec	ction 501(c)(12) organizations. Enter:				
a Gro	ss income from members or shareholders	11 a			
b Gro	ss income from other sources (Do not net amounts due or paid to other sources inst amounts due or received from them.)	116			
-	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		12a		
	es,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	ction 501(c)(29) qualified nonprofit health insurance issuers.		1		
	he organization licensed to issue qualified health plans in more than one state?		13a	T*********	**********
	e. See the instructions for additional information the organization must report on Schedule				
		1			
whic	er the amount of reserves the organization is required to maintain by the states in ch the organization is licensed to issue qualified health plans	13b	4		
	er the amount of reserves on hand	13c			
	the organization receive any payments for indoor tanning services during the tax year?		14a	<u> </u>	X
b If 'Y	es, 'has it filed a Form 720 to report these payments? If 'No, ' provide an explanation in Se'	chedule O	14b		

Form 990 (2011) VISIONS GLOBAL EMPOWERMENT 26-3386678 Page 6 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 in Schedule O. See instructions.

a Enter the number of voling members of the governing body at the end of the tax year. 1a 6 6 1 Here are material differences in voting rights among members of the governing body of the governing body is related between 5 of the governing body is related by the governing body of the governing body is related by the governing body in the governing body is related by the governing body of the governing body is related to the governing body in the governing body is related to the governing body in the governing body is related to the governing body in the governing body is related to the governing body in the governing body is governing by governing by a under the direct supervision of efficient, directly, further than the governing body in the governing body is governing by governing by a under the direct supervision of efficient given by the governing body is governing by governing by a under the direct supervision of efficient given by the governing body. 5 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members to the governing body? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 6 Did the organization have members of the governing body? 7 Did the organization because of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 9 It has been any officer, director or furuses, or key employee itself in Part VII. Section A, who cannot be reached at the organization will be governing body? 9 It have governing body? 9 Did the organization have written policies and procedure avening body?	Section A. Governing Body and Management			······
If there are metacrial differences in voting rights among members of the governing body or it the governing body or the control of the governing body or the governing body or the governing body or the governing body? 3 Did the organization make any significant changes to its governing documents since the prior form 990 was filed? 4 Did the organization make any significant changes to its governing documents since the prior form 990 was filed? 5 Did the organization become eware during the year of a significant diversion of the organization searchests, or the year plotted of a significant diversion of the organization searchests of the governing body? 7 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization have members did the governing body? 9 Did the organization have members and the governing body? 9 Did the organization contemporaneously document the meeting sheld or written actions undertaken during the year by the following. 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 10 Did the organization have with authority to act on behalf of the governing body? 10 Did the organization have written persons who had the power of the persons of the person of the did the governing body? 10 Did the organization have written persons the meeting the persons of the persons the persons of the persons the persons of the persons of the governing body? 10 Did the organization have written persons the meeting the persons the persons the persons the persons the persons t			Yes	No
If there are metacrial differences in voting rights among members of the governing body or it the governing body or the control of the governing body or the governing body or the governing body or the governing body? 3 Did the organization make any significant changes to its governing documents since the prior form 990 was filed? 4 Did the organization make any significant changes to its governing documents since the prior form 990 was filed? 5 Did the organization become eware during the year of a significant diversion of the organization searchests, or the year plotted of a significant diversion of the organization searchests of the governing body? 7 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization have members did the governing body? 9 Did the organization have members and the governing body? 9 Did the organization contemporaneously document the meeting sheld or written actions undertaken during the year by the following. 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 10 Did the organization have with authority to act on behalf of the governing body? 10 Did the organization have written persons who had the power of the persons of the person of the did the governing body? 10 Did the organization have written persons the meeting the persons of the persons the persons of the persons the persons of the persons of the governing body? 10 Did the organization have written persons the meeting the persons the persons the persons the persons the persons t	1a Enter the number of voting members of the governing body at the end of the tax year 1a 6			
be Enter the number of voting members included in line 1s, above, who are independent. 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customatily performed by or under the direct supervision of officers, director, furstees or key employee? 4 Did the organization make any significant changes to its governing documents since the prior form 930 was field? 5 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operating body? 8 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the operating body? 9 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the operating body? 9 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 9 Did the organization ordinary ordinary of the organization ordinary ordinary to the following: 10 Did the organization ordinary ordinary ordinary to solve the power of election approval by) members, stockholders, or other persons other than the governing body? 9 Is there any officer, director or frustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization is mailing address? If Yes, provide the names and addresses in Schedula O. 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have ordinary the process of any ordinary ordinary the process or schedulary to the process or ordinary to the process or ordinary to the organization have a written policies and procedure governing be activitied of such chapters, stillates, and branches to essere that operations have a written process. If Yes, provide the names and addresses in Schedulary to the organization ha	If there are material differences in voting rights among members			
b Enter the number of voting members included in line 1a, above, who are independent.	of the governing body, or if the governing body delegated broad			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors or trustees, or key employees. 3 Did the organization delegate control over management company or other person? 4 Did the organization make any significant changes to its governing document. 5 Did the organization have make any significant changes to its governing document. 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 10 Did the organization have been streamly be stockholders. 10 Did the organization have been streamly be stockholders. 11 Did the organization have been streamly be stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tollowing: 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tollowing: 13 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tollowing: 14 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the stockholders. 15 Did the organization have locates or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is mainly address? If Yes, provide the names and addresses in Schedule by the Internal Revenue Code.) 16 Did the organization have does and procedure governing be difficed and addresses in Schedule by the Internal Revenue Code. 17 Did the organization have a written witelease of the process in difficult or the organization have a written p				
a Did the organization delagate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a menagement company or other person? 4				
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 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website	Section C. Disclosure			
Town website Another's website X Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	17 List the states with which a copy of this Form 990 is required to be filed ► <u>CA NY TX</u>			
Town website Another's website X Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule 0 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avai inspection. Indicate how you make these available. Check all that apply	able fo	or pub	lic
the public during the tax year. See Schedule 0 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	X Own website Another's website X Upon request			
	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year. See Schedule O	le to		
	20 State the name, physical address, and telephone number of the person who possesses the books and records of the organ Kavitha Pathmarajah 1621 Barry Ave, # PH 1 Los Angeles CA 90025	ization	า:	

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

Check if Schedule O contains a response to any question in this Part VII.

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Characteristics	X Check this box if neither the organization	n nor any i	related	d org	gani:	zatio	on con	nper	nsated any current off	icer, director, or truste	ee.
Columbia Columbia											
City MEERA PATHMARAJAH CEO	(A) Name and title	Average hours per week	unles	s per	son is direc	s bot	h an off	box, icer	Reportable compensation from	Reportable compensation from	Estimated amount of other
CEO		hours for related organiza- tions in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related
Calcal Structure Calcal Stru		1.0	3.7		*7						
Secretary 2		10	X		X				0.	0.	0.
Column		2	Х		Х				0.	0.	0.
(4) GREG BUIE 15 X X 0. 0. 0. 0. CFO 15 X X 0. 0. 0. 0. (5) SONNY THADANI Board Member 2 X X 0. 0. 0. 0. (6) SHYAMALA NAGENDRAN Board Member 2 X X 0. 0. 0. 0. (7) 0. 0. 0. 0. 0. (8) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0			,,,								
CFO		2	X	-	X				0.	0.	0.
Board Member 2	CFO	15	Х		Х				0.	0.	0.
(6) SHYAMALA NAGENDRAN 2 X X 0. 0. 0. Board Member 2 X X 0. 0. (8) 9 9 (10) (11) (12) (13)		0	V		7.7				0	0	0
Board Member 2 X X 0 0 0 0 0 0 0 0		2	X		Χ				0.	0.	0.
		2	Х		Χ				0.	0.	0.
(10) (11) (12) (13)	_(7)										
(10) (11) (12) (13)											
(11) (12) (13)	(9)										
<u>(12)</u>	(10)										
<u>(13)</u>	(11)										
	(12)										
_(14)	(13)								11 11 11 11 11 11 11 11 11 11 11 11 11	, ,	
	(14)								- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		

Part VII Section A. Officers, Directors, Trust	tees,	Key	<u>En</u>	npl	oye	es,	an	d Highest Cor	npensated Er	nployees (cont)
				((C)					
(A)	(B)	(do	not c	Pos heck	ition more	than	one	(D)	(E)	(F)
Name and title	Average hours per	offic	unle: er an	d a d	irecto	or/trus	n an tee)	Reportable compensation from the organization	Reportable compensation from related organization	Estimated amount of other compensation
	week (describ e hours for related organi- zations	or di	Insti	Officer	Æ	enp High	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	e hours	/idua	tutior	cer	Key employee	nest c	ner			and related organizations
	related	trus	nstitutional trustee		oyee	ompe				
			eatsu			Highest compensated employee				
	Sch O)					ä				
<u>(15)</u>										
(16)										
(17)										
		<u> </u>			<u> </u>					
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
							_			
(24)										
(25)										
1 b Sub-total							>	0.	0	. 0.
c Total from continuation sheets to Part VII, Section A							>	0.	0	·
d Total (add lines 1b and 1c).							<u> </u>	0.	100,000 - 5	
2 Total number of individuals (including but not limited from the organization ► 0	เอ เกอ	se iis	itea	apo	ve)	wno	rec	eived more than \$	100,000 of report	able compensation
normano organization										Yes No
3 Did the organization list any former officer, director	or trust	ee, k	кеу е	emp	loye	e, o	r hig	ghest compensate	d employee	2 7
on line 1a? If 'Yes,' compléte Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	an \$15	0.00	0? /:	f 'Ye	es' c	ome	lete	Schedule J for		
such individual.										4 X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	omplet	e Sc	hedu	ıle J	lly t I for	suc	ateo h pe	i organization or ir erson	idividuai	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d indo	2020	ont	oonl	rool	0.00	that	received more the	on \$100,000 of	
compensation from the organization. Report compen	sation	for t	ne c	alen	dar	yeai	r en	ding with or within	the organization'	s tax year.
(A) Name and business addres:	\$							Description (B)) of services	(C) Compensation
realite and pushess address								Description	or services	Compensation
2 Total number of independent contractors (including to \$100,000 in compensation from the organization ►		limit	ed to	tho	ose	liste	d ab	ove) who received	more than	
Transportation from the organization -					-					

Part VIII Statement of Revenue (A) (B) (C) (D)													
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
, GIFTS, GRANTS IILAR AMOUNTS	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)		1a 1b 1c 1d									
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f g	All other contributions, gifts, g similar amounts not included Noncash contributions include Total. Add lines 1a-1f	rants, and above [1 f		195,299.							
PROGRAM SERVICE REVENUE			 		Business Code								
ROGR	f	All other program service Total. Add lines 2a-2f	e revenue										
<u> </u>	3	Investment income (incl other similar amounts). Income from investment	uding dividence of tax-exection to the contraction of tax-exection of tax-exec	dends, empt b	interest and ond proceeds .	22.	22.						
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Re	al	(ii) Personal								
	7a	Gross amount from sales of assets other than inventory. Less: cost or other basis	(i) Secur		(ii) Other								
	d	and sales expenses Gain or (loss) Net gain or (loss)			<u> </u>	149.	149.						
OTHER REVENUE		Gross income from fund (not including . \$ of contributions reported See Part IV, line 18 Less: direct expenses	I on line 1	c).									
5		Net income or (loss) from											
		Gross income from gam See Part IV, line 19 Less: direct expenses		a									
		Net income or (loss) from											
	b	Gross sales of inventory and allowances		a b									
	11 a	Net income or (loss) from	le		Business Code								
	q	All other revenue											
		Total revenue. See instr					171.	0.	0.				

2011

4/28/12

Federal Supplemental Information

Page 1

Client VISIONS

VISIONS GLOBAL EMPOWERMENT

26-3386678 04:47PM

Form 990 Part VIII Page 9 Line 7 (a)
Instead of gross sales proceeds, 'Net Capital Gains' from Fidelity is being reported as \$ 149

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX.												
	not include amounts reported on lines 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 governments and organizations in the United States. See Part IV, line 21											
2	Grants and other assistance to individuals in the United States. See Part IV, line 22											
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.							
7	Other salaries and wages											
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)		Q-001-9-1-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0									
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees):											
a	Management											
Ŀ	Legal	75.		75.								
	Accounting											
c	Lobbying											
•	Professional fundraising services. See Part IV, line 17											
f	Investment management fees											
ç	g Other											
12	Advertising and promotion											
13	Office expenses											
14	Information technology											
15	Royalties											
16	Occupancy											
17	Travel											
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	*****										
23 24	Insurance											
a	Nandalala Trust Projects	50,000.	50,000.									
	St John IDP	23,357.	23,357.									
c	: CACM Projects	10,980.	10,980.									
	India 2011	7,797.	7,797.									
e	All other expenses See Sch O	27,994.	13,865.	3,764.	10,365.							
	Total functional expenses. Add lines 1 through 24e	120,203.	105,999.	3,839.	10,365.							
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 ► if following											
	SOP 98-2 (ASC 958-720)			L	L							

Form 990 (2011)

Pa	нX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	15,152.	1	95,659.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
•	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A S E T S	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use.		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities	10,081.	11	4,841.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,233.	16	100,500.
	17	Accounts payable and accrued expenses	21.	17	21.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L L T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	21.	26	21.
N E T		Organizations that follow SFAS 117, check here ► and complete lines			
		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets		27	
∀ のの計−の	28	Temporarily restricted net assets.		28	
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117, check here ▶ X and complete			
מאכר		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
B A	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds	25,212.	32	100,479.
B女-1女 ヹ ひぜの	33	Total net assets or fund balances	25,212.	33	100,479.
S	34	Total liabilities and net assets/fund balances	25,233.	34	100,500.

BAA

Form **990** (2011)

Pa	rt XII Reconciliation of Net Assets											
	Check if Schedule O contains a response to any question in this Part XI				., П							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	95,4	170.							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	20,2	203.							
3	3 Revenue less expenses. Subtract line 2 from line 1											
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))											
5	Other changes in net assets or fund balances (explain in Schedule O)											
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1	00,4	 179.							
Pa	rt XII Financial Statements and Reporting											
	Check if Schedule O contains a response to any question in this Part XII.			. <i>.</i>	. 🗍							
				Yes	No							
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-									
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.											
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ							
1	b Were the organization's financial statements audited by an independent accountant?	, . , . ,	. 2b		X							
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	. 2c									
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.											
(d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:	l on a										
	Separate basis Consolidated basis Both consolidated and separate basis											
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	. 3a		Х							
ı	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the requir or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b									

BAA Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Name	of the	orga	nizatio	on														Emp	loye	r identifica	tion numb	er		
		_			EMP(·							38667				
Par	11	Re	asc	n fo	r Pub	lic Cl	narity	Status	s (Al	lorg	janiza	ations	s mu	st o	compl	ete th	nis pai	rt.) S	ee	instru	ctions.			
The o	rga				•			because					-			-	•							
1		A cl	nurc	n, cor	nventior	of ch	urches	or asso	ciatior	n of cl	hurche	es desc	cribed	in s	section	170(b)	(1)(A)(i).						
2		As	choo	l des	cribed i	n secti	on 170	(b)(1)(A)	(ii). (Attacl	h Sche	edule E	Ξ.)											
3		A h	ospil	al or	а сооре	erative	hospita	al servic	e org	anizat	tion de	scribe	d in s	ecti	on 170	(b)(1)(<i>A</i>	\)(iii).							
4		Αm	edic	al res	search o	organiz	ation o	perated	in co	njunc	tion wi	ith a h	ospita	l de	scribed	in sec	tion 17	0(b)(1)	(A)	(iii). Ent	er the h	ospi	tal's	
					nd state													, , , ,	, ,			•		
5		170	(b)(1)(A)(i	v). (Co	mplete	Part II	.)		_		_			•	-	•	rnmen	tal ı	unit des	cribed in	se	tion	
6 7		Anι	orga	nizati	on that	norma	lly rece	ent or go eives a s lete Par	ubsta	menta Intial _I	al unit part of	descrit its su	bed in pport	sec fron	ction 17 n a gov	70(b)(1) ernme	(A)(v). ntal uni	t or fro	m t	the gene	eral publ	ic d	escrit	ped
8	Ш	Ас	omm	unity	trust de	scribe	d in se	ction 17	'0(b)(1	1)(A)(\	vi). (Co	omplet	e Part	11.)	ı									
9																								
10	Ш		~		•			erated e		-		•		-	,		٠,,	` '						
11	An organization organizated and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.																							
		a	Ту	pe I			b \Box \top	ype II			с 🗌 -	Туре ІІ	II — Fu	ınct	ionally	integra	ated			d	Type I	11 —	Othe	er
е		othe	r th	king t an foo 509(a	undatior	, I cert n mana	ify that agers a	the organd	anizat than	tion is one o	not co	ontrolle e publ	ed dire	ectly	or ind orted o	lirectly rganiza	by one itions d	or mo escribe	re c ed i	disqualifi n section	ied person 509(a)	ons (1) (or	
f		If th	e or	ganiz	ation re	ceived	a writt	en deter	mina	tion fr	om th	e IRS	that is	а٦	ype I,	Type II	or Typ	e III sı	qqı	orting or	rganizati	on,		П
g								ganizati									of the f	allowin		orconc?		, .		—
9		JIII	.c /\	agust	17, 200	o, nas	uic oi	yanızanı	on ac	cepte	u any	giit oi	COIM	ibui	.1011 1101	iii aiiy	or the r	DIIOWII	y p	6120112:		Г	Yes	No
		(i)	А	perso	n who d	tirectly	or indi	rectly co	ontrol	s. eith	ner alo	ne or t	toaeth	er v	vith ner	sons d	escribe	d in (i) ar	nd (iii)		-	162	NO
		(-)	be	low, t	he gove	erning	body of	f the sup	porte	ed org	anizat	ion?									. 11 g	(i)		
		(ii)	Α	family	/ memb	er of a	persor	n descrit	oed in	i (i) al	bove?										. 11 g	(ii)		
		(iii)	A	35% (controlle	ed enti	ty of a	person o	descri	bed in	n (i) or	(ii) ab	ove?.								. 11 g	(iii)		
h		Prov	/ide	the fo	ollowing	inform	nation a	about the	e sup	ported	d orgai	nizatio	n(s).											
		(i) Na	ame o organ	f suppo iization	orted		(ii) EIN	I	I a	sbove o	of organi d on line r IRC se struction	ction	colum you	aniza In (i) I gov	the ition in listed in verning ient?	colur	you notify anization an (i) of support?	n org	aniz colun anize	s the ation in no (i) ed in the S.?	(vii) An	noun	of sup	oport
									ļ				Yes	5	No	Yes	No	Υe	s	No				
(A)									-				+	\dashv			-	+						
(B)																								
.\/														T										
(C)				······································			······································																	
(D)							**************************************	meonem noncresion			CHTZETPH TDMCNOAWA	**************************************		-					\dashv					
(E)							000000								0.0000mm**									
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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					- 100	
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				30000		
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)						
	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activi	ties, etc (see insti	ructions)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	First five years. If the Form 990 is organization, check this box and	stop here		I, third, fourth, or t	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 201						%
	Public support percentage from 2					<u> </u>	%
	33-1/3% support test — 2011. If th and stop here. The organization of	qualifies as a publ	icly supported org	anization			▶ ∐
	33-1/3% support test — 2010. If th and stop here. The organization q	juaimes as a publi	ciy supported org	anization			
	10%-facts-and-circumstances tes or more, and if the organization in the organization meets the 'facts-	neets the 'tacts-ar	id-circumstances'	test check this ho	ny and stan hara	Evolain in Part IV	how
	10%-facts-and-circumstances tessor more, and if the organization morganization meets the 'facts-and-	neets the 'facts-ar -circumstances' te	id-circumstances' est. The organizati	test, check this bo ion qualifies as a p	ox and stop here. publicly supported	Explain in Part IV organization	how the
18	Private foundation. If the organiza	ation did not chec	k a box on line 13	, 16a, 16b, 17a, o	r 17b, check this l	oox and see instru	ıctions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Caler	ndar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')		15,217.	16,839.	51,375.	195,299.	278,730.
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.		10,211.	10,000.	31,373.	133,233.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	15,217.	16,839.	51,375.	195,299.	278,730.
7 8	a Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
ı	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	0.	0.				
	for the year	0.	0.	0.	0.	0.	<u>0.</u>
	Add lines 7a and 7b	U.	U.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.):tion B. Total Support						278,730.
		(a) 2007	(F) 2000	(-) 2000	4-10-003-0	4 > 0011	
	ndar year (or fiscal yr beginning in)	(a) 2007	(b) 2008 15, 217.	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	0.	13,217.	16,839.	51,375.	195,299.	278,730.
	dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		5.			171.	176.
c	Add lines 10a and 10b	0.	5.	0.	0.	171.	176.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12.)	0.	15,222.	16,839.	51,375.	195,470.	278,906.
14	First five years. If the Form 990 is organization, check this box and	s for the organizat	ion's first, second				
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20						%
	Public support percentage from 2					16	00
<u>Sec</u>	tion D. Computation of Inv	estment Inco	ne Percentag	e			
17	Investment income percentage for	or 2011 (line 10c, c	column (f) divided	by line 13, column	n (f))	17	%
	Investment income percentage fr						%
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check						
	33-1/3% support tests — 2010. If the line 18 is not more than 33-1/3%,	check this box ar	nd stop here. The	organization quali	fies as a publicly	supported organiz	ation
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	, 19a, or 19b, che	ck this box and se	ee instructions	

Schedule A	(Form 990	or 990-EZ	2011	ATSTO	NS GT(OBAL .	EMPOW	ERMENT			26-33	386678		Page 4
Part IV	Supplen Part II, I (See ins	nental In ine 17a d tructions	formati or 17b; a s).	on. Cor and Par	nplete t III, li	this pane 12.	art to p Also d	orovide complete	the expla e this pa	anations rt for any	required addition	by Part II, al informa	line 1 tion.	0;
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No. 1545-0047

2011

Name of the organization		Employer identification number					
VISIONS GLOBAL EMPOWERMENT	26-3386678						
Organization type (check one):							
Filers of: Form 990 or 990-EZ	Section: X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a p 527 political organization	private foundation					
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priva 501(c)(3) taxable private foundation	te foundation					
Check if your organization is covered by the Ger Note. Only a section 501(c)(7), (8), or (10) organ	neral Rule or a Special Rule. nization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.					
General Rule X For an organization filing Form 990, 990-EZ, contributor. (Complete Parts and II.)	X For an organization filing Form 990, 990-F7, or 990-PF that received, during the year, \$5,000 or more (in money or present a few sections).						
Special Rules							
For a section 501(c)(3) organization filing For 509(a)(1) and 170(b)(1)(A)(vi), and received (2) 2% of the amount on (i) Form 990, Part V	rm 990 or 990-EZ that met the 33-1/3% support test of the re from any one contributor, during the year, a contribution of tl /III, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and	gulations under sections he greater of (1) \$5,000 or II.					
For a section 501(c)(7), (8), or (10) organizat total contributions of more than \$1,000 for us the prevention of cruelty to children or anima	tion filing Form 990 or 990-EZ that received from any one cor se <i>exclusively</i> for religious, charitable, scientific, literary, or e als. Complete Parts I, II, and III.	ntributor, during the year, ducational purposes, or					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.							
Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 1990-PF) but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							
BAA For Paperwork Reduction Act Notice, see	the Instructions for Form 990. Schedule B (Form 990, 990-F7, or 990-PF) (2011)					

990EZ, or 990-PF.

1 of Part 1

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011) Name of organization

of Employer identification number

VISIONS GLOBAL EMPOWERMENT

26-3386678

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NSST Scholarship Fund (Pathmarajah) Lancaster, CA	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$=	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

to

of Part II

Name of organization

VISIONS GLOBAL EMPOWERMENT

Employer identification number

26-3386678

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

of Part III

Name of organization VISIONS GLOBAL EMPOWERMENT

Employer identification number

26-3386678 Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10)

	organizations that total more than	n \$1,000 for the year.Comp	ollete cols (a)	through (e) and the following line entry			
	For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	total of exclusively religious, ch (Enter this information once. Se	aritable etc				
(a)	(b)	(c)		(d)			
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held			
	N/A						
			51-74 11-74				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rel	lationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to trans						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	Rela	ationship of transferor to transferee				
 - -							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, address	(e) Transfer of gift	Dala	tionship of two of our state of			
	addies	-,	reid	tionship of transferor to transferee			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

VISIONS GLOBAL EMPOWERMENT

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

26-3386678

Form 990, Part III, Line 1 - Organization Mission
communities on an international scale, with a focus on developing nations, through
efforts focused on, but not limited to, education, development, health care, relief,
professional assistance, and other related efforts.
Form 990, Part VI, Line 11b - Form 990 Review Process
No review was or will be conducted.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts
. Yes, Visions Global Empowerment has a "Conflict of Interest Policy", which is
designed to help the directors and officers to identify situations that present
conflicts of interest and to provide the organization with a procedure that will
allow a transaction to be treated as valid and binding even though a director or
officer has or may have a conflict of interests with respect to the transaction. In
the policy it is stated that for any potential issue that may arise concerning a
conflict of interest (as legally enumerated in the full policy), the party or
parties concerned must notify the Board of Directors or President of the Board of
Directors. In the discussions that will likely ensue, the interested parties may not
participate, except to disclose facts, and may not vote. All directors and officers
are required to annually submit (confidentially) in writing any conflicts of
interest or potential conflicts of interest that may arise to the President of the
Board of Directors
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
No documents available to the public.

2011

4/28/12

Schedule O - Supplemental Information

Page 2

Client VISIONS

VISIONS GLOBAL EMPOWERMENT

26-3386678

04:36PM

Form 990, Part IX, Line 24e Other Expenses

	(A)	(B)	(C)	(D)
-	Total	Program Services	Management <u>& General</u>	Fundraising
Banking fees Books, Subs, Reference Chinmaya Org (CORD) Jaffna, SL	51. 633.		51. 633.	
Consulting fees CORD Projects Fashion show Fees	1,758. 2,090.	2,090.	1,758.	
Gain(Loss)on investment-adjust Kalagam Projects LA Dance Show 2011 Library books	550. 2,000. 505.	550. 505.		2,000.
Miscellaneous NYC Events OC B-ball tournament OC Food Festival	5. 1,175. 1,101. 915.		5.	1,175. 1,101. 915.
OfERR Projects Outside services Postage and Shipping Printing and Publications	4,270. 505. 402.	4,270.	505. 402.	
SAWED trust SAWED Trust, Tamil Nadu, India SAWEDTrust, Tamil Nadu, India Scholarship	1,000.	1,000.	402.	
SCOPE Trust Sri Lanka	1,000.	1,000.		
STITCH Movement Supplies Telephone	2,000. 70. 20.	2,000.	70. 20.	
Video Marketing Production Visions Intern Grants WERC Projects	5,174. 1,450. 1,000.	1,450. 1,000.		5,174.
Wire transfer fee Total $\overline{\S}$	320. 27,994. \$	13,865.	320. \$ 3,764.	\$ 10,365.