⇒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.

nterna	I Revenue Se	011100			January 1	, 2009, an	nd ending	Dece	ember 31	, 200	<u> </u>	-
			ar year, o	r tax year beginning	Julian Jan				D Employer Ident	ification Nur	nber	
B C	heck if applic	cable:	Please use	C CLOP	AT EMPOMEDMENT			1	26-3386			
	Address of	change	IRS label	VISIONS GLOB 1621 BARRY A	AL EMPOWERMENT				E Telephone num			
ı	Name cha	ange	or print or type.	LOS ANGELES,	CA 90025			1	(310) 8	67-956	56	
Ì	Initial retu		See specific	TOS WINGETES'	011 00000							
1	Terminati		Instruc- tions.						G Gross receipts	\$	16,83	9.
	Amended		No. of the					(c.) In this c	group return for at			No
	_		F Name :	and address of principal of	ficer:		1,	(a) is this a	affiliates included?	-	Yes	No
	Application	on pending		As C Above			-	If 'No,'	attach a list. (see ir	structions) L]
	1 1 7		Same 1	16) (3) (ir	sert no.) 4947(a	a)(1) or	527					
Ĺ		mpt statu	s X 50	(c) (3) (ir Lonsforthefut	3011111				exemption number			
J	Website				ssociation Other	L Yea	ar of Formatic	n: 200	8 M State of	legal domic	le:	
K	Form of org	ganization:	Corpor	ation (1936	SSOCIATION							
Pa	nl	Summ	ary		or most significant activ	vities: Vis	sions'	missi	on is to	<u>assist</u>	<u>and</u>	
	1 Brie	fly descri	be the or	ganization's mission	or most significant active or needy person releasing nations	ne and C	ommuni	ties (on an inte	rnation	onal	
60	su	pport	disad	vantaged_and/	or needy person	throu	ah eff	orts	focused_or	L but.	_not	
Activities & Governance	SC	alev	vith a	focus on des	ETOTIO HOTTON	1	rolia	f nro	ofessional	_assi	stance,	
E .	 li:	mited	to, e	ducation, des	relopment, heald discontinued its operation and body (Part VI, line 1a	no or dispose	ed of more	than 25	% of its assets			
Š	2 Che	ck this b	ox 🟲 📗	if the organization	discontinued its operant							J
ŏ	3 Nun	nber of v	oting mer	nbers of the governi	discontinued its operation in the properties of the governing body (Part VI, line 1and I)	art VI line 1	b)		4			0
్త	4 Nun	nber of ir	ndepende	nt voting members of	if the governing body (uit in in			5			0
E e	5 Tota	al numbe	r of empl	oyees (Part V, IIIle 2					6			0
₹	6 Tota	al numbe	r of volur	iteers (estimate if ne	om Part VIII, column (C) line 12						0.
¥	7a Tota	al gross	unrelated	business revenue ir	om Form 990-T, line 34.), IIIIO				b		0.
	b Net	unrelate	d busines	ss taxable income from	om Fortil 990-1, line 54.				Prior Year	Cu	ırrent Year	٠
									15,217		16,8	39.
	8 Cor	ntribution	s and gra	ints (Part VIII, line 1	h)			·				
ne e												
Revenue	1	101	. /	Daniel Adlumn (A)	lines 3 4 and /ul							
Be			(0 1)	IIII + = lump (//) line	e h ha ha ha ha luci alle	1 110/			15,217		16,8	339.
			1.1	lines O through 1 (must enual Part VIII, coi	ullill (y)			15,211	•		-
_					column (A), lines (-3)					+		
				- mambare (Part IX	column (A), line 4)							
	14 Be	netits pa	10 00 10	ensetion employee	benefits (Part IX, colum	ın (A), lines 5	5-10)					
ø	15 Sa	ilaries, ot	ner comp	ensation, employee	olumn (A), line 11e)							**********
Expenses	16a Pr	ofessiona	al fundrais	sing tees (Part IX, co	olullin (-y), into 11-by							
De	b To	tal fundra	aising exp	enses (Part IX, colu	mn (D), line 25)				2,376		18,8	860.
ú	17 Ot		(D	1 IV salumn (A) lin	oc 11a-11d, 11f-24f).			··	2,376		18,8	860.
	10 To	Lal avnor	hhA sas	lines 13-17 (must e	qual Part IX, column (A)), 11116 23)		` -	12,841		-2.0	021.
	10 00	wonue le	cc evnen	ses. Subtract line 18	from line 12							
_	_	evenue ic	33 expen				-	Beg	ginning of Year		nd of Yea	356.
Assets or	200		/D . I . V	, line 16)					2,376			0.
100	20 To	otal asset	s (Part X	, line 10)					().		
Net A	21 To	otal liabili	ties (Part	X, line 26)	01.6				2,376	5.		356.
ž	22 N	et assets	or fund b	alances. Subtract lin	ne 21 from line 20							
	art II	Sign	ature B	lock	xamined this return, including a er_(other than officer) is based		hadulas and s	tatements	and to the best of	ny knowledg	je and belief,	it is
		Under pen	alties of perj	ury, I declare that I have e	xamined this return, including a er (other than officer) is based	ccompanying sci on all information	n of which pro	eparer has	any knowledge.	<i>A</i> .		
		true, corre	and comp	plete. Declaration of propar	ر د د				18/18	110		
9	ign	► 7	P	X					Date			
Ě	lere	Signa	ure of office	1	0			0 1 44		FO		
•		> G	veao	de Buie,	Visions G	lobal t	smoon	bern	nem c	_(
		Type	or print name							Preparer's	s identifying n uctions)	number
_							Date		Check if self-		uctions)	
_	S		•	11/1/			2012	ni).	employed ► X		CE 4005	7
	Paid	Preparer's	_ ^	MVV	, MS, CPA, CMA		08/01	FIIU		550-	65-4027	l .
	re-	signature		anda Senathi	210/				,			
	arer's Jse	Firm's na		ANDA SENATHI	, MS, CPA, CMA				EIN ► 95	-41096		
	ose Only	yours if se employed).	O BOX 3926	GT 00077 170F			3	Phone no. ► (310) 3	379-872	:5
		address,	and D	EDONDO BEACH	, CA 90277-1725	1 -11				Х	Yes	No
-	May the IR	S discus	s this retu	urn with the preparer	shown above? (see ins	tructions)			TEEA0113L	12/29/09	Form 99	0 (2009)
1	may mo m				A Littles contho cons	rate instruct	tions.		ICEMOTISE		AL CONTRACTORS	

(2009) VISIONS GLOBAL EMPOWERMENT	26-3386678	Page 2
Statement of Program Service Accomplishments		
Briefly describe the organization's mission:		
See Schedule 0		
the year which were not listed on the	ne prior	
2 Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	Yes X	No
Form 990 or 990-EZ?		
If 'Yes,' describe these new services on scriedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program service.	es? Yes [X	No
If 'Ves' describe these changes on Schedule O.		
the state of the s	y expenses. Section 501(c)(3	3)
4 Describe the exempt purpose achievements for each of the organization's three largest program services of and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a expenses, and revenue, if any, for each program service reported.	allocations to others, the total	•
expenses, and revenue, it any, for each program service reperted.		
7.104	(Revenue \$)
4a (Code:) (Expenses \$ 7,184. including grants of \$)Visions' current efforts are focused on Sri Lanka, Kenya and I	ndia, though they	are
likely to expand elsewhere in the future. We aim to provide dis	advantaged young	
magnic teachers and communities with strong education in engl	1SII, 11/Computers	
leadership life skills human rights, health, and more. UI our	errores, on a ra	
indirectly implemented through local partner organizations on t	ne ground, <u>so s i</u>	s
directly implemented by the Visions organization itself, and 10	% is awareness_	
raising and capacity building.		
4b (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
46 (Code:) (Expenses Y		
A LONG TO THE PROPERTY OF THE		
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue	\$)	
(Expenses \$ including grants of \$) (Revenue 4e Total program service expenses ► 7, 184.		
TE TOTAL PROGRAM SOLVIOS EXPENSES		

	Checklist of Required Schedules		.; 1	
		\dashv	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	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? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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
	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 term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			
	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? If 'Yes,' complete Schedule D, Part VII			
	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.			
	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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	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? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		Х
12.	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No			
	Vear / It Yes Completing Scriegule D. Fails Al. All, and All is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	14a		X
	b Did the organization maintain an office, employees, or agents outside of the officed otales. b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	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, Part II.	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, Part III.	16	2	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.	17		Х
	Column (A), lines 6 and 11e? If res, complete Schedule G, ratt.	18		Х
	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 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
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H			Х

	Checklist of Required Schedules (continued)		Yes	No
			Tes	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 IL	21		X
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		X
	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 I</i>	23		X
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exceptions.	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		_
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		\vdash
	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
1	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? If 'Yes,' complete Schedule L, Part I.	25b		Х
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	was tile or definitions for applicable filing thresholds, conditions, and exceptions):	28 a		Х
	a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	200		+~
	b 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 of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	280	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	1-	 ^
30	Lit. Hand I for I complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	+-	+ <u>^</u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	-	X
	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			X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			Х
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	1	-	Х
37	7 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.		-	Х
38	2 State of the secondate Schodule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38		X (2000)
			001	4 (2000

Form **990** (2009)

	90 (2009) VISIONS GLOBAL EMPOWERMENT			
	Statements Regarding Other IRS Filings and Tax Compliance		Yes	No
	77.4.4.11.9			
	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the	2b		
2b	to the standard experted on line 2a, did the organization file all required federal employment tax returns:	20		
	Note: If the cum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see institutions)			**********
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a 3b		X
b	VE Yor' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule U	30		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	olf 'Yes,' enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a		Х
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	_	Х
L	- Did any tayable party potify the organization that it was or is a party to a pronibiled tax sheller transaction.			1
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	50	-	-
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	62		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or giπs were not deductible?	61)	
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	78	1	Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	0	
	b If 'Yes,' did the organization notify the donor of the value of the goods of solution property for which it was required to file c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	Γ_		v
	Form V9V7	70		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	1_		l v
		7	-	X
	a substant during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7		+^
	- " " " " " " " " " " " " " " " " " " "	7		+-
	and other vehicles, did the ordanization file a rollin 1050-0 as required.	7		
8	h For contributions of cars, boats, airplanes, and other vernous, and the Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
_	a visualizations maintaining donor advised funds.			
9	Bit the agreement on make any tayable distributions under section 4966?	9	_	_
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9	b	****
	b Did the organization make any distribution to a density assets.			
10	Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	_ ∭		
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
	D Gross Receipts, included on Form 550, Factoring into 12, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15			
11	Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders	4		
	to the sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)	12	a	
12	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization of during the year			

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b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.

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.

ect	tion A. Governing Body and Management		· 1	
	1 1	_ ********	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee or key employee?			X
	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its organizational documents	4	\vdash	X
	since the prior Form 990 was filed?			v
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	\vdash	X
6	Does the organization have members or stockholders?		\vdash	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a	_	<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	**********	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following:	ar by		v
а	The governing body?	<u>8a</u>	_	X
b	Fach committee with authority to act on behalf of the governing body?	Вр		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the crossization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ne 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the	Internal		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
ь	olf 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiling and branches to ensure their operations are consistent with those of the organization?	iates, 10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	(************	X
11 4	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedu	ite o 🚃	T	
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' descrit Schedule O how this is doneSee. Schedule O		X	V
13	Does the organization have a written whistleblower policy?	<u>13</u>	-	X
14	Does the organization have a written document retention and destruction policy?			Х
15	Did the process for determining compensation of the following persons include a review and approval by indepen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	dent		
-	The organization's CEO. Executive Director, or top management official	15a	_	X
t	b Other officers of key employees of the organization	15b)	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a entity during the year?		1	Х
ŧ	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its parti in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's e status with respect to such arrangements?	cipation xempt 16t	5	
Sec	ction C. Disclosures			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s inspection. Indicate how you make these available. Check all that apply.	only) available	for pu	blic
	Own website Another's website X Upon request			-:-1
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of intestatements available to the public.			ciai
20	State the name, physical address, and telephone number of the person who possesses the books and records o	tne organizati	on:	
9	► Kavitha Pathmarajah 1621 Barry Ave, # PH 1 Los Angeles CA 90025			

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			((:)			(D)	(E)	(F)
Name and Title	Average	age Position (check all that apply)						Reportable	Reportable compensation from	Estimated amount of other
Name and Title	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount to other compensation from the organization and related organizations
						e.				
MEERA PATHMARAJAH									0.	0.
CEO	6	Х	_	X	_		ļ	0.	<u> </u>	<u> </u>
JENNIFER CLARE	4 _							0	0.	0.
Director	0	Х			_		-	0.	0.	<u> </u>
KATHERINE SPLITEK					22				0.	0.
Director	0	X						0.	0.	0.
GREG BUIE	1			١					0.	0.
CFO	6	X		X	_			0.	0.	
MYTHRI JEGATHESAN				١.,					0.	0.
Secretary	2	X		Х			-	0.	0.	0.
									3	
			-	_	-	-	-			
	4									
			-		\vdash		╀			
	4				1					
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	1									
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90 (2009) VISIONS GLOBAL EMPOWERMEN	IT								26-338667	8 Page 8
Section A. Officers, Directors, Trus	tees, l	Кеу	En	ıpl	oye	es,	and	d Highest Co	mpensated Em	ployees (cont.)
(A)	(B)			(0	:)		ı	(D)	(E)	(1)
Name and Title	Average hours per week		institutional trustee	Officer			S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	-				-					
		-			-					
					\vdash					
		-			-		24.			Tr.
					-				1.	
	-				\dagger					1
	-									
	-								,	
1 b Total							>	0.	. 0	
2 Total number of individuals (including but not limite from the organization ► 0	ed to tho	se lis	ted	abo	ove)	who	rec	eived more than	\$100,000 in reporta	Yes No
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such For any individual listed on line 1a, is the sum of rethe organization and related organizations greater 	II IUIVIUU	21								з Х
individual		catio	n fr	nm :	anv	unre	late	d organization for	services	
rendered to the organization? If 'Yes,' complete So	cneaule	J 101	Suc	пр	6130	11				5 X
Complete this table for your five highest compensation from the organization.	ited inde	epend	deni	cor	ntrad	tors	that			(0)
(A) Name and business addre	ess			11				Description	B) of Services	(C) Compensation
					,					
Total number of independent contractors (including	g but no	t limi	ted	to ti	hose	list	ed a	bove) who receiv	ed more than	
\$100,000 in compensation from the organization >	. 0				-			-	TEEA0108L 01/30/10	Form 990 (2009)

26-3386678

<u> 40</u>	VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 0	1a Federated campaigns 1a				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1 b				
ANG.	c Fundraising events	-			
A B	d Related organizations 1d				
SIMIS	e Government grants (contributions) 1 e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 16,83	9.			
9	g. Noncash contribns included in Ins 1a-1f:\$				
N N	h Total. Add lines 1a-1f	.▶ 16,839.			
	Business Code				
VEN	2a	a l		O 1	in the second se
PROGRAM SERVICE REVENUE	b				
3VC	c				
SEF	d		and the second		
RAN	f All other program service revenue				
80	g Total. Add lines 2a-2f	→			
	3 Investment income (including dividends, interest and	and the second s			Carrier of the Control of States
	other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
12	d Net rental income or (loss)				
13	7a Gross amount from sales of (i) Securities (ii) Other				
14	assets other than inventory .				
10	b Less: cost or other basis				
	and sales expenses	-			
	c Gain or (loss)				
	d Net gain or (loss)				
E	8a Gross income from fundraising events (not including . \$				
VEN	of contributions reported on line 1c).				
A RE	See Part IV, line 18 a				
OTHER REVENU	b Less: direct expenses b				
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities.				
	See Part IV, line 19	$\overline{}$			
	c Net income or (loss) from gaming activities	•		6 8 2 5	
	10a Gross sales of inventory, less returns a	- 1			
	b Less: cost of goods sold b	- 2			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Cod	1e .			
	11a	18 050 1	4.184		
	D				
	d All other revenue				
	e Total. Add lines 11a-11d	. •			
	12 Total revenue. See instructions		. 0	. 0	Form 990 (2009

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).

Do n	ot include amounts reported on lines b, 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 U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	(A)	Program Samu den		
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
	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	9.5	2	792	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10	3	183.	
9	Other employee benefits	<u> </u>	1	- F-13	
10	Payroll taxes	<u> </u>	0	5.23	
11	Fees for services (non-employees)	52	2.	25-2-1	
	Management			20.	
	Legal	tat Town		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Accounting			L.	
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees				
	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 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	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
	Printing	6,525.		6,525.	
	Programs and show expenses	4,007.			
	Training, etc (Sawed)	2,475.	2,475.		
	d Travel (and lodging)	2,141.		2,141.	
	e Visions T-Shirts	1,476.		1,476.	
	f All other expenses	2,236.	702.	1,534.	
25	Total functional expenses. Add lines 1 through 24f	18,860.	7,184.	11,676.	0.
26	Joint costs. Check here SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				Form 990 (2009)

2009

Federal Worksheets

Page 1

Client VISIONS

VISIONS GLOBAL EMPOWERMENT

26-3386678

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8/04/10

Form 990, Part IX, Line 24 Other Expenses

	(A)	(B) Program	(C) Management	(D)
_	Total	Services	& General	Fundraising
Bank charges	133.		133.	
Books and publications Copying	184.		184.	
Design services License and permits Meals, Entertain News letter	103. 252.		103. 252.	
Outside services Postage	183.		183.	
Program supplies	202. 60.	202.	60.	
Registration Scholarship/Travel(Anandarasa) Supplies	500. 523.	500.	523.	
Trips Website hosting Total	96. \$ 2,236.	\$ 702.	96. \$ 1,534.	\$ 0.

à	нX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	2,376.	1	356.
- 1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
1	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))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	
S E	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. 10a			
		Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	356.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
AB	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
D - L - T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
- 1		of Schedule L		22	
E	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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N		Organizations that follow SFAS 117, check here ▶ and complete lines			
Ĕ		27 through 29 and lines 33 and 34.			
A	27	Unrestricted net assets		27	
SETS	28	Temporarily restricted net assets.		28	
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ► X and complete			
E		lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds	2,376.	32	356.
日本 上人工 ひぜの	33	Total net assets or fund balances	2,376.	33	356.
Š	34	Total liabilities and net assets/fund balances	2,376.	34	356.
BA	A				Form 990 (2009)

390 (2009) VIBIOND CHODIN MIN CONTRACTOR			
Financial Statements and Reporting		1	
		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.			v
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		X
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?	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 on a consolidated basis, separate basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis		*********	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
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 in Schedule O and describe any steps taken to undergo such audits	3b		
	Form	990	(2009

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EDULE A rm 990 or 990-EZ)

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. ► See separate instructions.

| Employer identification number

OMB No. 1545-0047

2009

Open to Public Inspection

TOTAL OT ODAT DINOT						2	6-338	6678			
ISIONS GLOBAL EMPOV	WERMENT	(All examinations n	nust co	mnlet	e this	part.)	See in	struction	ons		
Occording to the Dubli	a Charity Status	(All organizations f	11 000	ck only	one hox	.)					
	farmadation honorica	IT IS: IFOI IIILES I UII OUGI	11,0110			• 0					
A church convention	of churches or associ	ation of churches describ	beu III se	Cuon 1	(0,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	.,,,,,					
The second in the second in	andian 170/hV1VAV	ii) (Affach Schedule E.)									
			section	ribad ii	AUVIII).	n 170/h	v1YAYii). Enter	the hospita	al's	
A medical research or	rganization operated i	n conjunction with a nost	pitai uesi	JIDEU II	1 5000.0		(1)(1)(1)				
name, city, and state:		a college or university of	wned or	operate	d by a c	overnm	ental un	it descri	bed in sec	ion	
☐ 170(b)(1)(A)(IV). (Con)	npiete Part II.)				/L.\/1\/A\	4.4					
7 An organization that r	normally receives a si Nvi). (Complete Part	vernmental unit describe ubstantial part of its supp II.)		a gove	rnmenta	l unit or	from th	e genera	al public de	scribe	a
A community trust de	scribed in section 170	D(P)(1)(A)(A)). (Complete	Part II.)		ويطانط	tions m	amhers	hin fees.	and gross	recei	ots
9 X An organization that of from activities related investment income an	normally receives: (1) I to its exempt function Indurrelated business	more than 33-1/3 % 011 ns — subject to certain e taxable income (less se	xception ection 51	tax) fr	om busi	nesses	acquirec	% of its I by the	support fro organizatio	om gro n afte	ss r
An organization orga	nized and operated e	xclusively to test for publ	ic safety	, Jee 5	o functi	ons of	or carry	out the	purposes o	of one	or
11 An organization orga	nized and operated e	xclusively for the benefit scribed in section 509(a) tion and complete lines 1	(1) or se	ction 50 gh 11h	9(a)(2).	See se	ction 50		Check the		at
a ∏Type I	b Type II	c Type III	- runcu	Orially 1	intograte		moro di	coualifia	d nersons	other	
than foundation man	agers and other than	anization is not controlled one or more publicly sup									
f If the organization re check this box	eceived a written dete	rmination from the IRS th	nat is a 1	ype I, I	ype II o	the foll	owing ne	ersons?			. L
g Since August 17, 20	06, has the organizati	on accepted any gift or	contribut	ion iroi	n arry or	the lon	oming p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
- T		ontrols, either alone or to pported organization?			ana dae	crihad	in (ii) an	d (iii)	11 g (i)		
below, the gov	erning body of the su	ibed in (i) above?							11 g (ii)		
(ii) a family memb	per of a person descr	described in (i) or (ii) abo	nve?						11 g (iii)		
(iii) a 35% controll	ed entity of a person	described in (i) or (ii) abo	ne								
h Provide the following	g information about th	ne supported organization	(iv) is	the	(v) Did v	ou notify	(vi) l	s the	(vii) Amour	t of Sup	port
(i) Name of Supported	(i) Name of Supported (ii) EIN (iii) Type of organization ((iv) Is the organization in col. (described on lines 1.9 above or IRC section (see instructions)) (see instructions)) (cee instructions)) (iv) Is the organization in col. (iv) organization in c										
Organization	8	(see instructions))	gove	ning	your su	ipport?	0				
Organization		(see instructions))	docur	ning	your su Yes	No	Yes	No			
Organization		(see instructions))	gove	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							
Organization		(see instructions))	docur	ning nent?							

dule A (Form 990 or 990-EZ) 2009 VISIONS GLOBAL EMPOWERMENT 26-3386678 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.)

Sect	ion A. Public Support				740 79893	Fox - 1190	en total
Calen	dar year (or fiscal year ning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')				13,811	3.97.532.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						10
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3						
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)						- 0
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			1			
Cale: begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0.,	8		U.	7	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(a) 2005	(0) 20%	(c) 2007	(d) 2003	(e) 2009 ·	32, 655 (8 Salar
9	Net income from unrelated business activities, whether or not the business is regularly carried on.	0	0	0	15,217	26,839	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				3.		5
11	Total support. Add lines 7 through 10					12	
12	Gross receipts from related acti	ivities, etc. (see in:	structions)				
	First five years. If the Form 990 organization, check this box an	a Stop Here			or fifth tax year as	a section 501(c)(3)	▶
Sec	tion C. Computation of P	ublic Support	Percentage				%
14	Public cupport percentage for 2	2009 (line 6, colum	n (f) divided by lii	ne 11, column (f).			%
15	Public support percentage from	2008 Schedule A	Part II, line 14.				33 461
	a 33-1/3 support test - 2009. If the and stop here. The organization	i qualifies as a pu	blichy supported o				
	b 33-1/3 support test — 2008. If the and stop here. The organization	n quaimes as a pui	blicly supported c	ngar ii zatiorii	Para marine and the second		
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fac	ts-and-circumstan	ces' test. The or	ganization qualifie	s as a publicly sup	ported organization	
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	n meets the lacts-	test. The organ	ization qualifies a	s a publicly suppor	ted organization	
18	Private foundation. If the organ	nization did not che	eck a box on line	, 13, 16a, 16b, 17a	a, or 1/b, check the	chedule A (Form 9	ructions
BA		on this pox and sh			and to present a second	chequie A (Form 9	130 01 330-LZ) 200

Jule A (Form 990 or 990-EZ) 2009 VISIONS GLOBAL EMPOWERMENT

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

	(Complete only if you check	Neu the box on his	3 5 OTT GIVIN				
Secti	on A. Public Support			110007	(-I) 2000	(a) 2009	(f) Total
Calend	lar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(i) Total
1 (Sifts, grants, contributions and nembership fees received. (Do not include 'unusual grants.')				15,217.	16,839.	32,056.
2 (f	Gross receipts from admissions, merchandise sold or services performed, or acilities furnished in a activity hat is related to the organization's tax-exempt ourpose.						0.
3 (Gross receipts from activities that are not an unrelated trade or business under section 513				2		0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on ts behalf						0.
	The value of services or facilities furnished by a governmental unit to the organization without charge			0	15,217.	16,839.	<u>0.</u> 32,056.
6	Total. Add lines 1 through 5	0.	0.	0.	15,217.	10,039.	32,030.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0	0.	0.	0.	0.	0.
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	<u> </u>	
8	Public support (Subtract line						32,056.
	7c from line 6.)						32,030.
Sect	ion B. Lotal Support		200				
	ion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008 15, 217.	(e) 2009 16, 839.	(f) Total 32, 056.
Caler 9		(a) 2005 0.					
Caler 9 10a	Amounts from line 6		0.	0.	15,217.	16,839.	32,056.
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.				15,217.		32,056. 5.
Caler 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0.	0.	0.	15,217.	16,839.	32,056. 5.
Caler 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6	0.	0.	0.	15,217.	16,839.	32,056. 5. 0. 5.
Caler 9 10a b	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.	0.	0.	15,217. 5.	0.	32,056. 5. 0. 5. 0. 32,061.
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dule A	(Form 990 or 9	90-EZ) 2009	VISIONS	GLOBAL	EMPOWERMEN	<u>T</u>	26-3386676	H line 10:
ATIV	Supplemen	tal Informat	ion. Compl	ete this p	part to provide Provide any	the explanation other additional	ns required by Par information. See	instructions.
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HEDULE O orm 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public

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

► Attach to Form 990.

Inspection Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 26-3386678 VISIONS GLOBAL EMPOWERMENT <u>Form 990, Part III, Line 1 - Organization Mission</u> Visions' mission is to assist and support disadvantaged and/or needy persons and 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 11 - 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

dule O (Form 990) 2009	Page 2
ne of the organization	Employer identification number
VISIONS GLOBAL EMPOWERMENT	26-3386678
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