Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

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

Open to Public Inspection

A I	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and endi	ling J[JN 30, 2020	
В	Check if	C Name of organization		D Employer identifi	cation number
Гх	Address change	VEGAN OUTREACH, INC.	İ		
	Name change	Doing business as		86-07368	18
	Initial return		m/suite	r	
	Final return/	4344 22ND STREET		916-812-	6633
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,446,354.
	Amende return	SACRAMENTO, CA 95822		H(a) Is this a group re	eturn
	Applica tion			for subordinates	? Yes X No
	pending	4344 ZZND STREET, SACRAMENTO, CA 958ZZ		H(b) Are all subordinales in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)
		e: ► WWW.VEGANOUTREACH.ORG		H(c) Group exemptio	
			L Year o	f formation; 1996 N	A State of legal domicile: DE
126		Summary	TON 1		
e		Briefly describe the organization's mission or most significant activities: EDUCATI	TON F	REGARDING A	NIMAL
ш	_	CRUELTY Check this box if the organization discontinued its operations or disposed or	-5	h 050/ -fit t	
Ver		Number of voting members of the governing body (Part VI, line 1a)			5
Activities & Governance		Number of independent voting members of the governing body (Part VI, line 1b)			4
		Fotal number of individuals employed in calendar year 2019 (Part V, line 1a)			33
	1	Total number of volunteers (estimate if necessary)			100
		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٧	1	Net unrelated business taxable income from Form 990-T, line 39			0.
Revenue				Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		2,293,302.	2,372,354.
	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,635.	18,627.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,798.	
	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,309,735.	2,392,193.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		311,211.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,283,346.	1,342,537.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.
쭚		Fotal fundraising expenses (Part IX, column (D), line 25) 206,749.			000 100
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		984,841. 2,579,398.	980,100. 2,322,637.
	1	Fotal expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-269,663.	69,556
능성		nevenue less expenses. Subtract line 16 horn line 12		inning of Current Year	End of Year
sets or	20 7	Fotal assets (Part X, line 16)	Dog	1,546,102.	1,829,485.
ASS	21	Fotal liabilities (Part X, line 26)	••••	166,018.	368,358.
Net Ass Fund Ba	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,380,084.	1,461,127.
	art II				
Unc	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and	id stateme	nts, and to the best of m	y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer l	nas any knowledge.	
				11/30/2	2020
Sig	n	Signature of officet		Date	
Hei	'e	BREEGE TOMKINSON, DIRECTOR OF FINANCE Type or print name and title			· · · · · · · · · · · · · · · · · · ·
			T n:	ate Check [PTIN
Pai		Print/Type preparer's name ROBERT L ROJAS ROBERT L ROJAS		if L	
	parer	ROBERT L ROJAS ROBERT L ROJAS Firm's name ► ROJAS & ASSOCIATES, CPAS		self-employ	61-1442118
	·	Firm's address 1300 S STREET		TAHES EIN	OT TAAVITO
500	Jy	SACRAMENTO, CA 95811-7114		Phone no / 9	16) 362-4040
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)		i nong no. 🗘	X Yes No

	990 (2019) VEGAN OUTREACH, INC.	86-0736818 Page 2
ar	Statement of Program Service Accomplishments	1.57
	Check if Schedule O contains a response or note to any line in this Part III	Х
	Briefly describe the organization's mission: EDUCATION REGARDING ANIMAL CRUELTY	
	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot revenue, if any, for each program service reported.	as measured by expenses. thers, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,875,552. including grants of \$ } \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	renue \$
•	SEE SCHEDULE O	
	(Code:) (Expenses \$	venue \$
,	(Code:) (Expenses \$	venue \$

d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 1,875,552.	

Form 990 (2019) VEGAN OUTREA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	·
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			İ
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	i		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	100	rimilio	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	·	X
þ	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 167 If "Yes," complete Schedule D, Part VII	11b	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			1,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	l		7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	-
ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	٠		\ v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		w	
	Schedule D, Parts XI and XII	12a	X	+
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Α	
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	14b	Х	
4 -	or more? If "Yes," complete Schedule F, Parts I and IV	140	-21	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	1	+
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	†	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''	 	1 2
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	}	х
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10.		† **
19		19		X
20	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	T
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	semisors Service and semisors Administration and semisors and the semisors of the semisors and semisors are semisors and semisors and semisors and semisors and semisors and semisors and semisors and semisors and semisors and semisors are semisors and semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors and semisors are semisors and semisors are semisors and semisors and semisors are s			

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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	22	ļ	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		ļ	
	Schedule J	23		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			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.5		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	سے ا		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	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	26		Х
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	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		Cart.	
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			:
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		:	
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Α_
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		-21
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
[=====================================	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t 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		Y	
			Yes	Nο
1a				
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	le ë	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		177	
	(gambling) winnings to prize winners?	1c	990	(2010)
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Form 990 (2019) VEGAN OUTREACH, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1.00
	filed for the calendar year ending with or within the year covered by this return	2a	33	191		pilli.
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?	***********	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0.	******	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	ınt)?	4a		X
ь	If "Yes," enter the name of the foreign country ▶			Kiri.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).	HI.	in the f	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ection	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	ļ	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	janization solicit			
	any contributions that were not tax deductible as charitable contributions?		,,	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions	or gifts			1
	were not tax deductible?		,	6b		
7	Organizations that may receive deductible contributions under section 170(c).				Park	- 40
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
			,	7b	ļ	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as re	quired			
	to file Form 8282?	· · · · · ·		7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	1 3 cm, 1 12, 1	545	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	***************************************	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8	899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by tl	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		!
9	Sponsoring organizations maintaining donor advised funds.			144		reis Fris
а				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	2:	
10	Section 501(c)(7) organizations. Enter:	ı	1		HEE!	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		77 1771)	in fi.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		22772	
11	Section 501(c)(12) organizations. Enter:	1	1	i inti Sulii		
a	Gross income from members or shareholders	11a			problem pridate	
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	۱				
	amounts due or received from them.)	11b		kilkirti	LE RET	Madre.
	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form	1		12a	Fuggi.	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				# 11 15 15 17 15 15
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		F 110 1 17
а	is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
ь	organization is licensed to issue qualified health plans	105				
_	Enter the amount of reserves on hand	13b			1 1 . T. 1 1 4 - 1 1 . J. 1	
	Did to a series of the series	13c	•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		***************************************	14a	<u> </u>	^
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remund		1 or	i÷n		
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		••••••			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	at ince	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.	,,,,,,,,		N. S.	250	Tiles
				<u> </u>		

Form 990 (2019) VEGAN OUTREACH, INC. 86-0736818 Page
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
Sect	ion A. Governing Body and Management					
		1			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	1a		5	alin K.	
	If there are material differences in voting rights among members of the governing body, or if the governing					l ji Erin
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			Ti she t		
ь	Enter the number of voting members included on line 1a, above, who are independent	1b		4		Hall H
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	ip with	any other	NO PA		
	officer, director, trustee, or key employee?			. 2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
6	Did the organization have members or stockholders?			1		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	t one or			
	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stock	nolders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	he following:	# 121 t		
а	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi					
	interior of the country by requiremental and about parameter in the country of th				Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such or				ļ	
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	., D.	or o mining area territo			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			í	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
C	in Schedule O how this was done			12c	X	
40	Did the organization have a written whistleblower policy?				X	†
13	Did the organization have a written document retention and destruction policy?			**	X	†
14	Did the process for determining compensation of the following persons include a review and approx			" 17		1
15			пасрепасні	War.		i idean Saba
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				Х	
	The organization's CEO, Executive Director, or top management official			15a	- 21	X
b	Other officers or key employees of the organization			. 130		├ ^
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			- D.A		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			40	1	Х
	taxable entity during the year?			. 16a	. 10 mg/j. a	<u>^</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			1,571. Y		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		ion's		12.79	Girit.
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	-	GO CM ET /	~ 3 ~ 7 7	77.0	
17	List the states with which a copy of this Form 990 is required to be filled ▶ CA, AL, AK, AZ,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 9	90-T (Section 501(d	c)(3)s onl	y) ava	ilable
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflic	t of interest policy,	and fina	ncial	
	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 b	ooks:	and records ►			
	BREEGE TOMKINSON - 916-812-6633					
	4344 22ND ST, SACRAMENTO, CA 95822		 			
93200	SEE SCHEDULE O FOR FULL LIST OF STATES			For	m 99 0	(2019
	6		يعقب جاة جه ند	مر	400	
334	10E 141610 ϵ E401 2010 ϵ 04030 ϵ 07 ϵ 07 ϵ 07	. 7	B17 1	6 5	421	-

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

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

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

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

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

Check this box if neither the organization	ation nor any related	orga	aniza	ation	COI	mpei	nsat	ted any current officer, o	director, or trustee.	
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual irustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PATTI ROGERS-ENGELBY	1.00									
BOARD MEMBER		X						0.	0.	0.
(2) JACK NORRIS	40.00									
EXECUTIVE DIRECTOR		X	<u> </u>	X				69,175.	0.	0.
(3) DREW RODRIGUEZ	2.00									
BOARD MEMBER/TREASURER		Х		X				0.	0.	0.
(4) MARK FOY	2.00									
BOARD MEMBER/SECRETARY		X	<u> </u>	X			<u> </u>	0.	0.	0.
(5) LAUREN SPRANG	2.00									
BOARD MEMBER/CHAIR		X	ļ	X		1	<u> </u>	0.	0.	0.
(6) BREEGE TOMKINSON	40.00	_								
DIRECTOR OF FINANCE		<u> </u>	ļ	Х	ļ <u>.</u>	ļ		64,787.	0.	0.
			-							
		 								
					ļ.,					
,										
		-								
		1								

932097 01-20-20 Form **990** (2019)

Form 990 (2019) VEGAN	OUTREACH,	IN	IC.						86-0	<u>7368</u>	318 Page	e 8
Part VII Section A. Officers, Directors	, Trustees, Key Em	ploye	ees,	and	iH t	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box,	not c unle:	(C) Position check more than one ess person is both ar and a director/trustee)			th an	(D) Reportable compensation from	(E) Reportable compensatio	on I	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organizations	1
							-					
1b Subtotal								133,962.		0.		o .
c Total from continuation sheets to F	Part VII, Section A						>	0.		0.	().
d Total (add lines 1b and 1c)	but not limited to th							133,962. ecelved more than \$100	l),000 of reportab	0. le		<u>.</u>
compensation from the organization	<u> </u>											O lo
3 Did the organization list any former of line 1a? If "Yes," complete Schedule											3 2	X
4 For any individual listed on line 1a, is and related organizations greater tha	the sum of reportab	le cor	mpe	ensa	tion	and	to b	her compensation from	the organization			X
5 Did any person listed on line 1a receirendered to the organization? If "Yes	ve or accrue compe	nsatio	on f	rom	any	unr/	elat	ed organization or indivi	idual for services	ľ.		X
Section B. Independent Contractors										MARKE I.		<u>. </u>
 Complete this table for your five high the organization. Report compensation 										pensa	ition from	
	A) siness address	ио	NE	3				(B) Description of s	services	Co	(C) ompensation	
					-		Ī					
2 Total number of independent contract		ot lim	nite	d to		se lis	sted	l above) who received m	nore than			Jan.
\$100,000 of compensation from the	arganization -					₹				<u> </u>	orm 990 (201	19)

Form 990 (2019) VEGAN OF Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to any li	ne in this Part VIII	**********		
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts	1 4	a Federated campaigns1a	8,963.				
ira Our	ı	Membership dues 16					
ξ, E		Fundraising events 1c					dicak retriks
# F		d Related organizations 1d					
a,c		Government grants (contributions) 1e					
E iS		All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts	ľ		2,363,391.				
₽₽			48,348.				
io d		Noncash contributions included in lines 1a-1f 1g \$		2 272 254	ku kadenia		
0 8	!	n Total. Add lines 1a-1f		2,372,354.	Rose te de la Rose de la Company de la Compa		
			Business Code		ANALYSIA BUTTA FURB		
Program Service Revenue	2 2	3	_				
er.	Ŀ	·	_				
n S	(·					
ran {ev	(d					
<u>б</u> о.	-	·					
ď	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, int					
		other similar amounts)		9,493.			9,493.
	4	Income from investment of tax-exempt bon					J, ±JJ.
	5	Royalties					
	Ū	(i) Real	(ii) Personal	Daniel Chipping Constantials			- 111
	6.	a Gross rents 6a	(ii) r creenar				
		Less: rental expenses 6b					
		Rental income or (loss)			an Hiji di tangganta		
				4.1.1.2.1.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			
	7 2	Gross amount from sales of (i) Securitie	<u> </u>				
		assets other than inventory 7a 60,051	- •				
	t	Less: cost or other basis				William de la la la la la la la la la la la la la	lija (de la le
ä		and sales expenses 76 50,917	7.				
ē	c	Gain or (loss) 7c 9,134	[•]				
ř		Net gain or (loss)		9,134.			9,134.
Other Revenue	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	За			i Tarabiyi ya Ka	
	t		3b				
		Net income or (loss) from fundraising events					<u> </u>
İ		Gross income from gaming activities. See		Sign States and Sign		. Balbara Balanggara	
			Эа				
			9b				
		Net income or (loss) from gaming activities		A STATE OF A STATE OF A STATE OF	100 (person 1 10,00 or 1 10,000 or		<u>. 19, 60' - 1 P., - 612 J. 151 1 1 1 1 1 1 1 1 </u>
		Gross sales of inventory, less returns		and the History value		CECUTAL SERVE	and the state of the
	10 6		oa 4,456.				
					Mitter No. Vig 2 Milita. Hitomagni Vig Cigar Milita		
				1 010	14 - 00 FO 4FO T4 - 116, FED 1813	rga n orwinianalna ligoca	4 040
		Net income or (loss) from sales of inventory		1,212.		grader, alegie, free state	<u>1,212.</u>
ns			Business Code			Parkett Agri	
ne o	11 a		_				
lar en	Ł)	-				
Miscellaneous Revenue	c		_				
Μis		All other revenue					
	ε	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	>	2,392,193.	0.	0.	19,839.
93200	9 01-2	0-20					Form 990 (2019)

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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members _____ Compensation of current officers, directors, 55,341 trustees, and key employees 71,704. 6,917. 133,962. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 993,462 778,931. 73,879. 140,652. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 83,780. Other employee benefits 118,565. 22,667. 12,118. 9 72,100. Payroll taxes 96,548. 11,889. 12,559. 10 Fees for services (nonemployees): a Management _____ 1,825. 1,825. Legal 12,000. 12,000. Accounting Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3.525. 3.525. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 190,894. 189,735 1,159. 12 13 Office expenses 63.017. Information technology 47,836 15.181. 14 15 Royalties 16 Occupancy 100,265. 94,795 991. 4,479. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 26,758 26,758 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 6,349. 6,349. 23 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 FOOD FOR OUTREACH 230,581. 230,581. OUTREACH COORDINATORS 162,067. 162,067. c PRINTING & PUBLICATIONS 60,583. 60,583. d POSTAGE & SHIPPING 30,279. <u> 25,609</u>. 786. 3,884. 91,957. 47,436. 34,721. 9,800. e All other expenses Total functional expenses, Add lines 1 through 24e 2,322,637. 1,875,552. 240,336. 206,749. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

932010 01-20-20

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

rai	(X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	774,111.
	2	Savings and temporary cash investments		2	540,580.
	3	Piedges and grants receivable, net		3	2 400
	4	Accounts receivable, net	34,180.	4	3,400.
	5	Loans and other receivables from any current or former officer, director,		415%	
		trustee, key employee, creator or founder, substantial contributor, or 35%		120	
		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	
ets	7	Notes and loans receivable, net		7	01 000
Assets	8	Inventories for sale or use		8	84,306.
•	9	Prepaid expenses and deferred charges	8,423.	9	3,531.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			idele e e e e e e e e e e e e e e e e e e
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	11,645.	11	0.
	12	Investments - other securities. See Part IV, line 11		12	423,557.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	1,829,485.
	17	Accounts payable and accrued expenses	166,018.	17	109,644.
	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	
e)	22	Loans and other payables to any current or former officer, director,		Hart.	l stillingsgrotting i metterkke stimetre sit. De tillen skrivet med held i temit kjent kjent
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	in filia destrator e il ori eli, uno de di prove ette conventorio di prilitario di Aliante di Aliante di Aliante	10.200	l actions de la colonidad de la colonidad de la colonidad de la colonidad de la colonidad de la colonidad de l La colonidad de la colonidad d
iab.		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		25	258,714.
	26	Total liabilities. Add lines 17 through 25	166,018.	26	368,358.
**		Organizations that follow FASB ASC 958, check here			
. ĕ		and complete lines 27, 28, 32, and 33.			kaka suutti
<u>a</u>	27	Net assets without donor restrictions	1,320,084.	27	1,461,127.
ñ	28	Net assets with donor restrictions	60,000.	28	0.
n n		Organizations that do not follow FASB ASC 958, check here			
됴		and complete lines 29 through 33.	Million our deputainaure Labreign Afrik (a. 64) Dien auf de mour auf konst kanadi aut Afrik		Province (Section Control of Section Control of Control
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	•	31	
Net	32	Total net assets or fund balances	1,380,084.	32	1,461,127.
	33	Total liabilities and net assets/fund balances			1,829,485.

Form **990** (2019)

	1990 (2019) VEGAN OUTREACH, INC.	<u>86-</u>	0736818	} <u>P</u> a	<u>age 12</u>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	********		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,39	2 . 1	193.			
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3			556.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,38	30,0	084.			
5	Net unrealized gains (losses) on investments	5		1,/	<u> 187.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,46	51,3	127.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		,					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			3				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis		Edwill					
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.	\$					
	review, or compilation of its financial statements and selection of an Independent accountant?	-		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				o ringara			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			e n.n				
	Act and OMB Circular A-133?	<u></u>	3a		l x			

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

Form **990** (2019)

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.

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

OMB No. 1545-0047

Open to Public

Name of the organization

Inspection Employer identification number 86-0736818

D.			N OUTREACH					0-0/30010
	rt I	Reason for Public (e instructions.	
The	organi	ization is not a private found	lation because it is: (F	For lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of chi	urches, or associatio	n of churches described	in section	n 170(b)(1)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (A	Attach Schedule E (Form	990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	inization described in se	ction 170	(b)(1)(A)(iii	i).	
4	\Box	A medical research organization						the hospital's name,
7		city, and state:		7				,
_		An organization operated for	or the benefit of a col	loge or university owned	l or operat	ed by a do	wernmental unit describ	and in
5				lege of disiversity owned	o operat	ed by a go	Werninental unit descrit	700 II I
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov						
7		An organization that norma		ntial part of its support fi	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi), (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10	X	An organization that norma	Ilv receives: (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin						
				(leas seemon on reax) ne	orn buoine	ouca doqu	ned by the organization	arter barro ou, roro.
	Г	See section 509(a)(2). (Con	•		fatu Can -	tion CO	10(a)(A)	
11		An organization organized						
12		An organization organized a						
		more publicly supported or						Sheck the box in
	_	lines 12a through 12d that	• • •					
а	L	Type I. A supporting orga						
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ctions A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by ha	iving
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ntrol or manage the sup	ported
		organization(s). You mus						
c		Type III functionally inte	· ·	and the second s	in connec	tion with, a	and functionally integrat	ed with,
_		its supported organizatio						
d		Type III non-functionally		•				ization(s)
_	L	that is not functionally inf						
		•	•	Ŧ '	-			11/01/035
		requirement (see instruct						
e		☐ Check this box if the orga					гтурет, турет, турет	
		functionally integrated, o		nally integrated support	ing organi	zation.		
f		er the number of supported (
0		vide the following information	n about the supporte	ed organization(s).	(iv) Is the orna	inization listed	(u) Amount of magatans	(vi) Amount of other
	((i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10			support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See matriculoris)	Support (See Managerona)
_					1			
_								
						1		
Tot	 al							
100	<u> </u>	Denomination Aut N		uctions for Form 000 o	× 000 E7	nanant an	es as Sobodulo A /Eo	rm 990 or 990-E7) 2019

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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				Es Pes E Catalife (C.C.)		
	by each person (other than a		agfola, walf				
	governmental unit or publicly				salanigi 1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		rejare, pri jurije i Ligh	ACCUMULAÇÃO	primi periodor		
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	T		I		1	
	ndar year (or fiscal year beginning in) ➤	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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 VI.)				illusering member 1964 had.		
	Total support. Add lines 7 through 10			propied Political and Street, and			
	Gross receipts from related activities	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First five years. If the Form 990 is fo organization, check this box and stop	<u>-</u>	· · · · · · · · · · · · · · · · · · ·	•	•	. , ,	▶ []
Sec	ction C. Computation of Publ						
	Public support percentage for 2019 (column (fi)		14	%
	Public support percentage from 2018					15	——————————————————————————————————————
	33 1/3% support test - 2019. If the					·	
	stop here. The organization qualifies	-					. \square
Ŀ	33 1/3% support test - 2018. If the		•				
_	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
. –	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			,	•	_	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t	=					
	organization meets the "facts-and-cir-						▶□
18	Private foundation. If the organization						
					Sche	dule A (Form 990	or 990-EZ) 2019

(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

Sec	etion A. Public Support	elow, please comp	nete i Bit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and				-		
	membership fees received. (Do not			'			
	include any "unusual grants.")	1889071.	2044636.	2694177.	2293302.	2372354.	11293540.
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	15,311.	14,818.	15,918.	4,865.	4,456.	55,368.
2	Gross receipts from activities that	23,322.		20/0200	- 1.5.5.5.5		
3	are not an unrelated trade or bus-						
	iness under section 513						

4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities		i				
	furnished by a governmental unit to			,			
	the organization without charge	4.0.40.00	0050454	0540005	0000165	0276010	11340000
	Total. Add lines 1 through 5	1904382.	2059454.	2710095.	2298167.	23/68IU.	11348908.
78	Amounts included on lines 1, 2, and				4.570.500	-4	2005055
	3 received from disqualified persons		649,100.	919,540.	1070600.	646,635.	3285875.
Ŀ	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					639,029.	
•	Add lines 7a and 7b		649,100.	919,540.	1070600.	1285664.	3924904.
_8	Public support. (Subtract line 7c from line 6.)				l Gräffsphinklad.		7424004.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1904382.	2059454.	2710095.	2298167.	2376810.	11348908.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	26,829.	9,928.	10,721.	5,998.	9,493.	62,969.
	Unrelated business taxable income		1				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975]	
	Add lines 10a and 10b	26,829.	9,928.	10,721.	5,998.	9,493.	62,969.
	Net income from unrelated business	20,025	3,3200	20//21	<u> </u>	3,7-33-	<u> </u>
	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain					 	
12	or loss from the sale of capital						
	assets (Explain in Part VI.)	1031311	2060202	2720016	2204165	2206202	11/11077
	Total support. (Add lines 9, 10c, 11, and 12.)				2304165.		11411877.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
_	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			<u></u>
	ction C. Computation of Pub						CE 0C
15	Public support percentage for 2019 (column (f))	***************************************	15	65.06 %
16						16	<u>73.96 %</u>
<u>Se</u>	ction D. Computation of Inve						
17	Investment income percentage for 26	019 (line 10c, colui	mn (f), divided by li	ine 13, column (f))		17	.55 %
18						18	<u>.47 %</u>
19	a 33 1/3% support tests - 2019. If the	e organization did ı	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶ X
	b 33 1/3% support tests - 2018. If the						and _
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization						>
	023 09-25-19			· · · · · · · · · · · · · · · · · · ·			0 or 990-EZ) 2019
				4 -			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

3h

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

Schedule A (Form 990 or 990-EZ) 2019

6

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

and 4c.

8 Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

7 Excess distributions carryover to 2020. Add lines 3j

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.

VEGAN OUTREACH, INC.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 86-0736818

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Account	S.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Funds	and other accounts
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		ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	*****	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	······		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ition or education) 🔲 Preservation of	a historically im	portant land area
	Protection of natural habitat	Preservation of	a certified histo	ric structure
	Preservation of open space	·		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation	on easement on the last
	day of the tax year.		H	eld at the End of the Tax Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements	***	2b	
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structi	ıre	
	listed in the National Register	***************************************	2d	
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization d	uring the tax
	year >			
4	Number of states where property subject to conservation ear	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements	during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that descr	bes the
·-	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections o		ther Similar	Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	ind balance she	et works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in fu	irtherance of pu	ıblic
	service, provide in Part XIII the text of the footnote to its final			
ь	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	erance of publ	ic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		l gain, provide	
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
	- · · · · · · · · · · · · · · · · · · ·		•	
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Sc	hedule D (Form 990) 2019

932051 10-02-19

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h 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) VANGUARD INFLATION			
(B) PROTECTED SECS ADMIRAL CL	<u>178,996.</u>	END-OF-YEAR MARKET	VALUE
(C) VANGUARD GNMA ADMIRAL CL	87,365.	END-OF-YEAR MARKET	VALUE
(D) PIMCO INTL BOND US DOLLAR			
(E) HEDGED	102,778.	END-OF-YEAR MARKET	VALUE
(F) VANGUARD FEDERAL MONEY			**** * ****
(G) MARKET FUND	6.	END-OF-YEAR MARKET	VALUE
(H)	423,557.		e dieseksäkken Artik Austr
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	443,337.	The first of the distributing the second second second	ning dirikitan kanpang sebias
Complete if the organization answered "Yes" of	on Form 000 Bart IV line	110 See Form 000 Bort V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
(1)	(2) 223. (2)	(-),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,,,,_,,,_,
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			
(5)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" (11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	•		
(6)			
(8)		***	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (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) PAYCHECK PROTECTION PROGRA	AM LOAN		<u>258,714</u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	.05)		250 711
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide			258,714
Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under			
огранидатот в паопку тог оггостант ках positions under	TO A PROCESS OF THE P		.dule D (Form 990) 20:

SEE PART XIII FOR CONTINUATIONS

Part VII Investments - Other Securities. See Form 990, Part X, line	e 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
FIB BANK CERTIFICATE OF DEPOSIT	54,412.	FMV
ALLE STATE OF THE		
	1	

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

86-0736818 VEGAN OUTREACH, INC. Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ____ Yes ____ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (b) Number of | (c) Number of | (d) Activities conducted in the region (a) Region expénditures émplovees. is a program service, (by type) (such as, fundraising, prooffices agents, and for and describe specific type gram services, investments, grants to in the region independent contractors investments recipients located in the region) of service(s) in the region in the region in the region 52 010. CANADA OUTREACH 1,982, OUTREACH KENYA 58,781. MEXICO 83,302. INDIA 15,635. AUSTRALIA 211,710. 3 a Subtotal 14 **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a 211,710. and 3b) Schedule F (Form 990) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

932071 10-12-19

Page 2

VEGAN OUTREACH, INC.

Schedule F (Form 990) 2019

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)
		٠.						
								-
						••••		
				-				
2 Enter total number of	f recipient organization	Enter total number of recipient organizations listed above that are in	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	ne foreign country, tter	recognized as tax-e:	kempt ▼		
3 Enter total number of	by the has, or for which the grantee of course mass. Enter total number of other organizations or entities	or entities				•		
							Schei	Schedule F (Form 990) 2019

38

86-0736818

Page 3

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. VEGAN OUTREACH, INC. Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Foreign Partnerships (see Instructions for Form 8865)

Instructions for Form 5713; don't file with Form 990)

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

Schedule F (Form 990) 2019

6

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2019

Open To Public Inspection

VEGAN OUTREACH. INC. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 35a or Form 990, Part IV, line 25; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of assistance of loan of lo
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (e) Description of transaction Yes No Yes No Person and organization (e) Description of transaction Yes No Person and organization and organization and organization with organization and organization and organization and organization with organization and organization
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No (e) Relationship between disqualified person and organization (f) Relationship between disqualified person of transaction (e) Description of transaction (f) Relationship between disqualified persons during the year under section 4958 3 Enter the amount of tax if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-Ezt, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of history and the organization answered "Yes" on Form 990-Part IV, line 26; or if the organization default? (b) Relationship between interested persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and organization managers or disqualified person and organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and organization of assistance assistance assistance and organization of transaction and the properties of the organization answered "Yes" on Form 990, Part IV, line 27. (c) Name of interested person (b) Relationship between interested person and organization of assistance assistance and organization of transaction
(a) Name of disqualified person Person and organization (b) Description of transaction (c) Description of transaction Yes No Part III Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or zg. (a) Name of interested person with organization (b) Relationship (c) Purpose of loans of
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person with organization of loan or form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization of loan or form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization of loan or form 990, Part IV, line 38a or Form 990, Part IV, line 26; or if the organization organizati
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Schedule L (Form 990 or 990-EZ) 2019

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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 for instructions and the latest information.

Inspection

Name of the organization VEGAN OUTREACH, INC. Employer identification number 86-0736818

Par	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 c noncash contrib	letermining
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	Х	9	48,348.	SALES PRIC	E.
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 ()					
26	Other ()					
27	Other (1			
28	Other ()					
29	Number of Forms 8283 received by the organ	ization durin	d the tay year for a	contributions		
25	for which the organization completed Form 82			t 1		
	To what the diganization completed from oz	LOO, I AIL IV,	Dones Acknowled	gentent 23		Yes No
30~	During the year, did the organization receive b	ov contributi	on any property re	ported in Part I lines 1 throu	rdh 28, that it	Tes No
COA	must hold for at least three years from the dat					
	exempt purposes for the entire holding period					30a X
L	If "Yes," describe the arrangement in Part II.	44			***************************************	
31	Does the organization have a gift acceptance	policy that i	equires the review	of any ponstandard contrib	utions?	31 X
	Does the organization have a girt acceptance	-		=		22
34 8			-	.,		32a X
Ŀ.						32a A
	If "Yes," describe in Part II.	nolume (a) f	or a time of avance	tu for which column (a) is st	alkad	
33	If the organization didn't report an amount in	column (c) T	or a type or proper	ty for which column (a) is che	ondu,	
1114	describe in Part II.	- tha l	tions for Farm 20	20	6-L-J-4-	M (Form 000) 0040
LHA	For Paperwork Reduction Act Notice, see	e une instruc	suons for Form 98	τυ.	Schedule	M (Form 990) 2019

Schedule M	(Form 990) 2019 VEGAN OUTREACH, INC.	86-0736818	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a combit this part for any additional information.		
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Schedule M (Form 990) 2019

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

VEGAN OUTREACH, INC.

Employer identification number 86-0736818

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS:
VEGAN OUTREACH (VO) IS AN ANIMAL PROTECTION ORGANIZATION WHOSE MISSION
IS TO PREVENT VIOLENCE TOWARDS ANIMALS. VO EDUCATES PEOPLE ABOUT HOW A
VEGAN LIFESTYLE CAN PREVENT THE SUFFERING AND DEATH OF ANIMALS, REDUCE
THE ENVIRONMENTAL IMPACT OF FOOD, AND POSITIVELY AFFECT PEOPLE'S
HEALTH. THIS IS ACCOMPLISHED PRIMARILY THROUGH SIGNING PEOPLE UP FOR
OUR 10 WEEKS TO VEGAN AND GET HEALTHY CHALLENGES WHERE THE PERSON
RECEIVES TEN EMAILS PROVIDING INFORMATION ON HOW TO EAT VEGAN. THEY
ALSO HAVE ACCESS TO FACEBOOK GROUPS AND A MENTOR PROGRAM FOR SUPPORT.
FOR FISCAL YEAR 2020, OVER 183,000 PEOPLE SIGNED UP FOR THESE
CHALLENGES. BEFORE THE PANDEMIC PREVENTED FURTHER PUBLIC OUTREACH IN
LATE MARCH OF 2020, WE DISTRIBUTED OUR BOOKLETS, WHAT IS SPECIESISM,
COMAPSSIONATE CHOICES, THE COMPASSIONATE ATHLETE, WHY VEGAN, AND THE
GUIDE TO ANIMAL-FREE EATING, AND SHOWED VIRTUAL REALITY VIDEOS TO TENS
OF THOUSANDS OF PEOPLE AND HUNDREDS OF COLLEGES PER SEMESTER IN THE
U.S., CANADA, MEXICO, INDIA, AUSTRALIA, AND NEW ZEALAND. VO OFFERS
PRESENTATIONS ON FARMED ANIMAL ADVOCACY AND WORKS TO INCREASE VEGAN
OPTIONS IN RESTAURANTS. VO HAS TWO REGISTERED DIETITIANS ON STAFF WHO
GIVE PRESENTATIONS ON VEGAN NUTRITION, MAINTAINS A WELL-RESPECTED
WEBSITE, VEGANHEALTH.ORG, WHICH SUMMARIZES THE RESEARCH ON VEGAN
NUTRITION AND REGULARLY ANSWERS QUESTIONS FROM THE PUBLIC.
FORM 990, PART VI, SECTION A, LINE 2:
EXECUTIVE DIRECTOR JACK NORRIS IS MARRIED TO ALEX BURY VP OF DEVELOPMENT.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization VEGAN OUTREACH, INC.	Employer identification number 86-0736818
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM AND IS MONITO	RED AND SIGNED BY
THE DIRECTOR OF FINANCE. IT IS REVIEWED BY THE PRESIDENT	AND TREASURER OF
THE BOARD AND IS THEN APPROVED BY THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 12C:	
VEGAN OUTREACH, INC	
CONFLICT OF INTEREST POLICY	
ARTICLE I	
PURPOSE	
THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROT	PECT VEGAN
OUTREACH, INC'S INTEREST WHEN IT IS CONTEMPLATING ENTERIN	NG INTO A
TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE	E INTEREST OF AN
OFFICER OR DIRECTOR OF VEGAN OUTREACH, INC OR MIGHT RESUL	LT IN A POSSIBLE
EXCESS OF BENEFIT TRANSACTION. THIS POLICY IS INTENDED	TO SUPPLEMENT, BUT
NOT REPLACE, ANY APPLICABLE STATE AND FEDERAL LAWS GOVERN	NING CONFLICT OF
INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATION	FIONS.
ARTICLE II	
DEFINITIONS	
1. INTERESTED PERSON: ANY DIRECTOR, PRINCIPAL OFFICER, C	OR MEMBER OF A
COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS	
INDIRECT FINANACIAL INTEREST, AS DEFINED BELOW, IS AN INTEREST.	
2. FINANCIAL INTEREST: A PERSON HAS A FINANCIAL INTERST	TE THE PERSON HAS
DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR	
	edule O (Form 990 or 990-EZ) (2019)
231125 141612 65421 2019.04030 VEGAN OUTREACH, IN	fc. 65421 <u></u> 1

DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

OUTREACH, INC'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE GOVERNING BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

ANNUAL STATEMENTS__

932212 09-06-19

ARTICLE VI

Name of the organization VEGAN OUTREACH , INC.	Employer identification number 86-0736818
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTE	E WITH GOVERNING
BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WH	IICH AFFIRMS SUCH
PERSON:	
A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICE	ΣΥ,
B. HAS READ AND UNDERSTANDS THE POLICY,	
C. HAS AGREED TO COMPLY WITH THE POLICY, AND	
D. UNDERSTANDS VEGAN OUTREACH, INC IS CHARITABLE AND IN C	ORDER TO MAINTAIN
ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACT	TIVITIES WHICH
ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	
ARTICLE VII	
PERIODIC REVIEWS	
TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTEN	NT WITH CHARITABLE
PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEC	OPARDIZE ITS
TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. T	THE PERIODIC
REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECT	CTS:
A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REA	ASONABLE, BASED ON
COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LED	NGTH BARGAINING.
B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS 932212 09-06-19 Sche	S WITH MANAGEMENT

932212 09-06-19

FORM 990, PART VI, SECTION C, LINE 19:

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)			Page 2
Name of the organization VEGAN QUTREACH, INC.	Emp	loyer identification (86-0736818	number
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDI	TED	FINANCIAL	
STATEMENTS WILL BE FURNISHED UPON REQUEST.			
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