

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

<b>A For the 2021 calendar year, or tax year beginning</b>		<b>, 2021, and ending</b>		<b>, 20</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> VISIONS GLOBAL EMPOWERMENT 18800 VON KARMAN AVENUE, SUITE A IRVINE, CA 92612			<b>D</b> Employer identification number 26-3386678	
				<b>E</b> Telephone number 714-660-3054	
				<b>G</b> Gross receipts \$ 5,874,990.	
<b>F</b> Name and address of principal officer: SAME AS C ABOVE			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶			
<b>J</b> Website: ▶ WWW.VISIONSGLOBALEMPowerMENT.ORG					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2008		<b>M</b> State of legal domicile: CA	

<b>Part I Summary</b>	
<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3</span> <span style="float:right">9</span>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4</span> <span style="float:right">7</span>
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) <span style="float:right">5</span> <span style="float:right">8</span>
<b>6</b>	Total number of volunteers (estimate if necessary) <span style="float:right">6</span> <span style="float:right">5</span>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float:right">7a</span> <span style="float:right">0.</span>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 <span style="float:right">7b</span> <span style="float:right">0.</span>
<b>8</b>	Contributions and grants (Part VIII, line 1h) <span style="float:right">4,421,389.</span> <span style="float:right">5,874,951.</span>
<b>9</b>	Program service revenue (Part VIII, line 2g) <span style="float:right"></span> <span style="float:right"></span>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float:right">32.</span> <span style="float:right">39.</span>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float:right"></span> <span style="float:right"></span>
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float:right">4,421,421.</span> <span style="float:right">5,874,990.</span>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float:right">5,186,570.</span> <span style="float:right">4,829,895.</span>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) <span style="float:right"></span> <span style="float:right"></span>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float:right">410,087.</span> <span style="float:right">496,719.</span>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) <span style="float:right"></span> <span style="float:right">41,910.</span>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>41,910.</u> <span style="float:right"></span> <span style="float:right"></span>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <span style="float:right">48,547.</span> <span style="float:right">156,992.</span>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float:right">5,645,204.</span> <span style="float:right">5,525,516.</span>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 <span style="float:right">-1,223,783.</span> <span style="float:right">349,474.</span>
<b>20</b>	Total assets (Part X, line 16) <span style="float:right">168,129.</span> <span style="float:right">561,307.</span>
<b>21</b>	Total liabilities (Part X, line 26) <span style="float:right">40,619.</span> <span style="float:right">84,323.</span>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 <span style="float:right">127,510.</span> <span style="float:right">476,984.</span>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	GREGORY BUIE <small>Type or print name and title</small>	CO-FOUNDER

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00406590
	MURALI RAMALINGAM CPA	MURALI RAMALINGAM CPA			
	Firm's name ▶ THE GLOBAL ACCOUNTING SOLUTIONS INC	Firm's EIN ▶ 274790472		Phone no. 614-659-9999	
	Firm's address ▶ 400 W WILSON BRIDGE RD STE 230 WORTHINGTON, OH 43085				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,111,491. including grants of \$ ) (Revenue \$ )

ESCUELA VERA ANGELITA (NICARAGUA)

A PRIVATE, NONPROFIT BOARDING SCHOOL FOR GIRLS THAT HAIL FROM UNDERSERVED & VULNERABLE COMMUNITIES. THIS MODERN SCHOOL CAMPUS LIES ON A 437-ACRE PROPERTY IN THE COMMUNITY OF SAN RAMÓN, MATAGALPA, NICARAGUA AND WILL SERVE YOUNG WOMEN FROM GRADES 5-12. IN FEBRUARY 2022, THE SCHOOL WILL FIRST OPEN ITS DOORS TO ITS INAUGURAL CLASS STARTING WITH GRADES 5-8 ONLY. THE CAMPUS IS LOCATED IN A SECURE SECTION OF THE ALMOST ENTIRELY SELF-SUFFICIENT VERA ANGELITA ESTATE, WHICH IS ALSO HOME TO A FULL-FLEDGED FARM, COFFEE PLANTATION, BOTANICAL GARDENS, ONSITE HOUSING FOR STAFF & GUESTS, PLANT NURSERY, AND NATURE RESERVE.

4b (Code: ) (Expenses \$ 581,090. including grants of \$ ) (Revenue \$ )

TABSCHOOL

TABSCHOOL IS A COLLABORATIVE, OPEN-SOURCE DIGITAL PLATFORM OFFERING TOOLS FOR BOTH CREATING AND SHARING HIGH QUALITY E-LEARNING CONTENT. OUR MISSION IS TO DEVELOP AND DELIVER OFFLINE, HIGH QUALITY E-LEARNING RESOURCES TO UNDER-RESOURCED CHILDREN GLOBALLY. WE STRIVE TO DEVELOP CONTENT THAT IS FUN AND EASY, YIELDS REAL LEARNING RESULTS, AND CAN BE ACCESSED BY ANYONE WITH THE DESIRE TO LEARN, REGARDLESS OF WHERE YOU LIVE OR WHAT YOUR SOCIO-ECONOMIC BACKGROUND MAY BE.

4c (Code: ) (Expenses \$ 398,808. including grants of \$ ) (Revenue \$ )

OTHERS

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

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

4e Total program service expenses 5,091,389.

**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)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
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? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
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>		X
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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	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)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions.	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (9), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY BUIE CO-FOUNDER	60 0	X					105,023.	0.	0.	
(2) MEERA PATHMARAJAH CO-FOUNDER	40 0	X					85,013.	0.	0.	
(3) TAMARA LAFARGA PRESIDENT	3 0	X	X				0.	0.	0.	
(4) SHAHNAZ VAN DEVENTER TREASURER	1 0	X	X				0.	0.	0.	
(5) JAYME KAPLAN-KRUTZ SECRETARY	1 0	X	X				0.	0.	0.	
(6) MARY GRACE HAMME BOARD MEMBER	1 0	X					0.	0.	0.	
(7) BRITTANY HUGHES BOARD MEMBER	1 0	X					0.	0.	0.	
(8) ZULIYA KHAWAJA BOARD MEMBER	1 0	X					0.	0.	0.	
(9) SHYAMALA NAGENDRAN BOARD MEMBER	1 0	X					0.	0.	0.	
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Subtotal</b> .....								190,036.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								190,036.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....					
	<b>1 b</b> Membership dues .....					
	<b>1 c</b> Fundraising events .....					
	<b>1 d</b> Related organizations .....					
	<b>1 e</b> Government grants (contributions) .....					
	<b>1 f</b> All other contributions, gifts, grants, and similar amounts not included above .....	5,874,951.				
	<b>1 g</b> Noncash contributions included in lines 1a-1f. ....	27,365.				
	<b>1 h Total.</b> Add lines 1a-1f .....	5,874,951.				
<b>Program Service Revenue</b>	<b>2 a</b> Business Code					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue. ....					
	<b>g Total.</b> Add lines 2a-2f .....					
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		39.	39.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>6 b</b> Less: rental expenses .....				
		<b>6 c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>7 b</b> Less: cost or other basis and sales expenses .....				
		<b>7 c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
		<b>8 b</b> Less: direct expenses .....				
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....						
	<b>9 b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....						
	<b>10 b</b> Less: cost of goods sold .....					
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> Business Code					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions .....		5,874,990.	39.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	466,069.	466,069.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,363,826.	4,363,826.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	190,036.	66,761.	123,275.	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.	306,683.	194,733.	111,950.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (nonemployees):				
a Management.				
b Legal.	1,341.		1,341.	
c Accounting.	45,490.		45,490.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	41,910.			41,910.
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	60,456.		60,456.	
12 Advertising and promotion.	1,208.		1,208.	
13 Office expenses.	49.		49.	
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	9,083.		9,083.	
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. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MARKETING</u>	33,821.		33,821.	
b <u>SUBSCRIPTIONS</u>	2,205.		2,205.	
c <u>INSURANCE</u>	1,743.		1,743.	
d <u>SUPPLIES</u>	535.		535.	
e All other expenses.	1,061.		1,061.	
25 Total functional expenses. Add lines 1 through 24e.	5,525,516.	5,091,389.	392,217.	41,910.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash – non-interest-bearing	158,600.	1	538,778.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,000.	9	21,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	184.	10a	
	b	Less: accumulated depreciation	184.	10b	10c
	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	1,529.	13	1,529.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	168,129.	16	561,307.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	34,905.	17	70,379.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,714.	25	13,944.
	26	<b>Total liabilities.</b> Add lines 17 through 25	40,619.	26	84,323.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	127,510.	27	476,984.
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	127,510.	32	476,984.	
33	<b>Total liabilities and net assets/fund balances</b>	168,129.	33	561,307.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,874,990.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,525,516.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	349,474.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	127,510.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	476,984.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	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?		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A; 16a 33-1/3% support test-2021; 16b 33-1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; 17b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2021; 16 Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2021; 18 Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here.

b 33-1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			

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Schedule A (Form 990) 2021

**Part VI**

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (VISIONS GLOBAL EMPOWERMENT) and Employer identification number (26-3386678)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)( 3 ) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. RITU AGARWAL & KISLAYA PRASAD 6305 LENOX ROAD BETHESDA, MD 20817	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DR. K. SIVALINGAM 21309 OAK FOREST LANE SANTA CLARITA, CA 91321	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JIM & KIM PAWELL 25 BALBOA COVES NEWPORT BEACH, CA 92663	\$ 25,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	KIM & JUSTIN KINGSBURY 12872 LORETTA DRIVE SANTA ANA, CA 92705	\$ 5,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	VISIONS GLOBAL DEVELOPMENT 18800 VON KARMAN AVENUE STE A IRVINE, CA 92612	\$ 3,982,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	RITA SZCZOTKA 1240 E. WRIGHTWOOD DRIVE MERIDIAN, ID 83642	\$ 5,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KATHLEEN AND MATT SCHANDLER 22 BAUDIN CIRCLE LADERA RANCH, CA 92694	\$ 5,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JOHN ROGERS 155 PINE STREET BELMONT, MA 02478	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	DR CANAGARATNAM PATHMARAJAH 2607 DESERT ROSE DRIVE LANCASTER, CA 93536	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CHANDRA KUMAR SUNKARA 1139 PROSPECT AVE., APT. 4D BROOKLYN, NY 11218	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	TAMARA LAFARGA 15938 LAS PLANIDERAS RANCHO SANTA FE, CA 92067	\$ 15,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	IMPACT ENERGY OPERATING LLC 9500 WESTGATE ROAD, SUITE 200 OKLAHOMA CITY, OK 73162	\$ 16,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number 26-3386678
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MAITREYI RAMAKRISHNAN 1732 AVIATION BLVD. #422 REDONDO BEACH, CA 90278	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	FARMERS AND MERCHANTS BANK OF LONG 302 PINE AVENUE LONG BEACH, CA 90802	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SEFTON FAMILY FOUNDATION 411 LACET LANE ASPEN, CO 81611	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	DONNA VANCE 8168 AUBERGE CIRCLE SAN DIEGO, CA 92127	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SYDNEY HOLLAND 6985 CORTE SPAGNA RANCHO SANTA FE, CA 92091	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ELLEN SULLIVAN 910 CAMINITO MADRIGAL, UNIT E CARLSBAD, CA 92011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MARTHA HOUSHAR ----- 99 MAYFAIR DRIVE ----- RANCHO MIRAGE, CA 92270 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	RISHON AND TODD HILDE ----- 975 SPRING CREEK ROAD ----- ALTA, WY 83414 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MARIE HASNAIN ----- 4840 RANCHO DEL MAR TRAIL ----- SAN DIEGO, CA 92130 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SILBERMANN FAMILY CHARITABLE FUND ----- 2000 WESTCHESTER AVENUE, FL 2 ----- PURCHASE, NY 10577 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	LYNDA AND RICHARD KERR ----- P.O. BOX 9752 ----- RANCHO SANTA FE, CA 92067 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	INES CAMPBELL ----- 6146 VIA REGLA ----- SAN DIEGO, CA 92122 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	AHILAN ARULANANTHAM & LABONI HOQ 1124 HOPE STREET SOUTH PASADENA, CA 91030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	NEHA DANI (UNI DESIGNS) 592 FIFTH AVENUE, 11TH FLOOR, NEW YORK, NY 10036	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	VARIOUS 18800 VON KARMAN AVENUE, STE A IRVINE, CA 92612	\$ 12,365.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	DIAMOND EARRINGS FOR EVENT PRIZE ----- ----- -----	\$ 15,000.	
27	VARIOUS ----- ----- -----	\$ 12,365.	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

Name of organization VISIONS GLOBAL EMPOWERMENT	Employer identification number 26-3386678
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

VISIONS GLOBAL EMPOWERMENT

Employer identification number

26-3386678

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		184.	184.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD	13,944.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	13,944.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

Employer identification number

VISIONS GLOBAL EMPOWERMENT

26-3386678

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **PART V**
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH ASIA			GRANTS TO NON PROFIT ORGANIZAT	EDUCATION & COMMUNITY DEV	262,281.
(2) SUB SAHARAN AFRICA			GRANTS TO NON PROFIT	EDUCATION & COMMUNITY DEV	35,359.
(3) CENTRAL AMERICA			GRANTS TO NON PROFIT	EDUCATION & COMMUNITY DEV	4,111,492.
(4) EASTERN AFRICA			GRANTS TO NON PROFIT ORGANIZAT	EDUCATION & COMMUNITY DEV	794.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Subtotal.....					4,409,926.
<b>b</b> Total from continuation sheets to Part I.....					
<b>c</b> Totals (add lines 3a and 3b)...	0	0			4,409,926.

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA	GIRLS SCHOOL	4,065,392.	WIRE TRANSFER			
			EASTERN AFRICA		794.				
			SOUTH ASIA		30,258.	WIRE TRANSFER			
			SOUTH ASIA	LEADERSHIP PROGRAM	8,045.	EFT			
			SOUTH ASIA	SCHOOL SUPPORT	15,000.	WIRE TRANSFER			
			SOUTH ASIA	SCHOOL SUPPORT	80,810.	WIRE TRANSFER			
			SOUTH ASIA	WOMENS UNIVERSITY	26,000.	WIRE TRANSFER			
			SOUTH ASIA	YOUTH EDUCATION	72,213.	WIRE TRANSFER	1,500.	MATERIALS	FMV
			SOUTH ASIA	YOUTH LEADERSHIP	28,455.	WIRE TRANSFER			
			SUB SAHARAN AFR	DEAF YOUTH EDUCATIO	32,926.	WIRE TRANSFER	2,433.	SUPPLIES	FMV

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

3 Enter total number of other organizations or entities. 10

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA							

BAA

Schedule F (Form 990) 2021

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US**

GRANTS ARE ONLY MADE AFTER ORGANIZATIONS HAVE FIRST PRESENTED VALID WRITTEN VERIFICATION THAT THEY ARE REGISTERED CHARITABLE ORGANIZATIONS IN THEIR HOST COUNTRIES AND CAN CERTIFY THAT THEY ARE ACTIVELY IN GOOD STANDING. A COPY OF EACH ORGANIZATION'S INCORPORATING DOCUMENT(S) IS RETAINED, ALONG WITH GENERAL INFORMATION ABOUT THEIR PROGRAMS, FINANCES AND BANK ACCOUNT INFORMATION. ALL RECIPIENT ORGANIZATIONS ARE ALSO REQUIRED TO COMPLETE A PARTNER APPLICATION FORM IN WHICH THEY ARE ABLE TO ELABORATE ON THE DETAILS OF THEIR PROPOSED INITIATIVES. ALMOST ALL RECIPIENTS ARE ALSO PERSONALLY VETTED DURING INITIAL SITE VISITS AND DISCUSSIONS BY VISIONS BOARD MEMBERS AND/OR REPRESENTATIVES, AS WELL AS THROUGH PERIODIC SITE VISITS TO CHECK PROGRESS AND ENSURE PROJECTS ARE BEING PROPERLY MANAGED. ALL PARTNER RECIPIENTS ARE EXPECTED TO MAINTAIN THOROUGH AND ACCURATE FINANCIAL RECORDS (INCLUDING KEEPING RECEIPTS) AND TO REPORT QUARTERLY TO VISIONS. GRANTS ARE MADE BASED ON A PRE-APPROVED BUDGET PER PROJECT WITH FUNDS GENERALLY BEING DISTRIBUTED EITHER QUARTERLY OR BIANNUALLY.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization: **VISIONS GLOBAL EMPOWERMENT** Employer identification number: **26-3386678**

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 RITA J. GARCIA-SZCZOTKA 1240 E WRIGHTWOOD DR MERIDIAN ID 83642	DEVELOPMENT DIRECTOR		X		41,910.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....▶					41,910.	0.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- CA  
-----  
-----  
-----  
-----

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	NONE (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts .....				
	2	Less: Contributions .....				
	3	Gross income (line 1 minus line 2) .....				
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	6	Rent/facility costs .....				
	7	Food and beverages .....				
	8	Entertainment .....				
	9	Other direct expenses .....				
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....				
	11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming						
					(add column (a) through column (c))						
Revenue	1	Gross revenue .....									
	2	Cash prizes .....									
Direct Expenses	3	Noncash prizes .....									
	4	Rent/facility costs .....									
	5	Other direct expenses .....									
	6	<table border="1"> <tr> <td><input type="checkbox"/> Yes _____ %</td> <td><input type="checkbox"/> Yes _____ %</td> <td><input type="checkbox"/> Yes _____ %</td> </tr> <tr> <td><input type="checkbox"/> No _____ %</td> <td><input type="checkbox"/> No _____ %</td> <td><input type="checkbox"/> No _____ %</td> </tr> </table>	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> No _____ %	<input type="checkbox"/> No _____ %	<input type="checkbox"/> No _____ %			
	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %								
<input type="checkbox"/> No _____ %	<input type="checkbox"/> No _____ %	<input type="checkbox"/> No _____ %									
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....									
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....									

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.  
▶ Attach to Form 990.

OMB No. 1545-0047  
**2021**  
Open to Public  
Inspection

VISIONS GLOBAL EMPOWERMENT

Employer identification number  
26-3386678

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST COAST ACADEMY 2012 PORT PROVENCE PLACE NEWPORT BEACH, CA 92660			50,000.	0.			
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

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

TEEA3901L 07/12/21 **Schedule I (Form 990) 2021**

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public  
Inspection**

Name of the organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
---	---

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art.....				
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....				
10 Securities – Closely held stock.....				
11 Securities – Partnership, LLC, or trust interests.....				
12 Securities – Miscellaneous.....				
13 Qualified conservation contribution – Historic structures.....				
14 Qualified conservation contribution – Other.....				
15 Real estate – Residential.....				
16 Real estate – Commercial.....				
17 Real estate – Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ▶ ( _____ ).....	X	1	15,000.	
26 Other ▶ (VARIOUS _____).....	X	1	12,365.	FMV
27 Other ▶ ( _____ ).....				
28 Other ▶ ( _____ ).....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement.....	29	
---	----	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....	30 a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....	32 a		X
b If 'Yes,' describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

---

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

---

**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

VISIONS GLOBAL EMPOWERMENT

26-3386678

**FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES**

VISIONS STRIVES TO ENABLE SUSTAINABLE DEVELOPMENT THROUGH EDUCATION, LEADERSHIP AND TECHNOLOGY. VISIONS IS ESPECIALLY FOCUSED ON ENABLING SOCIAL CHANGE IN COMMUNITIES AFFECTED BY POVERTY, CONFLICT AND DISABILITY THROUGH EDUCATION, LEADERSHIP DEVELOPMENT AND TECHNOLOGY. WE ENVISION A WORLD WHERE ALL PEOPLE HAVE ACCESS TO QUALITY EDUCATION, ARE EMPOWERED TO REALIZE THEIR UNIQUE ASPIRATIONS, AND ARE EQUIPPED TO MAKE POSITIVE CONTRIBUTIONS TO OUR WORLD. CURRENTLY, VISIONS OPERATES IN 5 COUNTRIES - ETHIOPIA, INDIA, SRI LANKA, NICARAGUA AND THE U.S.

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

VISIONS STRIVES TO ENABLE SUSTAINABLE DEVELOPMENT THROUGH EDUCATION, LEADERSHIP AND TECHNOLOGY. VISIONS IS ESPECIALLY FOCUSED ON ENABLING SOCIAL CHANGE IN COMMUNITIES AFFECTED BY POVERTY, CONFLICT AND DISABILITY THROUGH EDUCATION, LEADERSHIP DEVELOPMENT AND TECHNOLOGY. WE ENVISION A WORLD WHERE ALL PEOPLE HAVE ACCESS TO QUALITY EDUCATION, ARE EMPOWERED TO REALIZE THEIR UNIQUE ASPIRATIONS, AND ARE EQUIPPED TO MAKE POSITIVE CONTRIBUTIONS TO OUR WORLD. CURRENTLY, VISIONS OPERATES IN 5 COUNTRIES - ETHIOPIA, INDIA, SRI LANKA, NICARAGUA AND THE U.S.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

**INSTITUTIONAL SUPPORT**

VISIONS NURTURES PARTNERSHIPS WITH DOZENS OF LOCAL CIVIL SOCIETY ORGANIZATIONS THAT ARE THE CHANGE-MAKERS IN THEIR OWN COMMUNITIES - THE LOCALLY-ROOTED, INNOVATIVE PROBLEM SOLVERS AND PROGRAM ADMINISTRATORS SERVING THE MOST VULNERABLE AND DISADVANTAGED IN THEIR AREA. IN 2021, VISIONS PROVIDED SUPPORT BOTH FOR ONGOING OPERATIONS AND DEVELOPMENT OF NEW INFRASTRUCTURE OR ACTIVITIES OF SCHOOLS, HOSPITALS, AND COMMUNITY SERVICE ORGANIZATIONS PROVIDING VITAL NONPROFIT EDUCATION AND HEALTH SERVICES TO THOSE IN GREATEST NEED IN THEIR RESPECTIVE COMMUNITIES.

Name of the organization

VISIONS GLOBAL EMPOWERMENT

Employer identification number

26-3386678

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 AND SCHEDULES WERE DICUSSED WITH GREGORY BUIE, TREASURER ON NUMEROUS OCCASSIONS, THROUGH THE PROCESS OF TAX PREPARATION. DRAFT RETURN WAS REVIEWED BY HIM.

**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 OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

**PART III, LINE 1**

PART III, LINE 1 - METHOD OF ACCOUNTING

GRANTS ARE ONLY MADE AFTER ORGANIZATIONS HAVE FIRST PRESENTED VALID WRITTEN VERIFICATION THAT THEY ARE REGISTERED CHARITABLE ORGANIZATIONS IN THEIR HOST COUNTRIES AND CAN CERTIFY THAT THEY ARE ACTIVELY IN GOOD STANDING. A COPY OF EACH ORGANIZATION'S INCORPORATING DOCUMENT(S) IS RETAINED, ALONG WITH GENERAL INFORMATION ABOUT THEIR PROGRAMS, FINANCES AND BANK ACCOUNT INFORMATION. ALL

Name of the organization

Employer identification number

VISIONS GLOBAL EMPOWERMENT

26-3386678

RECIPIENT ORGANIZATIONS ARE ALSO REQUIRED TO COMPLETE A PARTNER APPLICATION FORM IN WHICH THEY ARE ABLE TO ELABORATE ON THE DETAILS OF THEIR PROPOSED INITIATIVES. ALMOST ALL RECIPIENTS ARE ALSO PERSONALLY VETTED DURING INITIAL SITE VISITS AND DISCUSSIONS BY VISIONS BOARD MEMBERS AND/OR REPRESENTATIVES, AS WELL AS THROUGH PERIODIC SITE VISITS TO CHECK PROGRESS AND ENSURE PROJECTS ARE BEING PROPERLY MANAGED. ALL PARTNER RECIPIENTS ARE EXPECTED TO MAINTAIN THOROUGH AND ACCURATE FINANCIAL RECORDS (INCLUDING KEEPING RECEIPTS) AND TO REPORT QUARTERLY TO VISIONS. GRANTS ARE MADE BASED ON A PRE-APPROVED BUDGET PER PROJECT WITH FUNDS GENERALLY BEING DISTRIBUTED EITHER QUARTERLY OR BIANNUALLY.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization  
VISIONS GLOBAL EMPOWERMENT

Employer identification number  
26-3386678

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
							Yes	No
(1)	VISIONS GLOBAL DEVELOPMENT 18800 VON KARMAN AVENUE, SUITE A IRVINE, CA 92612 84-3206725	TO OPERATE FOR THE BENEFIT OF VGE	CA	509 (A) (3)		VISIONS GLOBAL EMPOWERMENT	X	
(2)								
(3)								
(4)								



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (State or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	X
<b>f</b> Dividends from related organization(s)	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	VISIONS GLOBAL DEVELOPMENT	C	3,982,500	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

BAA

TEEA5003L 09/21/21

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													

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**Part VII** **Supplemental Information**

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

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

► Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **1/01, 2021**, and ending **12/31, 2021**

Name of person filing this return <b>VISIONS GLOBAL EMPOWERMENT</b> Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <b>18800 VON KARMAN AVENUE, SUITE A</b> City or town, state, and ZIP code <b>IRVINE, CA 92612</b>	<b>A Identifying number</b> <b>26-3386678</b> <b>B Category of filer</b> (See instructions. Check applicable box(es).): 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> <b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period <b>99.0000 %</b>
Filer's tax year beginning <b>1/01, 2021</b> , and ending <b>12/31, 2021</b>	

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

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

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

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

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

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
VISIONS GLOBAL EMPOWERMENT	18800 VON KARMAN AVENUE, IRVINE, CA 92612	26-3386678	X		

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

<b>1a</b> Name and address of foreign corporation VISIONS NICARAGUA SA AVENIDA NACIONES UNIDAS, EDIFICIO EL CENTRO II, SEXTO PISO MANAGUA, NICARAGUA				<b>b(1)</b> Employer identification number, if any 99-9999999
<b>d</b> Date of incorporation 4/11/2018				<b>b(2)</b> Reference ID number (see instructions) J0310000352070
<b>e</b> Principal place of business NICARAGUA				<b>c</b> Country under whose laws incorporated NICARAGUA
<b>f</b> Principal business activity code number		<b>g</b> Principal business activity TOURISM/CONST		<b>h</b> Functional currency code NIO

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

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation HILARIA MARIA SALINAS ICAZA AVENIDA NACIONES UNIDAS, EDIFICIO EL CENTRO I MANAGUA, NICARAGUA	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different GREGORY BUIE 18800 VON KARMAN AVENUE IRVINE, CA 92612				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	50,000.	



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

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

		Functional Currency	U.S. Dollars
<b>I N C O M E</b>	<b>1 a</b> Gross receipts or sales.....	<b>1 a</b>	
	<b>b</b> Returns and allowances.....	<b>1 b</b>	
	<b>c</b> Subtract line 1b from line 1a.....	<b>1 c</b>	
	<b>2</b> Cost of goods sold.....	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c).....	<b>3</b>	
	<b>4</b> Dividends.....	<b>4</b>	
	<b>5</b> Interest.....	<b>5</b>	
	<b>6 a</b> Gross rents.....	<b>6 a</b>	
	<b>b</b> Gross royalties and license fees.....	<b>6 b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets.....	<b>7</b>	
<b>8 a</b> Foreign currency transaction gain or loss—unrealized.....	<b>8 a</b>		
	<b>b</b> Foreign currency transaction gain or loss—realized.....	<b>8 b</b>	
<b>9</b> Other income (attach statement)..... SEE STATEMENT 1	<b>9</b>		3,676,491.
<b>10</b> Total income (add lines 3 through 9).....	<b>10</b>		3,676,491.
<b>D E D U C T I O N S</b>	<b>11</b> Compensation not deducted elsewhere.....	<b>11</b>	124,730.
	<b>12 a</b> Rents.....	<b>12 a</b>	10,161.
	<b>b</b> Royalties and license fees.....	<b>12 b</b>	
	<b>13</b> Interest.....	<b>13</b>	
	<b>14</b> Depreciation not deducted elsewhere.....	<b>14</b>	
	<b>15</b> Depletion.....	<b>15</b>	
	<b>16</b> Taxes (exclude income tax expense (benefit)).....	<b>16</b>	
	<b>17</b> Other deductions (attach statement — exclude income tax expense (benefit))..... SEE STATEMENT 2	<b>17</b>	
<b>18</b> Total deductions (add lines 11 through 17).....	<b>18</b>		708,231.
<b>N E T  I N C O M E</b>	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10).....	<b>19</b>	2,968,260.
	<b>20</b> Unusual or infrequently occurring items.....	<b>20</b>	
	<b>21 a</b> Income tax expense (benefit)—current.....	<b>21 a</b>	
	<b>b</b> Income tax expense (benefit)—deferred.....	<b>21 b</b>	
<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b).....	<b>22</b>		2,968,260.
<b>Other Comprehen- sive  Income</b>	<b>23 a</b> Foreign currency translation adjustments.....	<b>23 a</b>	
	<b>b</b> Other.....	<b>23 b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income.....	<b>23 c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c).....	<b>24</b>	

**Schedule F Balance Sheet**

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

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash.....	1	173,724.	227,720.
2a Trade notes and accounts receivable.....	2a	33,713.	
b Less allowance for bad debts.....	2b		
3 Derivatives.....	3		
4 Inventories.....	4		
5 Other current assets (attach statement)..... SEE STATEMENT 3.....	5		746,789.
6 Loans to shareholders and other related persons.....	6		
7 Investment in subsidiaries (attach statement).....	7		
8 Other investments (attach statement).....	8		
9a Buildings and other depreciable assets.....	9a	42,922.	8,097,011.
b Less accumulated depreciation.....	9b	13,282.	13,124.
10a Depletable assets.....	10a		
b Less accumulated depletion.....	10b		
11 Land (net of any amortization).....	11		
12 Intangible assets:			
a Goodwill.....	12a		
b Organization costs.....	12b		
c Patents, trademarks, and other intangible assets.....	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c.....	12d		
13 Other assets (attach statement)..... SEE STATEMENT 4.....	13	5,904,695.	42,405.
14 Total assets.....	14	6,141,772.	9,100,801.
<b>Liabilities and Shareholders' Equity</b>			
15 Accounts payable.....	15	152,808.	196,972.
16 Other current liabilities (attach statement)..... SEE STATEMENT 5.....	16	19,356.	-33,406.
17 Derivatives.....	17		
18 Loans from shareholders and other related persons.....	18		
19 Other liabilities (attach statement).....	19		
20 Capital stock:			
a Preferred stock.....	20a		
b Common stock.....	20b	1,499.	1,499.
21 Paid-in or capital surplus (attach reconciliation).....	21		
22 Retained earnings.....	22	5,968,109.	8,935,736.
23 Less cost of treasury stock.....	23		
24 Total liabilities and shareholders' equity.....	24	6,141,772.	9,100,801.

**Schedule G Other Information**

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



**Schedule G Other Information** (continued)

	Yes	No
<b>6a</b> Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? ..... If "Yes," complete lines 6b, 6c, and 6d.		X
<b>b</b> Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ..... ▶ \$ _____		
<b>c</b> Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ..... ▶ \$ _____		
<b>d</b> Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ..... ▶ \$ _____		
<b>7</b> During the tax year, was the foreign corporation a participant in any cost sharing arrangement? ..... If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
<b>8</b> From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? .....		X
<b>9a</b> Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year?..... If "Yes," go to line 9b.		X
<b>b</b> Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year ..... ▶ \$ _____		
<b>10</b> During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? ..... If "Yes," see instructions and attach statement.		X
<b>11</b> During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? ..... If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
<b>12</b> During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....		X
<b>13</b> During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?.....		X
<b>14</b> Did you answer "Yes" to any of the questions in the instructions for line 14?.....  If "Yes," enter the corresponding code(s) from the instructions and attach statement ▶ _____		X
<b>15</b> Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? ..... If "Yes," enter the amount ..... ▶ \$ _____		X
<b>16</b> Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? ..... If "Yes," enter the amount ..... ▶ \$ _____		X
<b>17a</b> Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?.....		X
<b>b</b> If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?.....		
<b>18</b> Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
<b>19a</b> Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? .....		X
<b>b</b> If the answer to question 19a is "Yes," provide the following. <b>(1)</b> The amount of such distribution(s) and acquisition(s) ..... ▶ \$ _____ <b>(2)</b> The amount of such related party indebtedness ..... ▶ \$ _____		

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

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

Name of U.S. shareholder ▶ Identifying number ▶

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

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

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**SCHEDULE E**  
**(Form 5471)**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

Identifying number

VISIONS GLOBAL EMPOWERMENT

26-3386678

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

VISIONS NICARAGUA SA

99-9999999

J0310000352070

▶ GEN

- a Separate Category (Enter code — see instructions).
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions).
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions).

**Part I Taxes for Which a Foreign Tax Credit is Allowed**

**Section 1 — Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspected Taxes	(d) Country or U.S. Possession to Which Tax is Paid (Enter code—see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1			<input type="checkbox"/>			
2			<input type="checkbox"/>			
3			<input type="checkbox"/>			
4			<input type="checkbox"/>			
5	Total (combine lines 1 through 4 of column (f)). Also report amount on Schedule E-1, line 4. ▶					
6	Total (combine lines 1 through 4 of column (m)). ▶					

**Section 2—Taxes Deemed Paid by Foreign Corporation**

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax is Paid (Enter code—see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6. ▶				

BAA For Paperwork Reduction Act Notice, see instructions. CPCAB701L 07/01/21 Schedule E (Form 5471) (Rev. 12-2021)

Name of foreign corporation

**VISIONS GLOBAL EMPOWERMENT**

EIN (if any)

26-3386678

Reference ID number (See instructions)

J0310000352070

GEN

- a Separate Category (Enter code — see instructions).
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions).
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions).

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  No If "Yes," state date of election

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901 (i)	(d) Section 901 (k) and (l)	(e) Section 901 (m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2).								
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)).								

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars.

Taxes related to:

	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	0.	0.	
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Adjustment for foreign tax redetermination			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
7	Other adjustments (attach statement)			
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)			
9	Taxes deemed paid with respect to inclusions (see instructions)			
10	Taxes deemed paid with respect to actual distributions			
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
12	Other (attach statement)			
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))			
14	Reserved for future use			
15	Reduction for other taxes not deemed paid			
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	0.	0.	0.

BAA

CFCA8701L 07/12/21

Name of foreign corporation

**VISIONS GLOBAL EMPOWERMENT**

EIN (if any)

26-3386678

Reference ID number (See instructions)

J0310000352070

- a Separate Category (Enter code – see instructions).....
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions).....
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions).....

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)**

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

BAA Schedule E (Form 5471) (Rev. 12-2021)

**SCHEDULE H  
(Form 5471)**

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

**Current Earnings and Profits**

▶ **Attach to Form 5471.**  
▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 <b>VISIONS GLOBAL EMPOWERMENT</b>		Identifying number <b>26-3386678</b>
Name of foreign corporation <b>VISIONS NICARAGUA SA</b>	EIN (if any) <b>99-9999999</b>	Reference ID number (see instructions) <b>J0310000352070</b>

**IMPORTANT:** Enter the amounts on lines 1 through 5c in functional currency.

<b>1</b>	Current year net income or (loss) per foreign books of account	<b>1</b>	<b>2,968,260.</b>
<b>2</b>	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions
<b>a</b>	Capital gains or losses	<b>2a</b>	
<b>b</b>	Depreciation and amortization	<b>2b</b>	
<b>c</b>	Depletion	<b>2c</b>	
<b>d</b>	Investment or incentive allowance	<b>2d</b>	
<b>e</b>	Charges to statutory reserves	<b>2e</b>	
<b>f</b>	Inventory adjustments	<b>2f</b>	
<b>g</b>	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i))	<b>2g</b>	
<b>h</b>	Foreign currency gains or losses	<b>2h</b>	
<b>i</b>	Other (attach statement)	<b>2i</b>	
<b>3</b>	Total net additions	<b>3</b>	
<b>4</b>	Total net subtractions	<b>4</b>	
<b>5a</b>	Current earnings and profits (line 1 plus line 3 minus line 4)	<b>5a</b>	<b>2,968,260.</b>
<b>b</b>	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	<b>5b</b>	
<b>c</b>	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines	<b>5c</b>	<b>2,968,260.</b>
<b>(i)</b>	General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(i)</b>	
<b>(ii)</b>	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(ii)</b>	
<b>(iii)</b>	Section 901(j) category:		
<b>(A)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(A)</b>	
<b>(B)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(B)</b>	
<b>(C)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(C)</b>	
<b>(D)</b>	Enter the country code of the sanctioned country ▶ _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(D)</b>	
<b>d</b>	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))	<b>5d</b>	<b>2,968,260.</b>
<b>e</b>	Enter exchange rate used for line 5d ▶ _____	<b>1</b>	

**BAA For Paperwork Reduction Act Notice, see instructions.**

**Schedule H (Form 5471) (Rev. 12-2021)**

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 <b>VISIONS GLOBAL EMPOWERMENT</b>		Identifying number <b>26-3386678</b>
Name of foreign corporation <b>VISIONS NICARAGUA SA</b>	EIN (if any) <b>99-9999999</b>	Reference ID number (see instructions) <b>J0310000352070</b>
Separate Category (Enter code—see instructions.) ▶ <b>GEN</b>		

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income (see instructions if cost of goods sold exceed gross receipts) .....	<b>1</b>			
<b>2</b> Exclusions (see instructions if cost of goods sold exceed gross receipts)				
<b>a</b> Effectively connected income .....	<b>2a</b>			
<b>b</b> Subpart F income .....	<b>2b</b>			
<b>c</b> High-tax exception income per section 954(b)(4) .....	<b>2c</b>			
<b>d</b> Related party dividends .....	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income .....	<b>2e</b>			
<b>3</b> Total exclusions (combine lines 2a through 2e) .....	<b>3</b>			
<b>4</b> Gross income less total exclusions (line 1 minus line 3) (see instructions) .....	<b>4</b>			
<b>5</b> Deductions properly allocable to amount on line 4 .....	<b>5</b>			
<b>6</b> Tested income (loss) (line 4 minus line 5) (see instructions) .....	<b>6</b>			
<b>7</b> Tested foreign income taxes .....	<b>7</b>			
<b>8</b> Qualified business asset investment (QBAI) .....	<b>8</b>			
<b>9a</b> Interest expense included on line 5 .....	<b>9a</b>			
<b>b</b> Qualified interest expense .....	<b>9b</b>			
<b>c</b> Tested loss QBAI amount .....	<b>9c</b>			
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- .....	<b>9d</b>			
<b>10a</b> Interest income included in line 4 .....	<b>10a</b>			
<b>b</b> Qualified interest income .....	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0- .....	<b>10c</b>			

**BAA For Paperwork Reduction Act Notice, see instructions.**

**Schedule I-1 (Form 5471) (Rev. 12-2021)**

**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471		Identifying number
VISIONS GLOBAL EMPOWERMENT		26-3386678
Name of foreign corporation		Reference ID number (see instructions)
VISIONS NICARAGUA SA		J0310000352070
EIN (if any)		99-9999999

**a** Separate Category (Enter code—see instructions) . . . . .  
**b** If code 9011 is entered on line a, enter the country code for the sanctioned country (see instructions) . . . . .

**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).

**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(f) Reclassified section 965(a) PTEP	(fj) Reclassified section 965(d) PTEP
<b>1a</b>	Balance at beginning of year (as reported on prior year Schedule J) . . . . .						
<b>b</b>	Beginning balance adjustments (attach stmt) . . . . .						
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b) . . . . .						
<b>2a</b>	Reduction for taxes unsuspended under anti-splitter rules.						
<b>b</b>	Disallowed deduction for taxes suspended under anti-splitter rules . . . . .						
<b>3</b>	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) . . . . .						
<b>4</b>	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation . . . . .						
<b>5a</b>	E&P carried over in nonrecognition transaction . . . . .						
<b>b</b>	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction . . . . .						
<b>6</b>	Other adjustments (attach statement) . . . . .						
<b>7</b>	Total current and accumulated E&P (combine lines 1c through 6) . . . . .						
<b>8</b>	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P . . . . .						
<b>9</b>	Actual distributions . . . . .						
<b>10</b>	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P . . . . .						
<b>11</b>	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
<b>12</b>	Other adjustments (attach statement) . . . . .						
<b>13</b>	Hovering deficit offset of undistributed post-transaction E&P (see instructions) . . . . .						
<b>14</b>	Balance at beginning of next year (combine lines 7 through 13) . . . . .						



**Part I Accumulated E&P of Controlled Foreign Corporation (Continued)**

(e) Previously Taxed E&P (See instructions)

	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					
	(e) Previously Taxed E&P (See instructions)				
	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))	
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

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OPCA8705L 12/08/20

**Part II** **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

**Important:** Enter amounts in functional currency.

1	▶	1	
Balance at beginning of year.....			
2	▶	2	
Additions (amounts subject to future recapture).....			
3	▶	3	
Subtractions (amounts recaptured in current year).....			
4	▶	4	
Balance at end of year (combine lines 1 through 3).....			

**BAA** Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE M**  
**(Form 5471)**

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

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

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 <b>VISIONS GLOBAL EMPOWERMENT</b>		Identifying number <b>26-3386678</b>
Name of foreign corporation <b>VISIONS NICARAGUA SA</b>	EIN (if any) <b>99-9999999</b>	Reference ID number (see instructions) <b>J0310000352070</b>

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

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **NIO 35.5**

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

Name of person filing Form 5471

Identifying number

VISIONS GLOBAL EMPOWERMENT

26-3386678

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

**SCHEDULE O**  
**(Form 5471)**

(Rev December 2012)

Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

► Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>VISIONS GLOBAL EMPOWERMENT</b>		Identifying number <b>26-3386678</b>
Name of foreign corporation <b>VISIONS NICARAGUA SA</b>	EIN (if any) <b>99-9999999</b>	Reference ID No. (see insts) <b>SEE STMT 6</b>

**Important:** Complete a **separate** Schedule O for each foreign corporation for which information must be reported.

**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

**Section A – General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	

**Section B – U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

**Section C – Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations**

OMB No. 1545-0123

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471: **VISIONS GLOBAL EMPOWERMENT** Identifying number: **26-3386678**  
 Name of U.S. shareholder: Identifying number:

Name of foreign corporation: **VISIONS NICARAGUA SA** EIN (if any): **99-9999999** Reference ID number (see instructions): **J0310000352070**

**a** Separate Category (Enter code—see instructions) .....  
**b** If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶ **GEN**

**Part I Previously Taxed E&P in Functional Currency (See instructions)**

	(a) Reclassified section 969(a) PTEP	(b) Reclassified section 969(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions).			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

**Part I** Previously Taxed E&P in Functional Currency (see instructions) (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

BAA Schedule P (Form 5471) (Rev. 12-2020)

**Part II** **Previously Taxed E&P in U.S. Dollars**

	(a) Reclassified section 969(a) PTEP	(b) Reclassified section 969(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (See instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions).			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

Schedule P (Form 5471) (Rev. 12-2020)



**Part II** Previously Taxed E&P in U.S. Dollars (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

BAA Schedule P (Form 5471) (Rev. 12-2020)

**STATEMENT 1**  
**FORM 5471, PAGE 3, SCHEDULE C, LINE 9**  
**OTHER INCOME**

GRANTS FROM US PARENT.....		\$	3,676,491.
	TOTAL	\$	<u>0.</u>

**STATEMENT 2**  
**FORM 5471, PAGE 3, SCHEDULE C, LINE 17**  
**OTHER DEDUCTIONS**

AGRONOMY & FARM DEVELOPMENT.....	\$	531,753.
BANK FEES.....		8,011.
CURRENCY FLUCTUATION.....		-8,916.
FUEL.....		130.
INSURANCE.....		10,237.
REPAIRS.....		159.
SUPPLIES.....		12,659.
UTILITIES.....		19,307.
	TOTAL	\$ <u>0.</u>

**STATEMENT 3**  
**FORM 5471, PAGE 4, SCHEDULE F, LINE 5**  
**OTHER CURRENT ASSETS**

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE AND PREPAID EXP.....	\$ 0.	\$ 746,789.
TOTAL	\$ <u>0.</u>	\$ <u>746,789.</u>

**STATEMENT 4**  
**FORM 5471, PAGE 4, SCHEDULE F, LINE 13**  
**OTHER ASSETS**

	BEGINNING	ENDING
FARM ANIMALS.....	\$ 0.	\$ 41,644.
OTHER ASSETS.....	761.	761.
PREPAID EXPENSES.....	13,657.	0.
WORK IN PROGRESS.....	5,890,277.	0.
TOTAL	\$ <u>5,904,695.</u>	\$ <u>42,405.</u>

**STATEMENT 5**  
**FORM 5471, PAGE 4, SCHEDULE F, LINE 16**  
**OTHER CURRENT LIABILITIES**

	BEGINNING	ENDING
ACCRUED EXPENSES.....	\$ 19,356.	\$ -33,406.
TOTAL	\$ <u>19,356.</u>	\$ <u>-33,406.</u>

STATEMENT 6  
FORM 5471, SCH O, FOREIGN INFO  
REFERENCE ID NUMBER

J0310000352070

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name: VISIONS GLOBAL EMPOWERMENT
California corporation number: 3101185
FEIN: 26-3386678
Street address: 18800 VON KARMAN AVENUE, SUITE A
City: IRVINE, State: CA, Zip code: 92612

A First return? No
B Amended return? No
C IRC Section 4947(a)(1) trust? No
D Final information return? No
E Check accounting method: Accrual
F Federal return filed? 990T
G Is this a group filing? No
H Is this organization in a group exemption? No
I Did the organization have any changes to its guidelines not reported to the FTB? No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? No
K Is the organization exempt under R&TC Section 23701g? No
L Is the organization a limited liability company? No
M Did the organization file Form 100 or Form 109 to report taxable income? No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? No
O Is federal Form 1023/1024 pending? No

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 3 columns: Description, Line Number, Amount. Includes Receipts and Revenues (Total: 5,874,990), Expenses (Total: 5,109,447), and Filing Fee (Total: 0).

Sign Here: Declaration of preparer. Title: CO-FOUNDER. Telephone: 714-660-3054.
Paid Preparer's Use Only: Preparer's signature: MURALI RAMALINGAM CPA. Firm's name: THE GLOBAL ACCOUNTING SOLUTIONS INC. Telephone: 614-659-9999.

May the FTB discuss this return with the preparer shown above? See instructions. Yes

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest	●	2	
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule	●	7	39.
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	●	8	39.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	4,413,826.
	10	Disbursements to or for members	●	10	
<b>Expenses and Disbursements</b>	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	190,036.
	12	Other salaries and wages	●	12	306,683.
	13	Interest	●	13	
	14	Taxes	●	14	
	15	Rents	●	15	
	16	Depreciation and depletion (See instructions)	●	16	
	17	Other expenses and disbursements. Attach schedule	●	17	198,902.
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	●	18	5,109,447.

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>
<b>Assets</b>					
1	Cash		158,600.		538,778.
2	Net accounts receivable				
3	Net notes receivable				
4	Inventories				
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock				
8	Mortgage loans				
9	Other investments. Attach schedule		1,529.		1,529.
10a	Depreciable assets	184.		184.	
b	Less accumulated depreciation	184.		184.	
11	Land				
12	Other assets. Attach schedule. STM 5		8,000.		21,000.
13	<b>Total assets</b>		168,129.		561,307.
<b>Liabilities and net worth</b>					
14	Accounts payable		34,905.		70,379.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities. Attach schedule. STM 6		5,714.		13,944.
19	Capital stock or principal fund		127,510.		476,984.
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund				
22	<b>Total liabilities and net worth</b>		168,129.		561,307.

**Schedule M-1 Reconciliation of income per books with income per return**  
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	●	765,543.	7	Income recorded on books this year not included in this return. Attach schedule	●	
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8	●	
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6	●	765,543.
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	<b>Total.</b> Add line 1 through line 5	●	765,543.				

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

CALIFORNIA COPY  
**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

<b>Name of the organization</b> VISIONS GLOBAL EMPOWERMENT	<b>Employer identification number</b> 26-3386678
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. RITU AGARWAL & KISLAYA PRASAD 6305 LENOX ROAD BETHESDA, MD 20817	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	DR. K. SIVALINGAM 21309 OAK FOREST LANE SANTA CLARITA, CA 91321	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	JIM & KIM PAWELL 25 BALBOA COVES NEWPORT BEACH, CA 92663	\$ 25,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	KIM & JUSTIN KINGSBURY 12872 LORETTA DRIVE SANTA ANA, CA 92705	\$ 5,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	VISIONS GLOBAL DEVELOPMENT 18800 VON KARMAN AVENUE STE A IRVINE, CA 92612	\$ 3,982,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	RITA SZCZOTKA 1240 E. WRIGHTWOOD DRIVE MERIDIAN, ID 83642	\$ 5,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KATHLEEN AND MATT SCHANDLER 22 BAUDIN CIRCLE LADERA RANCH, CA 92694	\$ 5,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	JOHN ROGERS 155 PINE STREET BELMONT, MA 02478	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	DR CANAGARATNAM PATHMARAJAH 2607 DESERT ROSE DRIVE LANCASTER, CA 93536	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10	CHANDRA KUMAR SUNKARA 1139 PROSPECT AVE., APT. 4D BROOKLYN, NY 11218	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11	TAMARA LAFARGA 15938 LAS PLANIDERAS RANCHO SANTA FE, CA 92067	\$ 15,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
12	IMPACT ENERGY OPERATING LLC 9500 WESTGATE ROAD, SUITE 200 OKLAHOMA CITY, OK 73162	\$ 16,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>



Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MAITREYI RAMAKRISHNAN 1732 AVIATION BLVD. #422 REDONDO BEACH, CA 90278	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	FARMERS AND MERCHANTS BANK OF LONG 302 PINE AVENUE LONG BEACH, CA 90802	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	SEFTON FAMILY FOUNDATION 411 LACET LANE ASPEN, CO 81611	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	DONNA VANCE 8168 AUBERGE CIRCLE SAN DIEGO, CA 92127	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	SYDNEY HOLLAND 6985 CORTE SPAGNA RANCHO SANTA FE, CA 92091	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	ELLEN SULLIVAN 910 CAMINITO MADRIGAL, UNIT E CARLSBAD, CA 92011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MARTHA HOUSHAR ----- 99 MAYFAIR DRIVE ----- RANCHO MIRAGE, CA 92270 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	RISHON AND TODD HILDE ----- 975 SPRING CREEK ROAD ----- ALTA, WY 83414 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MARIE HASNAIN ----- 4840 RANCHO DEL MAR TRAIL ----- SAN DIEGO, CA 92130 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SILBERMANN FAMILY CHARITABLE FUND ----- 2000 WESTCHESTER AVENUE, FL 2 ----- PURCHASE, NY 10577 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	LYNDA AND RICHARD KERR ----- P.O. BOX 9752 ----- RANCHO SANTA FE, CA 92067 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	INES CAMPBELL ----- 6146 VIA REGLA ----- SAN DIEGO, CA 92122 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	AHILAN ARULANANTHAM & LABONI HOQ 1124 HOPE STREET SOUTH PASADENA, CA 91030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	NEHA DANI (UNI DESIGNS) 592 FIFTH AVENUE, 11TH FLOOR, NEW YORK, NY 10036	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	VARIOUS 18800 VON KARMAN AVENUE, STE A IRVINE, CA 92612	\$ 12,365.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	DIAMOND EARRINGS FOR EVENT PRIZE ----- ----- -----	\$ 15,000.	
27	VARIOUS ----- ----- -----	\$ 12,365.	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ *N/A*  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	N/A		
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----			
-----			
-----			
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----			
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-----			
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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-----			
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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-----			
-----			
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----			
-----			
-----			

VISIONS GLOBAL EMPOWERMENT

26-3386678

**STATEMENT 1  
FORM 199, PART II, LINE 7  
OTHER INCOME**

OTHER INVESTMENT INCOME..... \$ 39.  
TOTAL \$ 39.

**STATEMENT 2  
FORM 199, PART II, LINE 9  
CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

DONEE'S NAME - IND	WEST COAST ACADEMY	
DONEE'S STREET ADDRESS:	2012 PORT PROVENCE PLACE	
DONEE'S CITY	NEWPORT BEACH	
DONEE'S STATE	CA	
DONEE'S ZIP CODE	92660	
CASH AND NONCASH AMOUNT:		\$ 50,000.
CLASS OF ACTIVITY:	SCHOOL SUPPORT	
DONEE'S NAME - IND	HIMALAYAN SCHOOL SOCIETY	
CASH AND NONCASH AMOUNT:		80,810.
CLASS OF ACTIVITY:	SCHOOL SUPPORT	
DONEE'S NAME - IND	RAMANAS SEVA SAMITHI	
CASH AND NONCASH AMOUNT:		15,000.
CLASS OF ACTIVITY:	YOUTH LEADERSHIP	
DONEE'S NAME - IND	CHURCH OF AMERICAN CEYLON	
CASH AND NONCASH AMOUNT:		28,455.
CLASS OF ACTIVITY:	YOUTH EDUCATION	
DONEE'S NAME - IND	VISIONS GLOBAL INDIA	
CASH AND NONCASH AMOUNT:		73,713.
DESCRIPTION OF PROPERTY:	MATERIALS	
METHOD USED TO DETERMINE BV:	FMV	
CLASS OF ACTIVITY:	DEAF YOUTH EDUCATIO	
DONEE'S NAME - IND	VISIONS GLOBAL ETHIOPIA	
CASH AND NONCASH AMOUNT:		35,359.
DESCRIPTION OF PROPERTY:	SUPPLIES	
METHOD USED TO DETERMINE BV:	FMV	
CLASS OF ACTIVITY:	GIRLS SCHOOL	
DONEE'S NAME - IND	VISIONS NICARAGUA S.A	
CASH AND NONCASH AMOUNT:		4,065,392.

## VISIONS GLOBAL EMPOWERMENT

26-3386678

**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 9**  
**CONTRIBUTIONS, GIFTS, GRANTS, AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	WOMENS UNIVERSITY		
DONEE'S NAME - IND	ASIAN UNIVERSITY FOR WOMEN		
CASH AND NONCASH AMOUNT:		\$	26,000.
CLASS OF ACTIVITY:	LEADERSHIP PROGRAM		
DONEE'S NAME - IND	AHEAD TRUST		
CASH AND NONCASH AMOUNT:			8,045.
DONEE'S NAME - IND	VARIOUS		
CASH AND NONCASH AMOUNT:			30,258.
DONEE'S NAME - IND	VARIOUS		
CASH AND NONCASH AMOUNT:			794.
		TOTAL	<u>\$ 4,413,826.</u>

**STATEMENT 3**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>TOTAL COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
TAMARA LAFARGA 18800 VON KARMAN AVENUE, SUITE A ,	PRESIDENT 3.00	\$ 0.	\$ 0.	\$ 0.
SHAHNAZ VAN DEVENTER 18800 VON KARMAN AVENUE, SUITE A ,	TREASURER 1.00	0.	0.	0.
JAYME KAPLAN-KRUTZ 18800 VON KARMAN AVENUE, SUITE A ,	SECRETARY 1.00	0.	0.	0.
MEERA PATHMARAJAH 18800 VON KARMAN AVENUE, SUITE A ,	CO-FOUNDER 40.00	85,013.	0.	0.
GREGORY BUIE 18800 VON KARMAN AVENUE, SUITE A ,	CO-FOUNDER 60.00	105,023.	0.	0.

## VISIONS GLOBAL EMPOWERMENT

26-3386678

**STATEMENT 3 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	TOTAL COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARY GRACE HAMME 18800 VON KARMAN AVENUE, SUITE A	BOARD MEMBER 1.00	\$ 0.	\$ 0.	\$ 0.
,				
BRITTANY HUGHES 18800 VON KARMAN AVENUE, SUITE A	BOARD MEMBER 1.00	0.	0.	0.
,				
ZULIYA KHAWAJA 18800 VON KARMAN AVENUE, SUITE A	BOARD MEMBER 1.00	0.	0.	0.
,				
SHYAMALA NAGENDRAN 18800 VON KARMAN AVENUE, SUITE A	BOARD MEMBER 1.00	0.	0.	0.
,				
		TOTAL \$ <u>190,036.</u>	\$ <u>0.</u>	\$ <u>0.</u>

**STATEMENT 4**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

ACCOUNTING FEES.....	\$ 45,490.
ADVERTISING AND PROMOTION.....	1,208.
INSURANCE.....	1,743.
LEGAL FEES.....	1,341.
MARKETING.....	33,821.
MEALS AND ENTERTAINMENT.....	256.
OFFICE EXPENSES.....	49.
OTHER FEES.....	60,456.
PAYROLL PROCESSING FEES.....	385.
POSTAGE AND SHIPPING.....	355.
PRINTING AND PUBLICATIONS.....	65.
PROFESSIONAL FUNDRAISING FEES.....	41,910.
SUBSCRIPTIONS.....	2,205.
SUPPLIES.....	535.
TRAVEL OR ENTERTAINMENT FOR PUBLIC OFFICIALS.....	9,083.
	TOTAL \$ <u>198,902.</u>



STATEMENT 5  
FORM 199, SCHEDULE L, LINE 12  
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES..... 21,000.  
TOTAL \$ 21,000.

STATEMENT 6  
FORM 199, SCHEDULE L, LINE 18  
OTHER LIABILITIES

CREDIT CARD..... 13,944.  
TOTAL \$ 13,944.

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)



(For Registry Use Only)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

**Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.**

<p><b>VISIONS GLOBAL EMPOWERMENT</b> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <b>18800 VON KARMAN AVENUE, SUITE A</b> Address (Number and Street)</p> <p><b>IRVINE, CA 92612</b> City or Town, State, and ZIP Code</p> <p><b>714-660-3054</b> Telephone Number</p> <p style="text-align: right;">E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number _____</p> <p>Corporation or Organization No. <u>3101185</u></p> <p>Federal Employer ID No. <u>26-3386678</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice					
Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/21 ending 12/31/21) list:

**Total Revenue \$**  
(including noncash contributions) 5,874,990. **Noncash Contributions \$** 0. **Total Assets \$** 561,307.

**Program Expenses \$** 0. **Total Expenses \$** 5,109,447.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, did the organization receive any governmental funding?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization hold a raffle for charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does the organization conduct a vehicle donation program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

GREGORY BUIE	CO-FOUNDER	
Signature of Authorized Agent	Printed Name	Title
		Date

## Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	VISIONS GLOBAL EMPOWERMENT	26-3386678
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	18800 VON KARMAN AVENUE, SUITE A	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	IRVINE, CA 92612	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

● The books are in the care of ▶ GREGORY BUIE -----

Telephone No. ▶ 714-660-3054 ----- Fax No. ▶ -----

- If the organization does not have an office or place of business in the United States, check this box. .... ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. .... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2021 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3 a</b>	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3 b</b>	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3 c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A For the 2021 calendar year, or tax year beginning** , **2021**, and ending , **20**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b></p> <p><b>VISIONS GLOBAL EMPOWERMENT</b> 18800 VON KARMAN AVENUE, SUITE A IRVINE, CA 92612</p> <p><b>F</b> Name and address of principal officer: <b>SAME AS C ABOVE</b></p>	<p><b>D</b> Employer identification number <b>26-3386678</b></p> <p><b>E</b> Telephone number <b>714-660-3054</b></p> <p><b>G</b> Gross receipts \$ <b>5,874,990.</b></p> <p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. See instructions.</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>H(c)</b> Group exemption number ▶</p>
<p><b>J</b> Website: ▶ <b>WWW.VISIONSGLOBALEMPowerMENT.ORG</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>2008</b> <b>M</b> State of legal domicile: <b>CA</b></p>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 9
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 7
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b> 8
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 5
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b> 0.
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 4,421,389. <b>Current Year</b> 5,874,951.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32. 39.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,421,421. 5,874,990.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	410,087. 496,719.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	41,910.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,910.	
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	48,547. 156,992.
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,645,204. 5,525,516.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-1,223,783. 349,474.
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 168,129. <b>End of Year</b> 561,307.
	<b>21</b>	Total liabilities (Part X, line 26)	40,619. 84,323.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	127,510. 476,984.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>GREGORY BUIE</b> Type or print name and title	<b>CO-FOUNDER</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P00406590</b>
	<b>MURALI RAMALINGAM CPA</b>	<b>MURALI RAMALINGAM CPA</b>			
	Firm's name ▶ <b>THE GLOBAL ACCOUNTING SOLUTIONS INC</b>	Firm's EIN ▶ <b>274790472</b>		Phone no. <b>614-659-9999</b>	
	Firm's address ▶ <b>400 W WILSON BRIDGE RD STE 230</b>		<b>WORTHINGTON, OH 43085</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

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

4a (Code: ) (Expenses \$ 4,111,491. including grants of \$ ) (Revenue \$ ) ESCUELA VERA ANGELITA (NICARAGUA) A PRIVATE, NONPROFIT BOARDING SCHOOL FOR GIRLS THAT HAIL FROM UNDERSERVED & VULNERABLE COMMUNITIES. THIS MODERN SCHOOL CAMPUS LIES ON A 437-ACRE PROPERTY IN THE COMMUNITY OF SAN RAMÓN, MATAGALPA, NICARAGUA AND WILL SERVE YOUNG WOMEN FROM GRADES 5-12. IN FEBRUARY 2022, THE SCHOOL WILL FIRST OPEN ITS DOORS TO ITS INAUGURAL CLASS STARTING WITH GRADES 5-8 ONLY. THE CAMPUS IS LOCATED IN A SECURE SECTION OF THE ALMOST ENTIRELY SELF-SUFFICIENT VERA ANGELITA ESTATE, WHICH IS ALSO HOME TO A FULL-FLEDGED FARM, COFFEE PLANTATION, BOTANICAL GARDENS, ONSITE HOUSING FOR STAFF & GUESTS, PLANT NURSERY, AND NATURE RESERVE.

4b (Code: ) (Expenses \$ 581,090. including grants of \$ ) (Revenue \$ ) TABSCHOOL TABSCHOOL IS A COLLABORATIVE, OPEN-SOURCE DIGITAL PLATFORM OFFERING TOOLS FOR BOTH CREATING AND SHARING HIGH QUALITY E-LEARNING CONTENT. OUR MISSION IS TO DEVELOP AND DELIVER OFFLINE, HIGH QUALITY E-LEARNING RESOURCES TO UNDER-RESOURCED CHILDREN GLOBALLY. WE STRIVE TO DEVELOP CONTENT THAT IS FUN AND EASY, YIELDS REAL LEARNING RESULTS, AND CAN BE ACCESSED BY ANYONE WITH THE DESIRE TO LEARN, REGARDLESS OF WHERE YOU LIVE OR WHAT YOUR SOCIO-ECONOMIC BACKGROUND MAY BE.

4c (Code: ) (Expenses \$ 398,808. including grants of \$ ) (Revenue \$ ) OTHERS

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,091,389.

**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)? <i>If 'Yes,' complete Schedule A.</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....	5	X
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? <i>If 'Yes,' complete Schedule D, Part I.</i> .....	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	11 a X	
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	X
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? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....	11 c	X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	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)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....	11 f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....	13	X
14a 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? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....	16	X
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? <i>If 'Yes,' complete Schedule G, Part I.</i> See instructions .....	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....	19	X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....	20a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....	21 X	

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (9), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GREGORY BUIE CO-FOUNDER	60 0	X					105,023.	0.	0.	
(2) MEERA PATHMARAJAH CO-FOUNDER	40 0	X					85,013.	0.	0.	
(3) TAMARA LAFARGA PRESIDENT	3 0	X	X				0.	0.	0.	
(4) SHAHNAZ VAN DEVENTER TREASURER	1 0	X	X				0.	0.	0.	
(5) JAYME KAPLAN-KRUTZ SECRETARY	1 0	X	X				0.	0.	0.	
(6) MARY GRACE HAMME BOARD MEMBER	1 0	X					0.	0.	0.	
(7) BRITTANY HUGHES BOARD MEMBER	1 0	X					0.	0.	0.	
(8) ZULIYA KHAWAJA BOARD MEMBER	1 0	X					0.	0.	0.	
(9) SHYAMALA NAGENDRAN BOARD MEMBER	1 0	X					0.	0.	0.	
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

<b>1 b Subtotal</b> .....	190,036.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....	0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....	190,036.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....					
	<b>1 b</b> Membership dues .....					
	<b>1 c</b> Fundraising events .....					
	<b>1 d</b> Related organizations .....					
	<b>1 e</b> Government grants (contributions) .....					
	<b>1 f</b> All other contributions, gifts, grants, and similar amounts not included above .....	5,874,951.				
	<b>1 g</b> Noncash contributions included in lines 1a-1f. ....	27,365.				
	<b>1 h Total.</b> Add lines 1a-1f .....	5,874,951.				
<b>Program Service Revenue</b>	<b>2 a</b> Business Code					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue. ....					
	<b>g Total.</b> Add lines 2a-2f .....					
<b>Miscellaneous Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		39.	39.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>6 b</b> Less: rental expenses .....				
		<b>6 c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>7 b</b> Less: cost or other basis and sales expenses .....				
		<b>7 c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
<b>8 b</b> Less: direct expenses .....						
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....						
	<b>9 b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances. ....						
	<b>10 b</b> Less: cost of goods sold. ....					
	<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> Business Code					
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions .....		5,874,990.	39.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	466,069.	466,069.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	4,363,826.	4,363,826.		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	190,036.	66,761.	123,275.	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.	306,683.	194,733.	111,950.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (nonemployees):				
a Management.				
b Legal.	1,341.		1,341.	
c Accounting.	45,490.		45,490.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	41,910.			41,910.
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	60,456.		60,456.	
12 Advertising and promotion.	1,208.		1,208.	
13 Office expenses.	49.		49.	
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	9,083.		9,083.	
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. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>MARKETING</u>	33,821.		33,821.	
b <u>SUBSCRIPTIONS</u>	2,205.		2,205.	
c <u>INSURANCE</u>	1,743.		1,743.	
d <u>SUPPLIES</u>	535.		535.	
e All other expenses.	1,061.		1,061.	
25 Total functional expenses. Add lines 1 through 24e.	5,525,516.	5,091,389.	392,217.	41,910.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash – non-interest-bearing.....	158,600.	1	538,778.
	2	Savings and temporary cash investments.....		2	
	3	Pledges and grants receivable, net.....		3	
	4	Accounts receivable, net.....		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7	Notes and loans receivable, net.....		7	
	8	Inventories for sale or use.....		8	
	9	Prepaid expenses and deferred charges.....	8,000.	9	21,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a	184.	
	b	Less: accumulated depreciation.....	10b	184.	10c
	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.....	1,529.	13	1,529.
	14	Intangible assets.....		14	
	15	Other assets. See Part IV, line 11.....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33).....	168,129.	16	561,307.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses.....	34,905.	17	70,379.
	18	Grants payable.....		18	
	19	Deferred revenue.....		19	
	20	Tax-exempt bond liabilities.....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
	23	Secured mortgages and notes payable to unrelated third parties.....		23	
	24	Unsecured notes and loans payable to unrelated third parties.....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	5,714.	25	13,944.
	26	<b>Total liabilities.</b> Add lines 17 through 25.....	40,619.	26	84,323.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions.....	127,510.	27	476,984.
	28	Net assets with donor restrictions.....		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds.....		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31	Retained earnings, endowment, accumulated income, or other funds.....		31	
	32	<b>Total net assets or fund balances</b> .....	127,510.	32	476,984.
33	<b>Total liabilities and net assets/fund balances</b> .....	168,129.	33	561,307.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,874,990.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,525,516.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	349,474.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	127,510.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	476,984.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	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?		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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



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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A; 16a 33-1/3% support test-2021; 16b 33-1/3% support test-2020; 17a 10%-facts-and-circumstances test-2021; 17b 10%-facts-and-circumstances test-2020; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2021; 16 Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2021; 18 Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33-1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here.

b 33-1/3% support tests-2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

<b>Section D – Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E – Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			

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Schedule A (Form 990) 2021

**Part VI**

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

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (VISIONS GLOBAL EMPOWERMENT) and Employer identification number (26-3386678)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)( 3 ) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DR. RITU AGARWAL & KISLAYA PRASAD 6305 LENOX ROAD BETHESDA, MD 20817	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	DR. K. SIVALINGAM 21309 OAK FOREST LANE SANTA CLARITA, CA 91321	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	JIM & KIM PAWELL 25 BALBOA COVES NEWPORT BEACH, CA 92663	\$ 25,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	KIM & JUSTIN KINGSBURY 12872 LORETTA DRIVE SANTA ANA, CA 92705	\$ 5,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	VISIONS GLOBAL DEVELOPMENT 18800 VON KARMAN AVENUE STE A IRVINE, CA 92612	\$ 3,982,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	RITA SZCZOTKA 1240 E. WRIGHTWOOD DRIVE MERIDIAN, ID 83642	\$ 5,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KATHLEEN AND MATT SCHANDLER 22 BAUDIN CIRCLE LADERA RANCH, CA 92694	\$ 5,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
8	JOHN ROGERS 155 PINE STREET BELMONT, MA 02478	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
9	DR CANAGARATNAM PATHMARAJAH 2607 DESERT ROSE DRIVE LANCASTER, CA 93536	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
10	CHANDRA KUMAR SUNKARA 1139 PROSPECT AVE., APT. 4D BROOKLYN, NY 11218	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
11	TAMARA LAFARGA 15938 LAS PLANIDERAS RANCHO SANTA FE, CA 92067	\$ 15,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
12	IMPACT ENERGY OPERATING LLC 9500 WESTGATE ROAD, SUITE 200 OKLAHOMA CITY, OK 73162	\$ 16,696.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MAITREYI RAMAKRISHNAN 1732 AVIATION BLVD. #422 REDONDO BEACH, CA 90278	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
14	FARMERS AND MERCHANTS BANK OF LONG 302 PINE AVENUE LONG BEACH, CA 90802	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
15	SEFTON FAMILY FOUNDATION 411 LACET LANE ASPEN, CO 81611	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
16	DONNA VANCE 8168 AUBERGE CIRCLE SAN DIEGO, CA 92127	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
17	SYDNEY HOLLAND 6985 CORTE SPAGNA RANCHO SANTA FE, CA 92091	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
18	ELLEN SULLIVAN 910 CAMINITO MADRIGAL, UNIT E CARLSBAD, CA 92011	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MARTHA HOUSHAR ----- 99 MAYFAIR DRIVE ----- RANCHO MIRAGE, CA 92270 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	RISHON AND TODD HILDE ----- 975 SPRING CREEK ROAD ----- ALTA, WY 83414 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MARIE HASNAIN ----- 4840 RANCHO DEL MAR TRAIL ----- SAN DIEGO, CA 92130 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SILBERMANN FAMILY CHARITABLE FUND ----- 2000 WESTCHESTER AVENUE, FL 2 ----- PURCHASE, NY 10577 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	LYNDA AND RICHARD KERR ----- P.O. BOX 9752 ----- RANCHO SANTA FE, CA 92067 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	INES CAMPBELL ----- 6146 VIA REGLA ----- SAN DIEGO, CA 92122 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	AHILAN ARULANANTHAM & LABONI HOQ 1124 HOPE STREET SOUTH PASADENA, CA 91030	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
26	NEHA DANI (UNI DESIGNS) 592 FIFTH AVENUE, 11TH FLOOR, NEW YORK, NY 10036	\$ 15,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
27	VARIOUS 18800 VON KARMAN AVENUE, STE A IRVINE, CA 92612	\$ 12,365.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
26	DIAMOND EARRINGS FOR EVENT PRIZE ----- ----- -----	\$ 15,000.	
27	VARIOUS ----- ----- -----	\$ 12,365.	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	
	----- ----- -----	\$ -----	

Name of organization VISIONS GLOBAL EMPOWERMENT	Employer identification number 26-3386678
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**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

VISIONS GLOBAL EMPOWERMENT

Employer identification number

26-3386678

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.



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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		184.	184.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD	13,944.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	13,944.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A  
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII Supplemental Information.**

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

Employer identification number

VISIONS GLOBAL EMPOWERMENT

26-3386678

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. **PART V**
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) SOUTH ASIA			GRANTS TO NON PROFIT ORGANIZAT	EDUCATION & COMMUNITY DEV	262,281.
(2) SUB SAHARAN AFRICA			GRANTS TO NON PROFIT	EDUCATION & COMMUNITY DEV	35,359.
(3) CENTRAL AMERICA			GRANTS TO NON PROFIT	EDUCATION & COMMUNITY DEV	4,111,492.
(4) EASTERN AFRICA			GRANTS TO NON PROFIT ORGANIZAT	EDUCATION & COMMUNITY DEV	794.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Subtotal.....					4,409,926.
<b>b</b> Total from continuation sheets to Part I.....					
<b>c</b> Totals (add lines 3a and 3b)...	0	0			4,409,926.

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

1	(a) Name of organization (if applicable)	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA	GIRLS SCHOOL	4,065,392.	WIRE TRANSFE			
			EASTERN AFRICA		794.				
			SOUTH ASIA		30,258.	WIRE TRANSFE			
			SOUTH ASIA	LEADERSHIP PROGRAM	8,045.	EFT			
			SOUTH ASIA	SCHOOL SUPPORT	15,000.	WIRE TRANSFE			
			SOUTH ASIA	SCHOOL SUPPORT	80,810.	WIRE TRANSFE			
			SOUTH ASIA	WOMENS UNIVERSITY	26,000.	WIRE TRANSFE			
			SOUTH ASIA	YOUTH EDUCATION	72,213.	WIRE TRANSFE	1,500.	MATERIALS	FMV
			SOUTH ASIA	YOUTH LEADERSHIP	28,455.	WIRE TRANSFE			
			SUB SAHARAN AFR	DEAF YOUTH EDUCATIO	32,926.	WIRE TRANSFE	2,433.	SUPPLIES	FMV

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

3 Enter total number of other organizations or entities. 10

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
BAA							

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US**

GRANTS ARE ONLY MADE AFTER ORGANIZATIONS HAVE FIRST PRESENTED VALID WRITTEN VERIFICATION THAT THEY ARE REGISTERED CHARITABLE ORGANIZATIONS IN THEIR HOST COUNTRIES AND CAN CERTIFY THAT THEY ARE ACTIVELY IN GOOD STANDING. A COPY OF EACH ORGANIZATION'S INCORPORATING DOCUMENT(S) IS RETAINED, ALONG WITH GENERAL INFORMATION ABOUT THEIR PROGRAMS, FINANCES AND BANK ACCOUNT INFORMATION. ALL RECIPIENT ORGANIZATIONS ARE ALSO REQUIRED TO COMPLETE A PARTNER APPLICATION FORM IN WHICH THEY ARE ABLE TO ELABORATE ON THE DETAILS OF THEIR PROPOSED INITIATIVES. ALMOST ALL RECIPIENTS ARE ALSO PERSONALLY VETTED DURING INITIAL SITE VISITS AND DISCUSSIONS BY VISIONS BOARD MEMBERS AND/OR REPRESENTATIVES, AS WELL AS THROUGH PERIODIC SITE VISITS TO CHECK PROGRESS AND ENSURE PROJECTS ARE BEING PROPERLY MANAGED. ALL PARTNER RECIPIENTS ARE EXPECTED TO MAINTAIN THOROUGH AND ACCURATE FINANCIAL RECORDS (INCLUDING KEEPING RECEIPTS) AND TO REPORT QUARTERLY TO VISIONS. GRANTS ARE MADE BASED ON A PRE-APPROVED BUDGET PER PROJECT WITH FUNDS GENERALLY BEING DISTRIBUTED EITHER QUARTERLY OR BIANNUALLY.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations                          | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> RITA J. GARCIA-SZCZOTKA 1240 E WRIGHTWOOD DR MERIDIAN ID 83642	DEVELOPMENT DIRECTOR		X		41,910.	
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....▶					41,910.	0.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- CA
- 
- 
- 
-

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	NONE (total number)	(add column (a) through column (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
11	Net income summary. Subtract line 10 from line 3, column (d) .....				

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(add column (a) through column (c))	
Revenue	1	Gross revenue .....				
Direct Expenses	2	Cash prizes .....				
	3	Noncash prizes .....				
	4	Rent/facility costs .....				
	5	Other direct expenses .....				
	6	Volunteer labor .....	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.  
▶ Attach to Form 990.

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

Name of the organization

**VISIONS GLOBAL EMPOWERMENT**

Employer identification number

26-3386678

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WEST COAST ACADEMY 2012 PORT PROVENCE PLACE NEWPORT BEACH, CA 92660			50,000.	0.			
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table. ▶  
 3 Enter total number of other organizations listed in the line 1 table. ▶  
 BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ▶

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public  
Inspection**

Name of the organization <b>VISIONS GLOBAL EMPOWERMENT</b>	Employer identification number <b>26-3386678</b>
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<b>Part I</b> Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art.....				
2 Art – Historical treasures.....				
3 Art – Fractional interests.....				
4 Books and publications.....				
5 Clothing and household goods.....				
6 Cars and other vehicles.....				
7 Boats and planes.....				
8 Intellectual property.....				
9 Securities – Publicly traded.....				
10 Securities – Closely held stock.....				
11 Securities – Partnership, LLC, or trust interests.....				
12 Securities – Miscellaneous.....				
13 Qualified conservation contribution – Historic structures.....				
14 Qualified conservation contribution – Other.....				
15 Real estate – Residential.....				
16 Real estate – Commercial.....				
17 Real estate – Other.....				
18 Collectibles.....				
19 Food inventory.....				
20 Drugs and medical supplies.....				
21 Taxidermy.....				
22 Historical artifacts.....				
23 Scientific specimens.....				
24 Archeological artifacts.....				
25 Other ▶ ( _____ ).....	X	1	15,000.	
26 Other ▶ (VARIOUS _____).....	X	1	12,365.	FMV
27 Other ▶ ( _____ ).....				
28 Other ▶ ( _____ ).....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement.....	<b>29</b>	
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?.....	<b>30 a</b>		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?.....	<b>31</b>		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.....	<b>32 a</b>		X
b If 'Yes,' describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

**Schedule M (Form 990) 2021**

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

VISIONS GLOBAL EMPOWERMENT

26-3386678

**FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES**

VISIONS STRIVES TO ENABLE SUSTAINABLE DEVELOPMENT THROUGH EDUCATION, LEADERSHIP AND TECHNOLOGY. VISIONS IS ESPECIALLY FOCUSED ON ENABLING SOCIAL CHANGE IN COMMUNITIES AFFECTED BY POVERTY, CONFLICT AND DISABILITY THROUGH EDUCATION, LEADERSHIP DEVELOPMENT AND TECHNOLOGY. WE ENVISION A WORLD WHERE ALL PEOPLE HAVE ACCESS TO QUALITY EDUCATION, ARE EMPOWERED TO REALIZE THEIR UNIQUE ASPIRATIONS, AND ARE EQUIPPED TO MAKE POSITIVE CONTRIBUTIONS TO OUR WORLD. CURRENTLY, VISIONS OPERATES IN 5 COUNTRIES - ETHIOPIA, INDIA, SRI LANKA, NICARAGUA AND THE U.S.

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

VISIONS STRIVES TO ENABLE SUSTAINABLE DEVELOPMENT THROUGH EDUCATION, LEADERSHIP AND TECHNOLOGY. VISIONS IS ESPECIALLY FOCUSED ON ENABLING SOCIAL CHANGE IN COMMUNITIES AFFECTED BY POVERTY, CONFLICT AND DISABILITY THROUGH EDUCATION, LEADERSHIP DEVELOPMENT AND TECHNOLOGY. WE ENVISION A WORLD WHERE ALL PEOPLE HAVE ACCESS TO QUALITY EDUCATION, ARE EMPOWERED TO REALIZE THEIR UNIQUE ASPIRATIONS, AND ARE EQUIPPED TO MAKE POSITIVE CONTRIBUTIONS TO OUR WORLD. CURRENTLY, VISIONS OPERATES IN 5 COUNTRIES - ETHIOPIA, INDIA, SRI LANKA, NICARAGUA AND THE U.S.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

**INSTITUTIONAL SUPPORT**

VISIONS NURTURES PARTNERSHIPS WITH DOZENS OF LOCAL CIVIL SOCIETY ORGANIZATIONS THAT ARE THE CHANGE-MAKERS IN THEIR OWN COMMUNITIES - THE LOCALLY-ROOTED, INNOVATIVE PROBLEM SOLVERS AND PROGRAM ADMINISTRATORS SERVING THE MOST VULNERABLE AND DISADVANTAGED IN THEIR AREA. IN 2021, VISIONS PROVIDED SUPPORT BOTH FOR ONGOING OPERATIONS AND DEVELOPMENT OF NEW INFRASTRUCTURE OR ACTIVITIES OF SCHOOLS, HOSPITALS, AND COMMUNITY SERVICE ORGANIZATIONS PROVIDING VITAL NONPROFIT EDUCATION AND HEALTH SERVICES TO THOSE IN GREATEST NEED IN THEIR RESPECTIVE COMMUNITIES.



Name of the organization

VISIONS GLOBAL EMPOWERMENT

Employer identification number

26-3386678

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 AND SCHEDULES WERE DICUSSED WITH GREGORY BUIE, TREASURER ON NUMEROUS OCCASSIONS, THROUGH THE PROCESS OF TAX PREPARATION. DRAFT RETURN WAS REVIEWED BY HIM.

**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 OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.

**PART III, LINE 1**

PART III, LINE 1 - METHOD OF ACCOUNTING

GRANTS ARE ONLY MADE AFTER ORGANIZATIONS HAVE FIRST PRESENTED VALID WRITTEN VERIFICATION THAT THEY ARE REGISTERED CHARITABLE ORGANIZATIONS IN THEIR HOST COUNTRIES AND CAN CERTIFY THAT THEY ARE ACTIVELY IN GOOD STANDING. A COPY OF EACH ORGANIZATION'S INCORPORATING DOCUMENT(S) IS RETAINED, ALONG WITH GENERAL INFORMATION ABOUT THEIR PROGRAMS, FINANCES AND BANK ACCOUNT INFORMATION. ALL

Name of the organization

Employer identification number

VISIONS GLOBAL EMPOWERMENT

26-3386678

RECIPIENT ORGANIZATIONS ARE ALSO REQUIRED TO COMPLETE A PARTNER APPLICATION FORM IN WHICH THEY ARE ABLE TO ELABORATE ON THE DETAILS OF THEIR PROPOSED INITIATIVES. ALMOST ALL RECIPIENTS ARE ALSO PERSONALLY VETTED DURING INITIAL SITE VISITS AND DISCUSSIONS BY VISIONS BOARD MEMBERS AND/OR REPRESENTATIVES, AS WELL AS THROUGH PERIODIC SITE VISITS TO CHECK PROGRESS AND ENSURE PROJECTS ARE BEING PROPERLY MANAGED. ALL PARTNER RECIPIENTS ARE EXPECTED TO MAINTAIN THOROUGH AND ACCURATE FINANCIAL RECORDS (INCLUDING KEEPING RECEIPTS) AND TO REPORT QUARTERLY TO VISIONS. GRANTS ARE MADE BASED ON A PRE-APPROVED BUDGET PER PROJECT WITH FUNDS GENERALLY BEING DISTRIBUTED EITHER QUARTERLY OR BIANNUALLY.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

VISIONS GLOBAL EMPOWERMENT

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
26-3386678

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
							Yes	No
(1)	VISIONS GLOBAL DEVELOPMENT 18800 VON KARMAN AVENUE, SUITE A IRVINE, CA 92612 84-3206725	TO OPERATE FOR THE BENEFIT OF VGE	CA	509 (A) (3)		VISIONS GLOBAL EMPOWERMENT	X	
(2)								
(3)								
(4)								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (State or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	1c	X
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d	X
<b>e</b> Loans or loan guarantees by related organization(s)	1e	X
<b>f</b> Dividends from related organization(s)	1f	X
<b>g</b> Sale of assets to related organization(s)	1g	X
<b>h</b> Purchase of assets from related organization(s)	1h	X
<b>i</b> Exchange of assets with related organization(s)	1i	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	1j	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1k	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
<b>o</b> Sharing of paid employees with related organization(s)	1o	X
<b>p</b> Reimbursement paid to related organization(s) for expenses	1p	X
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q	X
<b>r</b> Other transfer of cash or property to related organization(s)	1r	X
<b>s</b> Other transfer of cash or property from related organization(s)	1s	X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	VISIONS GLOBAL DEVELOPMENT	C	3,982,500	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													

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**Part VII** **Supplemental Information**

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

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

► Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **1/01, 2021**, and ending **12/31, 2021**

Name of person filing this return <b>VISIONS GLOBAL EMPOWERMENT</b> Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) <b>18800 VON KARMAN AVENUE, SUITE A</b> City or town, state, and ZIP code <b>IRVINE, CA 92612</b>	<b>A Identifying number</b> <b>26-3386678</b> <b>B Category of filer</b> (See instructions. Check applicable box(es).): 1a <input type="checkbox"/> 1b <input type="checkbox"/> 1c <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5a <input checked="" type="checkbox"/> 5b <input type="checkbox"/> 5c <input type="checkbox"/> <b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period <b>99.0000 %</b>
Filer's tax year beginning <b>1/01, 2021</b> , and ending <b>12/31, 2021</b>	

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

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

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

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

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

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
VISIONS GLOBAL EMPOWERMENT	18800 VON KARMAN AVENUE, IRVINE, CA 92612	26-3386678	X		

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

<b>1a</b> Name and address of foreign corporation VISIONS NICARAGUA SA AVENIDA NACIONES UNIDAS, EDIFICIO EL CENTRO II, SEXTO PISO MANAGUA, NICARAGUA				<b>b(1)</b> Employer identification number, if any 99-9999999
<b>d</b> Date of incorporation 4/11/2018				<b>b(2)</b> Reference ID number (see instructions) J0310000352070
<b>e</b> Principal place of business NICARAGUA				<b>c</b> Country under whose laws incorporated NICARAGUA
<b>f</b> Principal business activity code number		<b>g</b> Principal business activity TOURISM/CONST		<b>h</b> Functional currency code NIO

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

<b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States	<b>b</b> If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)				
<b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation HILARIA MARIA SALINAS ICAZA AVENIDA NACIONES UNIDAS, EDIFICIO EL CENTRO I MANAGUA, NICARAGUA	<b>d</b> Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different GREGORY BUIE 18800 VON KARMAN AVENUE IRVINE, CA 92612				

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	50,000.	





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

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

		Functional Currency	U.S. Dollars
<b>I N C O M E</b>	<b>1 a</b> Gross receipts or sales.....	<b>1 a</b>	
	<b>b</b> Returns and allowances.....	<b>1 b</b>	
	<b>c</b> Subtract line 1b from line 1a.....	<b>1 c</b>	
	<b>2</b> Cost of goods sold.....	<b>2</b>	
	<b>3</b> Gross profit (subtract line 2 from line 1c).....	<b>3</b>	
	<b>4</b> Dividends.....	<b>4</b>	
	<b>5</b> Interest.....	<b>5</b>	
	<b>6 a</b> Gross rents.....	<b>6 a</b>	
	<b>b</b> Gross royalties and license fees.....	<b>6 b</b>	
	<b>7</b> Net gain or (loss) on sale of capital assets.....	<b>7</b>	
<b>8 a</b> Foreign currency transaction gain or loss—unrealized.....	<b>8 a</b>		
	<b>b</b> Foreign currency transaction gain or loss—realized.....	<b>8 b</b>	
<b>9</b> Other income (attach statement)..... <b>SEE STATEMENT 1</b>	<b>9</b>		3,676,491.
<b>10</b> Total income (add lines 3 through 9).....	<b>10</b>		3,676,491.
<b>D E D U C T I O N S</b>	<b>11</b> Compensation not deducted elsewhere.....	<b>11</b>	124,730.
	<b>12 a</b> Rents.....	<b>12 a</b>	10,161.
	<b>b</b> Royalties and license fees.....	<b>12 b</b>	
	<b>13</b> Interest.....	<b>13</b>	
	<b>14</b> Depreciation not deducted elsewhere.....	<b>14</b>	
	<b>15</b> Depletion.....	<b>15</b>	
	<b>16</b> Taxes (exclude income tax expense (benefit)).....	<b>16</b>	
	<b>17</b> Other deductions (attach statement — exclude income tax expense (benefit))..... <b>SEE STATEMENT 2</b>	<b>17</b>	
<b>18</b> Total deductions (add lines 11 through 17).....	<b>18</b>		708,231.
<b>N E T  I N C O M E</b>	<b>19</b> Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10).....	<b>19</b>	2,968,260.
	<b>20</b> Unusual or infrequently occurring items.....	<b>20</b>	
	<b>21 a</b> Income tax expense (benefit)—current.....	<b>21 a</b>	
	<b>b</b> Income tax expense (benefit)—deferred.....	<b>21 b</b>	
<b>22</b> Current year net income or (loss) per books (combine lines 19 through 21b).....	<b>22</b>		2,968,260.
<b>Other Comprehen- sive  Income</b>	<b>23 a</b> Foreign currency translation adjustments.....	<b>23 a</b>	
	<b>b</b> Other.....	<b>23 b</b>	
	<b>c</b> Income tax expense (benefit) related to other comprehensive income.....	<b>23 c</b>	
	<b>24</b> Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c).....	<b>24</b>	

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**Schedule F Balance Sheet**

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

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash.....	1	173,724.	227,720.
2a Trade notes and accounts receivable.....	2a	33,713.	
b Less allowance for bad debts.....	2b		
3 Derivatives.....	3		
4 Inventories.....	4		
5 Other current assets (attach statement)..... SEE STATEMENT 3.....	5		746,789.
6 Loans to shareholders and other related persons.....	6		
7 Investment in subsidiaries (attach statement).....	7		
8 Other investments (attach statement).....	8		
9a Buildings and other depreciable assets.....	9a	42,922.	8,097,011.
b Less accumulated depreciation.....	9b	13,282.	13,124.
10a Depletable assets.....	10a		
b Less accumulated depletion.....	10b		
11 Land (net of any amortization).....	11		
12 Intangible assets:			
a Goodwill.....	12a		
b Organization costs.....	12b		
c Patents, trademarks, and other intangible assets.....	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c.....	12d		
13 Other assets (attach statement)..... SEE STATEMENT 4.....	13	5,904,695.	42,405.
14 Total assets.....	14	6,141,772.	9,100,801.
<b>Liabilities and Shareholders' Equity</b>			
15 Accounts payable.....	15	152,808.	196,972.
16 Other current liabilities (attach statement)..... SEE STATEMENT 5.....	16	19,356.	-33,406.
17 Derivatives.....	17		
18 Loans from shareholders and other related persons.....	18		
19 Other liabilities (attach statement).....	19		
20 Capital stock:			
a Preferred stock.....	20a		
b Common stock.....	20b	1,499.	1,499.
21 Paid-in or capital surplus (attach reconciliation).....	21		
22 Retained earnings.....	22	5,968,109.	8,935,736.
23 Less cost of treasury stock.....	23		
24 Total liabilities and shareholders' equity.....	24	6,141,772.	9,100,801.

**Schedule G Other Information**

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

**Schedule G** Other Information (continued)

	Yes	No
<b>6a</b> Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? ..... If "Yes," complete lines 6b, 6c, and 6d.		X
<b>b</b> Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ..... ▶ \$ _____		
<b>c</b> Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ..... ▶ \$ _____		
<b>d</b> Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ..... ▶ \$ _____		
<b>7</b> During the tax year, was the foreign corporation a participant in any cost sharing arrangement? ..... If the answer to question 7 is "Yes," complete a separate Schedule G-1 for each cost sharing arrangement in which the foreign corporation was a participant during the tax year.		X
<b>8</b> From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))? .....		X
<b>9a</b> Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the tax year?..... If "Yes," go to line 9b.		X
<b>b</b> Enter in functional currency the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the tax year ..... ▶ \$ _____		
<b>10</b> During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? ..... If "Yes," see instructions and attach statement.		X
<b>11</b> During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? ..... If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
<b>12</b> During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)? .....		X
<b>13</b> During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?.....		X
<b>14</b> Did you answer "Yes" to any of the questions in the instructions for line 14?.....  If "Yes," enter the corresponding code(s) from the instructions and attach statement ▶ _____		X
<b>15</b> Does the foreign corporation have interest expense disallowed under section 163(j) (see instructions)? ..... If "Yes," enter the amount ..... ▶ \$ _____		X
<b>16</b> Does the foreign corporation have previously disallowed interest expense under section 163(j) carried forward to the current tax year (see instructions)? ..... If "Yes," enter the amount ..... ▶ \$ _____		X
<b>17a</b> Did any extraordinary reduction with respect to a controlling section 245A shareholder occur during the tax year (see instructions)?.....		X
<b>b</b> If the answer to question 17a is "Yes," was an election made to close the tax year such that no amount is treated as an extraordinary reduction amount or tiered extraordinary reduction amount (see instructions)?.....		
<b>18</b> Does the reporting corporation have any loan to or from the related party to which the safe-haven rate rules of Regulations section 1.482-2(a)(2)(iii)(B) are applicable, and for which the reporting corporation used a rate of interest within the safe-haven range of Regulations section 1.482-2(a)(2)(iii)(B)(1) (100% to 130% of the AFR for the relevant term)?		X
<b>19a</b> Did the reporting corporation make at least one distribution or acquisition (as defined by Regulations section 1.385-3) during the period including the tax year and the preceding three tax years, or, during the period beginning 36 months before the date of the respective distribution or acquisition and ending 36 months afterward, did the reporting corporation issue or refinance indebtedness owed to a related party? .....		X
<b>b</b> If the answer to question 19a is "Yes," provide the following. <b>(1)</b> The amount of such distribution(s) and acquisition(s) ..... ▶ \$ _____ <b>(2)</b> The amount of such related party indebtedness ..... ▶ \$ _____		

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

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

Name of U.S. shareholder ▶ Identifying number ▶

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

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

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**SCHEDULE E**  
**(Form 5471)**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Income, War Profits, and Excess Profits Taxes Paid or Accrued**

OMB No. 1545-0123

▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471

Identifying number

VISIONS GLOBAL EMPOWERMENT

26-3386678

Name of foreign corporation

EIN (if any)

Reference ID number (see instructions)

VISIONS NICARAGUA SA

99-9999999

J0310000352070

▶ GEN

- a Separate Category (Enter code — see instructions).
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions).
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions).

**Part I Taxes for Which a Foreign Tax Credit is Allowed**

**Section 1 — Taxes Paid or Accrued Directly by Foreign Corporation**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Unsuspected Taxes	(d) Country or U.S. Possession to Which Tax is Paid (Enter code—see instructions. Use a separate line for each.)	(e) Foreign Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)	(f) U.S. Tax Year of Payor Entity to Which Tax Relates (Year/Month/Day)
1			<input type="checkbox"/>			
2			<input type="checkbox"/>			
3			<input type="checkbox"/>			
4			<input type="checkbox"/>			
5	Total (combine lines 1 through 4 of column (f)). Also report amount on Schedule E-1, line 4. ▶					
6	Total (combine lines 1 through 4 of column (m)). ▶					

**Section 2—Taxes Deemed Paid by Foreign Corporation**

	(a) Name of Lower-Tier Distributing Foreign Corporation	(b) EIN or Reference ID Number of Lower-Tier Distributing Foreign Corporation	(c) Country or U.S. Possession to Which Tax is Paid (Enter code—see instructions. Use a separate line for each.)	(d) PTEP Group (enter code)	(e) Annual PTEP Account (enter year)
1					
2					
3					
4					
5	Total (combine lines 1 through 4 of column (i)). Also report amount on Schedule E-1, line 6. ▶				

BAA For Paperwork Reduction Act Notice, see instructions. CPCAB701L 07/01/21 Schedule E (Form 5471) (Rev. 12-2021)

Name of foreign corporation

**VISIONS GLOBAL EMPOWERMENT**

EIN (if any)

26-3386678

Reference ID number (See instructions)

J0310000352070

GEN

- a Separate Category (Enter code — see instructions).
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions).
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions).

**Part II Election**

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

Yes  No If "Yes," state date of election

**Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)**

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901 (i)	(d) Section 901 (k) and (l)	(e) Section 901 (m)	(f) U.S. Taxes	(g) Suspended Taxes	(h) Other	(i) Total
1									
2									
3	In functional currency (combine lines 1 and 2).								
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)).								

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Earnings and Profits (E&P) of Foreign Corporation**

**IMPORTANT:** Enter amounts in U.S. dollars.

Taxes related to:

	(a) Subpart F Income	(b) Tested Income	(c) Residual Income	(d) Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)	0.	0.	
b	Beginning balance adjustments (attach statement)			
c	Adjusted beginning balance (combine lines 1a and 1b)			
2	Adjustment for foreign tax redetermination			
3a	Taxes suspended under anti-splitter rules			
b	Taxes suspended under anti-splitter rules			
4	Taxes reported on Schedule E, Part I, Section 1, line 5, column (l)			
5	Taxes carried over in nonrecognition transactions			
6	Taxes reported on Schedule E, Part I, Section 2, line 5, column (l)			
7	Other adjustments (attach statement)			
8	Taxes paid or accrued on current income/E&P or accumulated E&P (combine lines 1c through 7)			
9	Taxes deemed paid with respect to inclusions (see instructions)			
10	Taxes deemed paid with respect to actual distributions			
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P			
12	Other (attach statement)			
13	Balance of taxes paid or accrued (combine lines 8 through 12 in columns (a), (b), and (c))			
14	Reserved for future use			
15	Reduction for other taxes not deemed paid			
16	Balance of taxes paid or accrued at the beginning of the next year. Line 16, columns (a), (b), and (c) must always equal zero. So, if necessary, enter negative amounts on line 15 of columns (a), (b), and (c) in amounts sufficient to reduce line 13, columns (a), (b), and (c) to zero. For the remaining columns, combine lines 8 through 12	0.	0.	0.

BAA

CFCA8701L 07/12/21

Name of foreign corporation

**VISIONS GLOBAL EMPOWERMENT**

EIN (if any)

26-3386678

Reference ID number (See instructions)

J0310000352070

- a Separate Category (Enter code – see instructions).....
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions).....
- c If one of the RBT codes is entered on line a, enter the country code for the treaty country (see instructions).....

**Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation (continued)**

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Reclassified section 965(a) PTEP	(ii) Reclassified section 965(b) PTEP	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP	(viii) Section 951A PTEP	(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP
1a										
b										
c										
2										
3a										
b										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

BAA Schedule E (Form 5471) (Rev. 12-2021)



**SCHEDULE H  
(Form 5471)**

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

**Current Earnings and Profits**

► Attach to Form 5471.  
► Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471 <b>VISIONS GLOBAL EMPOWERMENT</b>		Identifying number <b>26-3386678</b>
Name of foreign corporation <b>VISIONS NICARAGUA SA</b>	EIN (if any) <b>99-9999999</b>	Reference ID number (see instructions) <b>J0310000352070</b>

**IMPORTANT:** Enter the amounts on lines 1 through 5c in functional currency.

<b>1</b>	Current year net income or (loss) per foreign books of account	<b>1</b>	<b>2,968,260.</b>
<b>2</b>	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions
<b>a</b>	Capital gains or losses	<b>2a</b>	
<b>b</b>	Depreciation and amortization	<b>2b</b>	
<b>c</b>	Depletion	<b>2c</b>	
<b>d</b>	Investment or incentive allowance	<b>2d</b>	
<b>e</b>	Charges to statutory reserves	<b>2e</b>	
<b>f</b>	Inventory adjustments	<b>2f</b>	
<b>g</b>	Income taxes (see Schedule E, Part I, Section 1, line 6, column (m), and Part III, line 3, column (i))	<b>2g</b>	
<b>h</b>	Foreign currency gains or losses	<b>2h</b>	
<b>i</b>	Other (attach statement)	<b>2i</b>	
<b>3</b>	Total net additions	<b>3</b>	
<b>4</b>	Total net subtractions	<b>4</b>	
<b>5a</b>	Current earnings and profits (line 1 plus line 3 minus line 4)	<b>5a</b>	<b>2,968,260.</b>
<b>b</b>	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)	<b>5b</b>	
<b>c</b>	Combine lines 5a and 5b and enter the result on line 5c. Then enter on lines 5c(i), 5c(ii), and 5c(iii)(A) through 5c(iii)(D) the portion of the line 5c amount with respect to the categories of income shown on those lines	<b>5c</b>	<b>2,968,260.</b>
<b>(i)</b>	General category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(i)</b>	
<b>(ii)</b>	Passive category (enter amount on applicable Schedule J, Part I, line 3, column (a))	<b>5c(ii)</b>	
<b>(iii)</b>	Section 901(j) category:		
<b>(A)</b>	Enter the country code of the sanctioned country ► _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(A) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(A)</b>	
<b>(B)</b>	Enter the country code of the sanctioned country ► _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(B) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(B)</b>	
<b>(C)</b>	Enter the country code of the sanctioned country ► _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(C) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(C)</b>	
<b>(D)</b>	Enter the country code of the sanctioned country ► _____ and enter the line 5c amount with respect to the sanctioned country on this line 5c(iii)(D) and on the applicable Schedule J, Part I, line 3, column (a)	<b>5c(iii)(D)</b>	
<b>d</b>	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))	<b>5d</b>	<b>2,968,260.</b>
<b>e</b>	Enter exchange rate used for line 5d. ► 1	<b>1</b>	

**BAA For Paperwork Reduction Act Notice, see instructions.**

**Schedule H (Form 5471) (Rev. 12-2021)**

**SCHEDULE I-1  
(Form 5471)**

(Rev. December 2021)

Department of the Treasury  
Internal Revenue Service

**Information for Global Intangible Low-Taxed Income**

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 <b>VISIONS GLOBAL EMPOWERMENT</b>		Identifying number <b>26-3386678</b>
Name of foreign corporation <b>VISIONS NICARAGUA SA</b>	EIN (if any) <b>99-9999999</b>	Reference ID number (see instructions) <b>J0310000352070</b>
Separate Category (Enter code—see instructions.) ▶ <b>GEN</b>		

		Functional Currency	Conversion Rate	U.S. Dollars
<b>1</b> Gross income (see instructions if cost of goods sold exceed gross receipts) .....	<b>1</b>			
<b>2</b> Exclusions (see instructions if cost of goods sold exceed gross receipts)				
<b>a</b> Effectively connected income .....	<b>2a</b>			
<b>b</b> Subpart F income .....	<b>2b</b>			
<b>c</b> High-tax exception income per section 954(b)(4) .....	<b>2c</b>			
<b>d</b> Related party dividends .....	<b>2d</b>			
<b>e</b> Foreign oil and gas extraction income .....	<b>2e</b>			
<b>3</b> Total exclusions (combine lines 2a through 2e) .....	<b>3</b>			
<b>4</b> Gross income less total exclusions (line 1 minus line 3) (see instructions) .....	<b>4</b>			
<b>5</b> Deductions properly allocable to amount on line 4 .....	<b>5</b>			
<b>6</b> Tested income (loss) (line 4 minus line 5) (see instructions) .....	<b>6</b>			
<b>7</b> Tested foreign income taxes .....	<b>7</b>			
<b>8</b> Qualified business asset investment (QBAI) .....	<b>8</b>			
<b>9a</b> Interest expense included on line 5 .....	<b>9a</b>			
<b>b</b> Qualified interest expense .....	<b>9b</b>			
<b>c</b> Tested loss QBAI amount .....	<b>9c</b>			
<b>d</b> Tested interest expense (line 9a minus the sum of line 9b and line 9c). If zero or less, enter -0- .....	<b>9d</b>			
<b>10a</b> Interest income included in line 4 .....	<b>10a</b>			
<b>b</b> Qualified interest income .....	<b>10b</b>			
<b>c</b> Tested interest income (line 10a minus line 10b). If zero or less, enter -0- .....	<b>10c</b>			

**BAA For Paperwork Reduction Act Notice, see instructions.**

**Schedule I-1 (Form 5471) (Rev. 12-2021)**

**SCHEDULE J  
(Form 5471)**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

OMB No. 1545-0123

**Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation**

Name of person filing Form 5471		Identifying number	
VISIONS GLOBAL EMPOWERMENT		26-3386678	
Name of foreign corporation		Reference ID number (see instructions)	
VISIONS NICARAGUA SA		J0310000352070	
EIN (if any)		99-9999999	

**a** Separate Category (Enter code—see instructions) . . . . .  
**b** If code 9011 is entered on line a, enter the country code for the sanctioned country (see instructions) . . . . .  
**Part I Accumulated E&P of Controlled Foreign Corporation**

Check the box if person filing return does not have all U.S. shareholders' information to complete an amount in column (e) (see instructions).  
**Important:** Enter amounts in functional currency.

		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(f) Reclassified section 965(a) PTEP	(fj) Reclassified section 965(d) PTEP
<b>1a</b>	Balance at beginning of year (as reported on prior year Schedule J) . . . . .						
<b>b</b>	Beginning balance adjustments (attach stmt) . . . . .						
<b>c</b>	Adjusted beginning balance (combine lines 1a and 1b) . . . . .						
<b>2a</b>	Reduction for taxes unsuspended under anti-splitter rules.						
<b>b</b>	Disallowed deduction for taxes suspended under anti-splitter rules . . . . .						
<b>3</b>	Current year E&P (or deficit in E&P) (enter amount from applicable line 5c of Schedule H) . . . . .						
<b>4</b>	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation . . . . .						
<b>5a</b>	E&P carried over in nonrecognition transaction . . . . .						
<b>b</b>	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction . . . . .						
<b>6</b>	Other adjustments (attach statement) . . . . .						
<b>7</b>	Total current and accumulated E&P (combine lines 1c through 6) . . . . .						
<b>8</b>	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P . . . . .						
<b>9</b>	Actual distributions . . . . .						
<b>10</b>	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P . . . . .						
<b>11</b>	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
<b>12</b>	Other adjustments (attach statement) . . . . .						
<b>13</b>	Hovering deficit offset of undistributed post-transaction E&P (see instructions) . . . . .						
<b>14</b>	Balance at beginning of next year (combine lines 7 through 13) . . . . .						

**Part I Accumulated E&P of Controlled Foreign Corporation (Continued)**

(e) Previously Taxed E&P (See instructions)

	(iii) General section 959(c)(1) PTEP	(iv) Reclassified section 951A PTEP	(v) Reclassified section 245A(d) PTEP	(vi) Section 965(a) PTEP	(vii) Section 965(b) PTEP
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					
	(e) Previously Taxed E&P (See instructions)				
	(viii) Section 951A PTEP		(ix) Section 245A(d) PTEP	(x) Section 951(a)(1)(A) PTEP	(f) Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(x))
1a					
b					
c					
2a					
b					
3					
4					
5a					
b					
6					
7					
8					
9					
10					
11					
12					
13					
14					

BAA

OPCA8705L 12/08/20

**Part II** **Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))**

**Important:** Enter amounts in functional currency.

1	Balance at beginning of year.....	▶	1	
2	Additions (amounts subject to future recapture).....	▶	2	
3	Subtractions (amounts recaptured in current year).....	▶	3	
4	Balance at end of year (combine lines 1 through 3).....	▶	4	

**BAA** Schedule J (Form 5471) (Rev. 12-2020)

**SCHEDULE M**  
**(Form 5471)**

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

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

▶ **Attach to Form 5471.**

▶ **Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.**

OMB No. 1545-0123

Name of person filing Form 5471 <b>VISIONS GLOBAL EMPOWERMENT</b>		Identifying number <b>26-3386678</b>
Name of foreign corporation <b>VISIONS NICARAGUA SA</b>	EIN (if any) <b>99-9999999</b>	Reference ID number (see instructions) <b>J0310000352070</b>

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

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ **NIO 35.5**

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

Name of person filing Form 5471

Identifying number

VISIONS GLOBAL EMPOWERMENT

26-3386678

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

**SCHEDULE O**  
**(Form 5471)**

(Rev December 2012)  
Department of the Treasury  
Internal Revenue Service

**Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock**

► Information about Schedule O (Form 5471) and its instructions is at [www.irs.gov/form5471](http://www.irs.gov/form5471).  
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 <b>VISIONS GLOBAL EMPOWERMENT</b>		Identifying number <b>26-3386678</b>
Name of foreign corporation <b>VISIONS NICARAGUA SA</b>	EIN (if any) <b>99-9999999</b>	Reference ID No. (see insts) <b>SEE STMT 6</b>

**Important:** Complete a **separate** Schedule O for each foreign corporation for which information must be reported.

**Part I To Be Completed by U.S. Officers and Directors**

(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

**Part II To Be Completed by U.S. Shareholders**

**Note:** If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

**Section A – General Shareholder Information**

(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	

**Section B – U.S. Persons Who Are Officers or Directors of the Foreign Corporation**

(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

**Section C – Acquisition of Stock**

(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively



**SCHEDULE P  
(Form 5471)**

(Rev. December 2020)

Department of the Treasury  
Internal Revenue Service

**Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations**

OMB No. 1545-0123

▶ Attach to Form 5471.  
▶ Go to [www.irs.gov/Form5471](http://www.irs.gov/Form5471) for instructions and the latest information.

Name of person filing Form 5471: **VISIONS GLOBAL EMPOWERMENT** Identifying number: **26-3386678**  
 Name of U.S. shareholder: Identifying number:

Name of foreign corporation: **VISIONS NICARAGUA SA** EIN (if any): **99-9999999** Reference ID number (see instructions): **J0310000352070**

**a** Separate Category (Enter code—see instructions) .....  
**b** If code 901 is entered on line a, enter the country code for the sanctioned country (see instructions) ..... ▶ **GEN**

**Part I Previously Taxed E&P in Functional Currency (See instructions)**

	(a) Reclassified section 969(a) PTEP	(b) Reclassified section 969(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (see instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions).			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

**Part I** Previously Taxed E&P in Functional Currency (see instructions) (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

BAA Schedule P (Form 5471) (Rev. 12-2020)

**Part II** **Previously Taxed E&P in U.S. Dollars**

	(a) Reclassified section 969(a) PTEP	(b) Reclassified section 969(b) PTEP	(c) General section 959(c)(1) PTEP
<b>1a</b> Balance at beginning of year (See instructions) .....			
<b>b</b> Beginning balance adjustments (attach statement) .....			
<b>c</b> Adjusted beginning balance (combine lines 1a and 1b) .....			
<b>2</b> Reduction for taxes unsuspended under anti-splitter rules .....			
<b>3</b> Previously taxed E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation .....			
<b>4</b> Previously taxed E&P carried over in nonrecognition transaction .....			
<b>5</b> Other adjustments (attach statement) .....			
<b>6</b> Total previously taxed E&P (combine lines 1c through 5) .....			
<b>7</b> Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P .....			
<b>8</b> Actual distributions of previously taxed E&P .....			
<b>9</b> Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P .....			
<b>10</b> Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions).			
<b>11</b> Other adjustments (attach statement) .....			
<b>12</b> Balance at beginning of next year (combine lines 6 through 11) .....			

Schedule P (Form 5471) (Rev. 12-2020)

**Part II** Previously Taxed E&P in U.S. Dollars (continued)

	(d) Reclassified section 951A PTEP	(e) Reclassified section 245A(d) PTEP	(f) Section 965(a) PTEP	(g) Section 965(b) PTEP	(h) Section 951A PTEP	(i) Section 245A(d) PTEP	(j) Section 951(a)(1)(A) PTEP	(k) Total
1a								
b								
c								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

BAA Schedule P (Form 5471) (Rev. 12-2020)

**STATEMENT 1**  
**FORM 5471, PAGE 3, SCHEDULE C, LINE 9**  
**OTHER INCOME**

GRANTS FROM US PARENT.....		\$	3,676,491.
	TOTAL	\$	<u>0.</u>

**STATEMENT 2**  
**FORM 5471, PAGE 3, SCHEDULE C, LINE 17**  
**OTHER DEDUCTIONS**

AGRONOMY & FARM DEVELOPMENT.....		\$	531,753.
BANK FEES.....			8,011.
CURRENCY FLUCTUATION.....			-8,916.
FUEL.....			130.
INSURANCE.....			10,237.
REPAIRS.....			159.
SUPPLIES.....			12,659.
UTILITIES.....			19,307.
	TOTAL	\$	<u>0.</u>

**STATEMENT 3**  
**FORM 5471, PAGE 4, SCHEDULE F, LINE 5**  
**OTHER CURRENT ASSETS**

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE AND PREPAID EXP.....	\$ 0.	\$ 746,789.
TOTAL	<u>\$ 0.</u>	<u>\$ 746,789.</u>

**STATEMENT 4**  
**FORM 5471, PAGE 4, SCHEDULE F, LINE 13**  
**OTHER ASSETS**

	BEGINNING	ENDING
FARM ANIMALS.....	\$ 0.	\$ 41,644.
OTHER ASSETS.....	761.	761.
PREPAID EXPENSES.....	13,657.	0.
WORK IN PROGRESS.....	5,890,277.	0.
TOTAL	<u>\$ 5,904,695.</u>	<u>\$ 42,405.</u>

**STATEMENT 5**  
**FORM 5471, PAGE 4, SCHEDULE F, LINE 16**  
**OTHER CURRENT LIABILITIES**

	BEGINNING	ENDING
ACCRUED EXPENSES.....	\$ 19,356.	\$ -33,406.
TOTAL	<u>\$ 19,356.</u>	<u>\$ -33,406.</u>

STATEMENT 6  
FORM 5471, SCH O, FOREIGN INFO  
REFERENCE ID NUMBER

J0310000352070

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR  
**2021**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>VISIONS GLOBAL EMPOWERMENT</b>	Identifying number <b>26-3386678</b>
---	---

**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b>	<b>5,874,990.</b>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b>	<b>5,874,990.</b>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b>	<b>5,109,447.</b>

**Part II Settle Your Account Electronically for Taxable Year 2021**

**4**  Electronic funds withdrawal    **4a** Amount \_\_\_\_\_    **4b** Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

**5** Routing number \_\_\_\_\_  
**6** Account number \_\_\_\_\_    **7** Type of account:  Checking     Savings

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>	▶ _____ Signature of officer	_____	Date	▶ <b>CO-FOUNDER</b>	_____	Title
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature ▶ <b>MURALI RAMALINGAM CPA</b>	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00406590</b>
	Firm's name (or yours if self-employed) and address ▶ <b>THE GLOBAL ACCOUNTING SOLUTIONS INC</b> <b>400 W WILSON BRIDGE RD STE 230</b> <b>WORTHINGTON OH</b>	Firm's FEIN <b>274790472</b>		ZIP code <b>43085</b>	

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature ▶ _____	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address ▶ _____	Firm's FEIN		ZIP code