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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

2013

OMB No 1545-1150

Open to Public

Inspection

A For the 2013 calendar year, or tax year the displacements of the 2013 calendar year, or tax year beginning 2013, and ending 2013, and ending 2014 for the 2014 calendary 2015 Control of Service Control			ne Treasury e Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/	form990.		Inspection
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K Form of organization Corporation Trust Association Other					•		
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets Part Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part)					(1 0 0 0 0,		, , ,
(Part II. column (8) below) are \$500.000 or more, file Form 990 instead of Form 990 EZ					ecete		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances(see the instructions for Part)						▶ €	12 276
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Page 12, 276 PRECEIVED 9 12, 276 PRECEIVED 10 10 11 12 12 13 20 14 15 20 16 17 18 19 19 20 20 20 21 21 22 23 24 25 26 27 28 29 20 21 21 20 21 21 20 21 21 20 21 21	71/4	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
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Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 Net assets or fund balances at end of year Combine lines 18 through 20 Total expenses in the result of the result in the result i		9			>	9	12,276
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 9,075		10				10	
12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 200		11				11	
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 9,077				her compensation, and employee benefits		12	
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 1,649 17 3,199 18 9,077	ses			, , , , , , , , , , , , , , , , , , , ,		13	200
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 16 1,649 17 3,199 18 9,077	ğ					\vdash	1,100
16 Other expenses (describe in Schedule O)	꿃					-	250
17 Total expenses. Add lines 10 through 16			-				1,649
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•	-	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 9,07	-					 	
21 Net assets or fund balances at end of year Combine lines 18 through 20 ▶ 21 9,07°	ş						
21 Net assets or fund balances at end of year Combine lines 18 through 20 ▶ 21 9,07°	SSE					19	
21 Net assets or fund balances at end of year Combine lines 18 through 20 ▶ 21 9,07°	ا <u>پر</u>	20	_			-	
	ž			-			9 077
	For				· · · · · · · ·		Form 990-EZ (2013)



Form **990-EZ** (2013)

EEA

Forn	n 990-EZ (2013) VISION DE AYUDA INC				46-3	040	069 Page 2
Pa	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to respond to	any question in this Pa	rt II			<u></u>	<u> </u>
				(A) Begin	nning of year		(B) End of year
22	Cash, savings, and investments				0	22	9,077
	Land and buildings				0	23	0
24	Other assets (describe in Schedule O)			_	0	24	0
	Total assets			_	0	25	9,077
_	Total liabilities (describe in Schedule O)				0	26	0
	Net assets or fund balances (line 27 of column (B) must agree w				0	27	9,077
	art III Statement of Program Service Accomplis			Part III)			Expenses
	Check if the organization used Schedule O to respond to	·			🗆	(Red	quired for section
ιΛ/h·	at is the organization's primary exempt purpose? To help und					1	(c)(3) and 501(c)(4)
* * 1 10	at is the organization's primary exempt purpose: 10 neip and	er privileged	CILLUICI			l	anizations and section
	scribe the organization's program service accomplishments for each			es,		_	7(a)(1) trusts, optional
	measured by expenses In a clear and concise manner, describe the	•	e number of			l	
	sons benefited, and other relevant information for each program title				-	ior c	others)
	Conducted fund raising activities through	raffles, dance					
	party and bingo					ĺ	
						i	
	(Grants \$) If this amount inc	ludes foreign grants, c	heck here		<u> ▶ ⊔</u>	28a	3,199
29							
						l	}
	(Grants \$) If this amount inc	ludes foreign grants, c	heck here		<u> ▶ </u>	29a	1
30							
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here	<u></u>	- 🔲	30a	1
31	Other program services (describe in Schedule O)						
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here		▶ 🔲	31a	1
32	Total program service expenses (add lines 28a through 31a)				. ▶	32	3,19
P	art IV List of Officers, Directors, Trustees, and Key Employ	yees (list each one eve	n if not comp	ensated	(see the instruc	tions	for Part IV)
	Check if the organization used Schedule O to respond to	any question in this P	art IV				<u> </u>
		(b) Average	(c) Reporta	ble	(d) Health benefits		
	(a) Name and title	hours per week	compensa		contributions to emp	-	(e) Estimated amount of other compensation
		devoted to position	(Form W-2/109)		benefit plans, and deferred compensa		other compensation
JO	HNNY A PERICON						
PR	ESIDENT	5		0		0	0
DA	ISY PAVON						
TR	EASURER	5		0		0	0
RO	DRIGO VASQUEZ						
SE	CRETARY	5		0		0	0
						_	
			-				
			 				
_			-				
		 	-				
			 				
		<u></u>					

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			П
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		100	
33	detailed description of each activity in Schedule O	33		Χ_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	igsquare	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	 	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	05.		v
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		x
	during the year? If "Yes," complete applicable parts of Schedule N	30		<u> </u>
	Enter difficult or political experiences, director increase, and account of political experiences, and accou	37b		X
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	T		
50 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter		1	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		}	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		1	
	section 4911 ▶, section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40ь		x
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400	 	
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,		1	
	4955, and 4958			
ч	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization		1	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NY			
42 a	The organization's books are in care of ▶ JOHNNY A. PERICON Telephone no. ▶ 718-8		156	_
	Located at ▶ 3334 89TH STREET, Jackson Heights, NY ZIP+4 ▶ 11372		V	N.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			į
С	At any time during the calendar year, did the organization maintain an office outside the US?	42c		Х
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	· [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		F	Yes	No
44 a	,	44a		X
L.	completed instead of Form 990-EZ	444		<u></u>
a	completed instead of Form 990-EZ	44b	,	x
r	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	†
-	explanation in Schedule O	44d	1	1
45 a		45a	$\mathbf{I}^{}$	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b	•	X

Form 9	90-EZ (2013	vision de ayuda	INC			46-304	0069	Р	age 4
							·	Yes	No
46		organization engage, directly or indirectly, in					46		Х
Day		dates for public office? If "Yes," complete s			· · · · · · · · ·	· · · · · ·	40		
Par	t VI S	Section 501(c)(3) organizations All section 501(c)(3) organizations	must answer questi	ons 47-49b and 52.	and complet	e the table	es for li	nes	
		60 and 51 .	made another quods	ono m rob and 02,					
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				. 🗆
					<u> </u>			Yes	No
47	Did the c	organization engage in lobbying activities o	r have a section 501(h) ele	ection in effect during the	tax				
							47		X
48	Is the or	ganization a school as described in section	า 170(b)(1)(A)(แ)? lf "Yes,"	complete Schedule E			48		X
49 a	Did the d	organization make any transfers to an exer					49a		Х
b		was the related organization a section 527					49b		
50		e this table for the organization's five higher							
	employe	es) who each received more than \$100,00	0 of compensation from th	e organization If there is					
			(b) Average	(c) Reportable	(d) Health bene contributions to er		(e) Estimate	ed amou	nt of
		(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and compensati		other co	mpensa	tion
			devoted to position	(I offins 14-2) loss miles)					
NTO 2 T	P								
NON	<u> </u>								
						ļ			
				-					
			-						
f		ımber of other employees paid over \$100,0			_				
51		te this table for the organization's five high			h received more	than			
	\$100,00	00 of compensation from the organization	If there is none, enter "No	ne" '					
	(a)	Name and business address of each independent con	tractor	(b) Type of service	e	(c) (Compensati	on	
				1				-	
			-						
	-								
d		umber of other independent contractors ea							
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	nızations and 4947(a)(1)			5 3		
		mpt charitable trusts must attach a comple		<u> </u>		<u> ▶</u>	X Ye	<u> </u>	No
		f религу, I declare that I have examined this return, inc			of my knowledge and	belief, it is			
true,	correct, and	complete Declaration of preparer (other than officer)	s based on all information of which	n preparer has any knowledge	- - - - - - - - - - 			-	
e:-		JOHNNY A. PERICON Signature of officer			Date	<u>-</u>			
Sig		7 -	1	E		8-19	V-2	01	V
He		JOHNNY A. PERICON, Pre	BIGGIL				, –		
		Print/Type preparer's name	Pregare signature	Date ,	Chec	k 🗆 ıf	PTIN		
Paid	d	Hermes M Baticulon	1/MAM	08-14-2			P01274	668	
	parer	Firm's name ► Padilla and Co.	mpany LLP		Firm s EIN				
	Only	Firm's address > 175-61 Hillsid			1 5 2.11				
	•	Jamaica NY 114			Phone no	718-5	58-585	8	
May	the IRS	discuss this return with the preparer shown	above? See instructions	<u></u>	· · · · · · · · · · · ·		Ye	s X	No
EEA							Form 9		(2013

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

OMB No 1545-0047

Employer identification number

2013

Open to Public Inspection

Name of the organization 46-3040069 VISION DE AYUDA INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). П 3 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). П 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally integrated d Type III-Non-funtionally integrated a Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (III) below, the governing body of the supported organization? 11g(ı) 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify (vi) Is the (i) Name of supported (II) EIN (III) Type of organization (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? support? (see instructions)) No Yes No Yes Yes (A) (B) (C) (D) (E) Total

46-3040069

Schedu		ON DE AYUDA				46-304006	
Par	Support Schedule for Org	ganizations [Described in S	ections 170(b)(1)(A)(iv) and	1 170(b)(1)(A)(v	i)
	(Complete only if you check	ked the box o	n line 5, 7, or 8	of Part I or if t	he organization	n failed to qualify	/ under
_	Part III. If the organization f	ails to qualify	under the tests	s listed below,	please comple	te Part III.)	,
Sect	tion A. Public Support		·				
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		<u> </u>				
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc (see instructions)				. 12	
13	First five years. If the Form 990 is for the o	organization's firs	t, second, third, fou	rth, or fifth tax year	r as a section 501(c)(3)	
	organization, check this box and stop here						<u>. ▶ </u>
Sec	tion C. Computation of Public S					<u> </u>	
14	Public support percentage for 2013 (line 6,						%
15	Public support percentage from 2012 Sche-						%
16a	33 1/3% support test - 2013. If the organiz						. \square
	box and stop here. The organization qualif	· ·					▶ ⊔
b	33 1/3% support test - 2012. If the organiz						. \Box
	check this box and stop here. The organiz	•		_			▶ ⊔
17a	10%-facts-and-circumstances test - 2013	-					
	10% or more, and if the organization meets						
	Part IV how the organization meets the "fac		-	· · · · · · · · · · · · · · · · · · ·			, \Box
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 2012	-				ıırıe	
	15 is 10% or more, and if the organization r					aliah .	
	Explain in Part IV how the organization med			•	•	-	. □
10	supported organization					· · · · · · · · · · · · · · · · · · ·	▶ ⊔
18	instructions						⊾ □
			<u></u>	<u></u>	<u></u>		· · · · - 🗀

Schedule A (Form 990 or 990-EZ) 2013

46-3040069

EEA

VISION DE AYUDA INC

Part III		Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					709	709
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	:				5,225	5,225
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513			_		6,343	6,343
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,		
5	The value of services or facilities furnished by a governmental unit to the organization without charge		F				
6	Total. Add lines 1 through 5					12,277	12,277
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				<u></u>		
8	Public support (Subtract line 7c from line 6)				:		12,277
Sec	ction B. Total Support			1			
Cale 9	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013 12,277	(f) Total 12,277
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	O			0	12,277	12,277
14	First five years. If the Form 990 is for the or organization, check this box and stop here	_			as a section 501(c)(▶ □
Se	ction C. Computation of Public S				·· - ·		
15	Public support percentage for 2013 (line 8, c		<u> </u>	(f))		15	100.00 %
16	Public support percentage from 2012 Sched			<u></u>	· · · · · · · · · · · · · · · · · · ·	16	%
Se	ction D. Computation of Investme						
17	Investment income percentage for 2013 (line		•				0.00 %
18	Investment income percentage from 2012 S					L	%
19a	33 1/3% support tests - 2013. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2012. If the organize line 18 is not more than 33 1/3%, check this						▶ 🔲
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions		▶ 🔲

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990

Inspection Employer Identification number

VISION DE AYUDA INC		46-3040069
	other expenses (Part I, line 16)	
Description	Amount	
SUPPLIES	1,649	