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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2024 calendar year, or tax year beginning J	UL 1, 2	2024 and	ending J	<u>UN 30, 20</u>	25	
3	Check if applicable	C Name of organization				D Employer ide	ntificat	tion number
	Addres	VEGAN OUTREACH, INC.						
	Name change					86-073	6818	3
	Initial return	Number and street (or P.O. box if mail is not deli	ivered to stree	t address)	Room/suite	E Telephone nu	mber	
	Final return/	3053 FREEPORT BLVD, #2	82	·		916-81	<u> 2-66</u>	533
	termin- ated	City or town, state or province, country, and	ZIP or foreig	n postal code		G Gross receipts \$		2,850,609.
	Amend return	SACRAMENTO, CA 93010				H(a) Is this a gro	up retu	
	Application	F Martie and address of principal officer. DKE.				for subordir	nates?	Yes X No
	pendin	9 12415 CHANDLER BLVD, VA	LLEY V	ILLAGE, C	A 916	H(b) Are all subordin	ates inclu	ded? Yes No
ı	Tax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no	.) 4947(a)(1)	or 527	If "No," atta	ıch a list	t. See instructions
	Websit					H(c) Group exen		
			sociation	Other	L Year	of formation: 199	6 м s	tate of legal domicile: \mathbf{DE}
P		Summary						
ġ	1	Briefly describe the organization's mission or most	significant a	ctivities: EDUC.	ATION	REGARDING	; AN]	IMAL
Activities & Governance		CRUELTY						
Ľ.	2	Check this box if the organization discor	ntinued its op	perations or dispo	sed of more	than 25% of its r	et asse	ts.
8	3	Number of voting members of the governing body					3	<u>4</u> 3
<u>ھ</u>	4	Number of independent voting members of the gov	verning body	(Part VI, line 1b)			4	
es	5	Гotal number of individuals employed in calendar y	ear 2024 (Pa	art V, line 2a)			5	22
₹	6	Total number of volunteers (estimate if necessary)					6	120
ζĘ	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line	12			7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I	line 11			7b	0.
						Prior Year		Current Year
ē	8	Contributions and grants (Part VIII, line 1h)				2,744,17		2,763,777.
en							0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,				58,38	0.	65,599.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and	d 11e)			0.	844.
		Total revenue - add lines 8 through 11 (must equal				2,802,55		2,830,220.
		Grants and similar amounts paid (Part IX, column (0.	0.
		Benefits paid to or for members (Part IX, column (A	, , , , , , , , , , , , , , , , , , , ,				0.	0.
es		Salaries, other compensation, employee benefits (F				1,306,22		<u>1,369,660.</u>
Expenses		Professional fundraising fees (Part IX, column (A), l	ine 11e)				0.	0.
Ř		Fotal fundraising expenses (Part IX, column (D), line		221,4				
ш		Other expenses (Part IX, column (A), lines 11a-11d,				1,296,19		1,086,527.
		Total expenses. Add lines 13-17 (must equal Part เว็				2,602,41		2,456,187.
		Revenue less expenses. Subtract line 18 from line	12			200,13		374,033.
IS OF	2				Ве	ginning of Current Y		End of Year
SSG PSG	20	Fotal assets (Part X, line 16)				2,255,18		2,612,864.
Net Assets Fund Balan	21	Total liabilities (Part X, line 26)				101,31		84,969.
	art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20			2,153,86	4.	2,527,895.
		ties of perjury, I declare that I have examined this return,	including acco	mpanying cohodula	o and atatam	ante and to the best	of my k	nowledge and balief it is
		thes or perjury, receitate that i have examined this return, it, and complete, Declaration of preparer (other than office	•			•	-	nowledge and belief, it is
ıut	,	, and complete, Decidiation of preparer (other than office	er) is baseu oii	all lillollilation of wi	ilicii preparei			
Sig	ın.	Signature of officer				Date	14/25)
He		BREEGE TOMKINSON, DIRECTO	B OE E.	INANCE				
ıe	ie	Type or print name and title	K OI I.	шись				
		Preparer's name	Preparer's sig	natura		Date Che	ck	PTIN
ai	d	•		L ROJAS		if		P01410934
	parer	Firm's name ROJAS & ASSOCIATE				Firm's EIN		-1442118
	Only	Firm's address 1300 S STREET	Z, CIA			T IIIII 3 LII		
	•	SACRAMENTO, CA 95	811-71	14		Phone no	.(916	5) 362-4040
Мa	v the IF	S discuss this return with the preparer shown abo						X Yes No

Form	990 (2024) VEGAN OUTREACH, INC.	86-0736818 Page 2
Pa	rt III Statement of Program Service Accomplishments	[==]
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission: EDUCATION REGARDING ANIMAL CRUELTY	
	EDUCATION REGARDING ANIMAL CROEDIT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c revenue, if any, for each program service reported.	others, the total expenses, and
4a	(Code:) (Expenses \$1, 996, 289. including grants of \$) (Re	evenue \$
та	SEE SCHEDULE O)
	501125012	
4b	(Code:) (Expenses \$	evenue \$)
		_
4c	(Code:) (Expenses \$) (Re	evenue \$)
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,996,289.	
		Form 990 (2024)

Form 990 (2024) VEGAN OUTREACH, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
·	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
·	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			21
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			21
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		21
,	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			21
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	-10		21
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2024) VEGAN OUTREACH, INC.
Part IV Checklist of Required Schedules (continued)

	<u> </u>		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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 Schedule K. If "No," go to line 25a	24a		Х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051-		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		Λ
20	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 the Schedule L, Part IV,			
	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	00-		v
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		Λ
	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		Х
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 on Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u></u>
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Form 990 (2024) VEGAN OUTREACH, INC.

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

			•		Yes	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	22		37	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t	ns?		2b	Х	37
3a	3 ,			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		· ·			v
L	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nte (FRAR)			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			-00		
-	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ot?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	100	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
11	Section 501(c)(12) organizations. Enter:	100				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
_	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	Ī	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					77
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	 :	a O	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it inco	me?	16		Х
17	If "Yes," complete Form 4720, Schedule O.	.+i.vi+i.~				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			17		
	n rea, complete i onn coco.					

432005 12-10-24

Form 990 (2024) VEGAN OUTREACH 86-0736818 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. Х Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed	CA	, AL	, AK	, AZ	, AR	, CO	, CT	,FL	, GA	,IL,	KS,	, KY

8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records BREEGE TOMKINSON - 916-812-6633

<u> 12415 CHANDLER BLVD, VALLEY VILLAGE, </u> 91607

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2024)

16b

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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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JACK NORRIS	40.00	Х		х				77,524.	0.	0.
EXECUTIVE DIRECTOR (2) BREEGE TOMKINSON	40.00	Λ		Λ				11,524.	0.	0.
DIRECTOR OF FINANCE	10.00	Ī		х				72,599.	0.	0.
(3) PATTI ROGERS-ENGELBY	1.00							,		_
BOARD MEMBER-CHAIR		Х						0.	0.	0.
(4) MARK FOY	2.00	<u> </u>						_		_
BOARD MEMBER/SECRETARY	2 00	Х		Х				0.	0.	0.
(5) NELLI JOHNSON BOARD MEMBER - TREASURER	2.00	Х		х				0.	0.	0.
		_								
		_								

Form 990 (2024)

Page 7

	(A) Name and title	(B) Average hours per week (list any	box	not c	ss pei	itior more rson	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		an	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS(1099-NEC)		fr org and	om the anizati d relate inizatio	e ion ed
			-											
			<u> </u>											
			-											
			-											
			<u> </u>											
			-											
	Subtotal Total from continuation sheets to Part V								150,123.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r								150 , 123 • eceived more than \$100	,000 of reportable	0.			0.
	compensation from the organization Did the organization list any former officer,	director, trust	ee, I	kev e	empl	love	e, oı	· hic	nhest compensated emp	oloyee on			Yes	No
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	<i>uch individual</i> um of reportab	 le co	omp	ensa	ation	n and	d ot	her compensation from	the organization		3		X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con	accrue comper	nsat	ion f	rom	any	/ unr					5		X
Secti	ion B. Independent Contractors Complete this table for your five highest co							ors t	hat received more than	\$100,000 of comp	oensa		rom	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng w				n the organization's tax (B)	year.		(C	;)	
	Name and business	address	NO	INC	3				Description of s	services	C	ompei	nsatio	1
2	Total number of independent contractors (including but n	not li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
:	\$100,000 of compensation from the organi	zation				(0					Form	990 (2	2024)

Form 990 (2024) VEGAN OUTREACH, INC.
Part VIII Statement of Revenue

			Check if Schedule O co	onta	ains a respo	nse	or note to any lir			T	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
s, G		С	Fundraising events		1c						
ar /		d	Related organizations		1d						
s, (imil			Government grants (contrib								
tion r Si		f	All other contributions, gifts, gr	rant	s, and						
the			similar amounts not included a	bov	re 1f	2,	763,777.				
nti d O		g	Noncash contributions included in li	nes '			137,643.				
a S		h	Total. Add lines 1a-1f					2,763,777.			
							Business Code				
e S	2	а									
e Ži		b									
Program Service Revenue		С									
ran ev		d									
PO F		е									
ď		f	All other program service re	ever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includia	_							
			other similar amounts)					45,351.			45,351.
	4		Income from investment of		•						
	5		Royalties								
					(i) Real		(ii) Personal				
				6a							
			' " F	6b							
			` ' _	6с							
			Net rental income or (loss).		(i) Oit		(:) OH				
	7	а	Gross amount from sales of	_	(i) Securit		(ii) Other				
				7a	40,49	0.					
o			Less: cost or other basis		20 24	0					
nue			and sales expenses	/b	20,24	0 •					
Other Revenue			Gain or (loss)					20,248.	20,248.		
P. F			Net gain or (loss)				I	20,240.	20,240.		
ţ	8	а	Gross income from fundraising including \$								
٠			contributions reported on li								
			Part IV, line 18		•	8a					
		h	Less: direct expenses			8b					
			Net income or (loss) from fu				I				
			Gross income from gaming								
	J	u	Part IV, line 19			9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from g				l .				
			Gross sales of inventory, le		-						
		_	and allowances			10a	985.				
		b	Less: cost of goods sold			10b					
			Net income or (loss) from sa			ry		844.			844.
S							Business Code				
e jour	11	а									
ane		b				_					
cell eve		С									
Miscellaneous Revenue		d	All other revenue								
			Total. Add lines 11a-11d .								
	12		Total revenue. See instruction	S				2,830,220.	20,248.	0.	46,195.
42200		40	0.4								Form 990 (2024)

Form 990 (2024) VEGAN OUTREACH 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 respons			····	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,097,340.	839,745.	96,442.	161,153
8	Pension plan accruals and contributions (include	= / 00 : / 0 = 0 :	7,7,7	,	
_	section 401(k) and 403(b) employer contributions)	18,556.	13,515.	1,884.	3,157
9	Other employee benefits	164,367.	118,186.	20,134.	26,047
10	Payroll taxes	89,397.	69,131.	7,607.	12,659
11	Fees for services (nonemployees):	, , , , , , , , , , , , , , , , , , , ,	,	,	,
а	. , , ,				
b		18,710.		18,651.	59
С		9,500.		9,500.	
d				•	
е	D (' ' ' (' ' ' ' ' ' ' ' ' ' ' ' ' '				
f	Investment management fees				
g					
_	column (A), amount, list line 11g expenses on Sch O.)	274,477.	241,627.	32,850.	
12	Advertising and promotion	274,477. 592,751.	592,716.	35.	
13	Office expenses				
14	Information technology	32,896.	21,398.		11,498
15	Royalties				
16	Occupancy				
17	Travel	25,299.	23,628.	200.	1,471
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (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.)				
а	OMITÉD DISTORA	77,538.	41,892.	34,626.	1,020
b	DAGES OF A CUITABASIC	21,303.	16,885.	22.	4,396
С	DANIE DDDC	16,487.	•	16,487.	•
d	DD THEFTIC A DUDI TOLETONO	13,162.	13,162.		
е	All other expenses	4,404.	4,404.		
25	Total functional expenses. Add lines 1 through 24e	2,456,187.	1,996,289.	238,438.	221,460
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2024)

Form 990 (2024)

Part X | Balance Sheet

Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	431,192
	2	Savings and temporary cash investments	789,091.	2	1,729,333
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	40,573
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B		6	
SI:	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	35,551.	8	20,346
∢	9	Prepaid expenses and deferred charges	1,935.	9	2,613
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	363,974.	12	388,807
	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)	2,255,181.	16	2,612,864
	17	Accounts payable and accrued expenses	101,319.	17	84,969
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	%		
lab		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	(
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	101,319.	26	84,969
က္		Organizations that follow FASB ASC 958, check here			
ဥ		and complete lines 27, 28, 32, and 33.	4 000 050		
ala	27	Net assets without donor restrictions		27	2,527,895
20	28	Net assets with donor restrictions	233,800.	28	0
5		Organizations that do not follow FASB ASC 958, check here	_		
<u> </u>		and complete lines 29 through 33.			
213	29	Capital stock or trust principal, or current funds		29	
200	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
X I	31	Retained earnings, endowment, accumulated income, or other funds		31	0 505 005
Ž	32	Total net assets or fund balances	2,153,862.	32	2,527,895
	33	Total liabilities and net assets/fund balances	2,255,181.	33	2,612,864 Form 990 (202

	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	00	07300	<u> </u>	ı aş	<u> </u>
Pa	rt XI Reconciliation of Net Assets					
1 Accounting method used to prepare the Form 990:			Ш			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	153	8,8	62 .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7		7				
8		8				
9		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	2,	527	, 8	95.
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					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	1 Accounting method used to prepare the Form 990:			2b	Х	
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c		Х
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
				За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		<u></u>
			F	orm §	90	(2024)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

			<u>N OUTREACH</u>					<u>86-0736818</u>			
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete t	his part.) S	See instructions.				
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)					
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Ent	er the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit desc	ribed in			
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that norma					` '	ral public described in			
		section 170(b)(1)(A)(vi). (C	•				3	i i			
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org				ed in coniu	unction with a land-gra	int college			
_		or university or a non-land-g				-					
		university:	3	,			,,				
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons membership fees	and gross receipts from			
		activities related to its exen									
		income and unrelated busin		•							
		See section 509(a)(2). (Con		(loos soulism sin tary m			o a by the organization				
11		An organization organized a	•	ively to test for public sa	fetv. See	section 50)9(a)(4).				
12		An organization organized a	•	•	-			the purposes of one or			
		more publicly supported or	<u>.</u>	•	-		•				
		lines 12a through 12d that	~								
а		Type I. A supporting orga				•	, ,	by giving			
		the supported organization	•			-					
		organization. You must o			,			3			
b	, [Type II. A supporting org	= :		tion with it	ts support	ed organization(s), by	having			
		control or management o	· ·								
		organization(s). You mus									
c		Type III functionally inte			in connec	tion with.	and functionally integr	ated with.			
		its supported organizatio	•					•			
c		Type III non-functionally						anization(s)			
		that is not functionally int					* * * * * * * * * * * * * * * * * * * *				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D.	and Part	V.				
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type	III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.					
f	Ente	er the number of supported o	organizations								
		vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount of monetary				
		organization		above (see instructions))	Yes	No	support (see instruction	s) support (see instructions)			
							i				

432021 01-14-25

Schedule A (Form 990) 2024 VEGAN OUTREACH, INC. 86-0736818 Page 2

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

(Complete only if yo	ou checked the box on line 5, 7, or 8 of F	art I or if the organizati	on failed to qualify ur	der Part III. If the organization
fails to qualify unde	er the tests listed below, please complete	Part III.)		

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and	I					
	membership fees received. (Do not	I					
	include any "unusual grants.")	<u> </u>					
2	Tax revenues levied for the organ-	I					
	ization's benefit and either paid to	I					
	or expended on its behalf	<u> </u>					
3	The value of services or facilities	I					
	furnished by a governmental unit to	I					
	the organization without charge	<u></u>					
	Total. Add lines 1 through 3	<u> </u>					
5	The portion of total contributions	İ					
	by each person (other than a						
	governmental unit or publicly	İ					
	supported organization) included						
	on line 1 that exceeds 2% of the	İ					
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support					1 1 200 1	
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4						
8	Gross income from interest,	İ					
	dividends, payments received on	I					
	securities loans, rents, royalties,	I					
•	and income from similar sources						
9	Net income from unrelated business	I					
	activities, whether or not the	I					
40	business is regularly carried on						
10	Other income. Do not include gain	I					
	or loss from the sale of capital	I					
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	ata (ana imatuusti				12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth toy			
13	organization, check this box and stor		rst, second, triird,	lourtii, or illiir tax	year as a section s	501(0)(3)	
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2024 (I			column (f))		14	%
	Public support percentage from 2023					15	%
	33 1/3% support test - 2024. If the						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2023. If the						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	st. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	ualifies as a public	ly supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s

Schedule A (Form 990) 2024

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

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

Sec	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3853273.	4615546.	2308283.	2744176.	2763777.	16285055.
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	2,485.	1,081.	951.	783.	844.	6,144.
3	Gross receipts from activities that						
	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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	3855758.	4616627.	2309234.	2744959.	2764621.	16291199.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1405803.					1405803.
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						230,188.
c	Add lines 7a and 7b	1405803.				230,188.	
	Public support. (Subtract line 7c from line 6.)						14655208.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6	3855758.	4616627.	2309234.	2744959.	2764621.	16291199.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,661.	2,368.	14,182.	45,246.	45,351.	110,808.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	3,661.	2,368.	14,182.	45,246.	45,351.	110,808.
11	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	3859419.	4618995.	2323416.	2790205.	2809972.	<u> 16402007.</u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
_	check this box and stop here						
	ction C. Computation of Publ					r	
15	Public support percentage for 2024 (line 8, column (f), d	livided by line 13, o	column (f))		15	89.35 %
	Public support percentage from 2023					16	82.69 %
	ction D. Computation of Inve					I I	
17	Investment income percentage for 20)24 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.68 %
	Investment income percentage from					18	.47 %
19a	33 1/3% support tests - 2024. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	
	more than 33 1/3%, check this box a	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2023. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			· ·		-	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins		
4000	22 01 14 25					Sahadula /	(Form 990) 2024

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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 1 2 За 3b Зс 4a 4b 4c 5a 5b 5с 6 7 8 9a 9b 9c 10a 10b

432024 01-14-25

__ 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) 2024

7

instructions).

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2024

e Excess from 2024

SCHEDULE D

(Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

VEGAN OUTREACH, INC.

Employer identification number 86-0736818

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.								
	organization answered Tes On Com 990, Factiv, iii	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	(a) Berief devised failes	(b) i unas una suna asseunts					
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		rised funds					
•	are the organization's property, subject to the organization's	-						
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of							
Pai								
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).						
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area					
	Protection of natural habitat	Preservation of	of a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the forr	n of a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b								
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c					
d	Number of conservation easements included on line 2c acqu	•						
	on a historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	he organization during the tax					
	year							
4	Number of states where property subject to conservation ea	·	-					
5	Does the organization have a written policy regarding the per							
_	violations, and enforcement of the conservation easements i							
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	vation easements during the year					
-	3,							
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	0(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	se statement and					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments that describes the					
	organization's accounting for conservation easements.							
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.					
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95	, ,						
	of art, historical treasures, or other similar assets held for put	· ·	•					
	service, provide in Part XIII the text of the footnote to its final							
b	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 fui	rtherance of public 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		rial gain, provide					
	the following amounts required to be reported under FASB A	G						
	Revenue included on Form 990, Part VIII, line 1							
b	Assets included in Form 990, Part X		\$					

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

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024)

Part VII Investments - Other Securities	EACH, INC.		86	-0736818 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) VANGUARD INFLATION	400.000			
(B) PROTECTED SECS ADMIRAL CL	192,980.	END-OF-YEAR		
(C) VANGUARD GNMA ADMIRAL CL	85,834.	END-OF-YEAR	MARKET	VALUE
(D) PIMCO INTL BOND US DOLLAR	100 000			
(E) HEDGED	109,993.	END-OF-YEAR	MARKET	VALUE
(F)				
(G)				
(H)	200 007			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.	388,807.			
Complete if the organization answered "Yes" of	on Form 000 Part IV line	110 Soo Form 000 Port V	lino 12	
(a) Description of investment	(b) Book value	(c) Method of valuation		of year market value
	(b) Book value	(C) Method of Valuation	i. Cost or end	-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X.	line 15.	
- · · · · · · · · · · · · · · · · · · ·	Description			(b) Book value
(1)	I			(1)
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col.	. (B))			
Part X Other Liabilities	. "			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, F	Part X, line 25.	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. line 25. col.	. <i>(</i> B))			

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

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) VEGAN OUTREACH, INC

86-0736818 Page 4

Schedule D (Form 990) (Rev. 12-2024) VEGAN OUTREACH, INC.	86-0736818 Page 5
Part XIII Supplemental Information (continued)	

SCHEDULE F (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

VEGAN OUTREACH,	INC.			86-073683	18
Part I General Infor	mation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "	Yes" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	side the
United States.					
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)	
(a) Region	(b) Number of	(c) Number of	1. ,	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to	describe specific type of service(s) in the region	investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
				PROGRAM SERIES	
KENYA	1	1	PROGRAM SERVICES	TRANSCRIPTION	399.
	_				
				PROGRAM SERIES	
				TRANSCRIPTION AND	
MEXICO	1	1	PROGRAM SERVICES	OUTREACH OPERATIONS	37,554.
AUSTRALIA/NEW		_		PROGRAM SERIES	
ZEALAND	1	1	PROGRAM SERVICES	TRANSCRIPTION	2,481.
				PROGRAM SERIES	
ARGENTINA	1	1	PROGRAM SERVICES	TRANSCRIPTION	2,251.
MODNITAN		-	INOGRAM DERIVICED	IMMOCKII IION	2,231.
				PROGRAM SERIES	
BRAZIL	1	1	PROGRAM SERVICES	TRANSCRIPTION	1,890.
				PROGRAM SERIES	0.044
CHILE	1	1	PROGRAM SERVICES	TRANSCRIPTION	2,841.
				PROGRAM SERIES	
COLOMBIA	1	1	PROGRAM SERVICES	TRANSCRIPTION	487.
				PROGRAM SERIES	
KOSOVO/ALBANIA	1	1	PROGRAM SERVICES	TRANSCRIPTION	891.
3 a Subtotal	8	8			48,794.
b Total from continuation					
sheets to Part I	39	52			153,568.
c Totals (add lines 3a					
and 3b)	47	60			202,362.

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

Schedule F (Form 990) (Rev. 12-2024)

Schedule F (Form 990) Part I Continuatio	VEGAN OU	TREACH,	INC • 1. (Schedule F (Form 990), Part I, line 3	86-07	36818 Page 1
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
FRANCE	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	1,717.
GERMANY	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	813.
GREECE	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	162.
INDONESIA	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	712.
JAPAN	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	5,853.
PERU	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	988.
PHILLIPINES	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	1,079.
ROMANIA	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	188.
SERBIA/CROATIA	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	1,025.
SINGAPORE	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	162.
Totals					

Schedule F (Form 990) VEGAN OUTREACH, INC. Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)							
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
				PROGRAM SERIES			
SOUTH AFRICA	1	1	PROGRAM SERVICES	TRANSCRIPTION	45.		
				PROGRAM SERIES			
SOUTH KOREA	1	1	PROGRAM SERVICES	TRANSCRIPTION	229.		
				PROGRAM SERIES			
SPAIN	1	1	PROGRAM SERVICES	TRANSCRIPTION	957.		
				PROGRAM SERIES			
SWEDEN	1	1	PROGRAM SERVICES	TRANSCRIPTION	985.		
ma Tivaar	1	1	DDOGDAM GEDVITGEG	PROGRAM SERIES	1 164		
TAIWAN		1	PROGRAM SERVICES	TRANSCRIPTION	1,164.		
				PROGRAM SERIES			
TURKEY	1	1	PROGRAM SERVICES	TRANSCRIPTION	1,183.		
				PROGRAM SERIES			
VIETNAM	1	1	PROGRAM SERVICES	TRANSCRIPTION	3,507.		
	_	_					
				PROGRAM SERIES			
CZECH REPUBLIC	1	1	PROGRAM SERVICES	TRANSCRIPTION	807.		
				PROGRAM SERIES			
PORTUGAL	1	1	PROGRAM SERVICES	TRANSCRIPTION	561.		
EGUA DOD	1	1	DDOGDAM GEDVITGEG	PROGRAM SERIES	E 0.7		
ECUADOR	1	1	PROGRAM SERVICES	TRANSCRIPTION	587.		
Totals							

Schedule F (Form 990)	VEGAN OU	TREACH,	INC.	86-07	36818 Page 1
	1		n. (Schedule F (Form 990), Part I, line		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				DDOGDAM GEDTEG	
IRELAND	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	3,661.
		_			,,,,,,,
UNITED KINGDOM	1	1	PROGRAM SERVICES	PROGRAM SERIES TRANSCRIPTION	50.
ONITED KINGDOM	1		FROGRAM SERVICES	IRANSCRIPTION	30.
MVANDAD.	1	1	DDOGDAM GEDALGEG	PROGRAM SERIES	0.01
MYANMAR	1	1	PROGRAM SERVICES	TRANSCRIPTION	891.
				PROGRAM SERIES	
PUERTO RICO	1	1	PROGRAM SERVICES	TRANSCRIPTION	591.
				PROGRAM SERIES	
NIGERIA	1	1	PROGRAM SERVICES	TRANSCRIPTION	458.
				PROGRAM SERIES	
MALAYSIA	1	1	PROGRAM SERVICES	TRANSCRIPTION	643.
				PROGRAM SERIES	
THAILAND	1	1	PROGRAM SERVICES	TRANSCRIPTION	157.
				PROGRAM SERIES	
PAKISTAN	1	1	PROGRAM SERVICES	TRANSCRIPTION	170.
				PROGRAM SERIES	
DOMINICAN REPUBLIC	1	. 1	PROGRAM SERVICES	TRANSCRIPTION	509.
				PROGRAM SERIES	
POLAND	1	1	PROGRAM SERVICES	TRANSCRIPTION	300.
Totals	•				

Totals

153,568.

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.

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)
2 Enter total number of exempt 501(c)(3) organization	recipient organizations anization by the IRS, or	s listed above that are refor which the grantee c	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, tion 501(c)(3) eq	recognized as a tax uivalency letter	_		
3 Enter total number of	other organizations or	entities						

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.

Part III can be duplicated if additional space is needed	ditional space is neede	Number of	Amount of	(a) Manner of	In Amount of	(a) Description of	(h) Method of
(a) Type of grant or assistance	(b) Region	recipients	cash grant	(e) warrier or cash disbursement	noncash assistance	noncash assistance	(n) Metriod of valuation (book, FMV, appraisal, other)

42

Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) 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 the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) (Rev. 12-2024)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

Open to Public Inspection

VEGAN OUTREACH, INC.

Employer identification number 86-0736818

Check if applicable for contribution amounts reported on a securities of the property of the securities of the property of the securities of the property of the securities of the property of the securities of the property of the securities of the property of the securities of the	. u.		pes of Freperty	(0)	/b)	(a)	(4)			
applicable contribution or amounts reported on moncash contribution amounts are stress or times contributed or form 990, Part VIII, line 1g moncash contribution amounts are stress or times contributed form 990, Part VIII, line 1g moncash contribution amounts are stress or str					Number of				nina	
1 Art - Works of art 2 Art - Historical treasures 3 Art - Fisconial Interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - Closely held stock 13 Securities - Partnership, LLC, or trust interests 14 Qualified conservation contribution - Historic structures 15 Securities - Securities - Partnership, LLC, or trust interests 16 Securities - Partnership, LLC, or trust interests 17 Real estate - Commercial 18 Real estate - Commercial 19 Real estate - Commercial 19 Real estate - Commercial 19 Real estate - Commercial 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientifis specimens 24 Archeological artifacts 25 Other ())						amounts reported on	noncash contribi			:S
2 Art - Historical treasures 3 Art - Fractional interests					items contributed	Form 990, Part VIII, line 1g				
4 Books and publications Securities Secu	1									
Solva and publications Clothing and household goods Cars and other vehicles Securities - Publicity traded X 111 137,643. SALES PRICE Securities - Publicity traded X 111 137,643. SALES PRICE Securities - Publicity traded Securities - Publicity tra	2	Art - Histor	rical treasures							
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SCHEDULE O (Form 990)

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

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 ANIMAL SUFFERING AND DEATH, REDUCE THE ENVIRONMENTAL IMPACT OF FOOD, AND IMPROVE PEOPLE'S HEALTH. ACCOMPLISHED PRIMARILY BY SIGNING PEOPLE UP FOR OUR 10 WEEKS TO VEGAN AND GET HEALTHY CHALLENGES, WHERE THEY RECEIVE TEN EMAILS WITH THEY ALSO HAVE ACCESS TO FACEBOOK INFORMATION ON HOW TO EAT VEGAN. GROUPS AND A MENTOR PROGRAM FOR SUPPORT. FOR FISCAL YEAR 2025, OVER 155,000 PEOPLE SIGNED UP FOR THESE CHALLENGES.

WE ALSO DISTRIBUTE BOOKLETS ABOUT VEGANISM AT COLLEGES AND SOME HIGH SCHOOLS; VEGAN OUTREACH STAFF AND VOLUNTEERS GAVE BOOKLETS TO OVER 182,000 PEOPLE AT 177 SCHOOLS.

VO HAS TWO REGISTERED DIETITIANS ON STAFF WHO ANSWER NUTRITION QUESTIONS FROM THE PUBLIC AND MAINTAIN A WELL-RESPECTED WEBSITE, VEGANHEALTH.ORG, WHICH SUMMARIZES THE RESEARCH ON VEGAN NUTRITION.

IN FY 2025, OUR FOOD EVENTS DEPARTMENT CONDUCTED VEGAN CHEF CHALLENGES, MONTH-LONG EVENTS SHOWCASING NEW VEGAN MENU ITEMS AT LOCAL NON-VEGAN RESTAURANTS, IN 29 CITIES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM AND IS MONITORED AND SIGNED BY THE DIRECTOR OF FINANCE. IT IS REVIEWED BY THE CHAIR 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 PROTECT VEGAN
OUTREACH, INC'S INTEREST WHEN IT IS CONTEMPLATING ENTERING INTO A
TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF AN
OFFICER OR DIRECTOR OF VEGAN OUTREACH, INC OR MIGHT RESULT IN A POSSIBLE
EXCESS OF BENEFIT TRANSACTION. THIS POLICY IS INTENDED TO SUPPLEMENT, BUT
NOT REPLACE, ANY APPLICABLE STATE AND FEDERAL LAWS GOVERNING CONFLICT OF
INTEREST APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATIONS.

ARTICLE II DEFINITIONS

- 1. INTERESTED PERSON: ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANACIAL INTEREST, AS DEFINED BELOW, IS AN INTERESTED PERSON.
- 2. FINANCIAL INTEREST: A PERSON HAS A FINANCIAL INTERST IF THE PERSON HAS, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY:

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

Schedule O (Form 990) (Rev. 12-2024)

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Schedule O (Form 990) 2024 Page 2

Name of the organization VEGAN OUTREACH . INC .

Employer identification number 86-0736818

A. AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH VEGAN OUTREACH, INC HAS A TRANSACTION ARRANGEMENT,

- B. A COMPENSATION ARRANGEMENT WITH VEGAN OUTREACH, INC OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH VEGAN OUTREACH, INC HAS A TRANSACTION OR ARRANGEMENT, OR
- C. A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH, ANY ENTITY OR INDIVIDUAL WITH WHICH VEGAN OUTREACH, INC IS NEGOTIATING A TRANSACTION OR ARRANGEMENT.

COMPENSATION INCLUDES DIRECT AND INDIRECT RENUMERATION AS WELL AS GIFTS OR FAVORS THAT ARE NOT INSUBSTANTIAL.

A FINANCIAL INTEREST IS NOT NECESSARILY A CONFLICT OF INTEREST, UNDER ARTICLE III, SECTION 2, A PERSON WHO HAS FINANCIAL INTEREST MAY HAVE A CONFLICT OF INTEREST ONLY IF THE APPROPRIATE GOVERNING BOARD OR COMMITTEE DECIDES THAT A CONFLICT OF INTEREST EXISTS.

ARTICLE III PROCEDURES

- 1. DUTY TO DISCLOSE: IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.
- 2. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS: AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTEREST PERSON, THE GOVERNING BOARD SHALL PRIVATELY (WITHOUT THE INTERESTED PERSON OBSERVING) DISCUSS AND VOTE UPON WHETHER A CONFLICT OF INTEREST EXISTS.
- 3. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:
- A. AN INTERESTED PERSON MAY MAKE A PRESENTATION TO THE GOVERNING BOARD OR COMMITTEE, BUT AFTER THE PRESENTATION, HE/SHE SHALL REMOVE THEMSELVES FROM THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.
- B. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.
- C. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER VEGAN OUTREACH, INC CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
- D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN VEGAN OUTREACH, INC'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR

Schedule O (Form 990) 2024

Schedule O (Form 990) 2024 Page **2**

Name of the organization

VEGAN OUTREACH, INC.

Employer identification number 86-0736818

AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

- 4. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY:
- A. IF THE GOVERNING BOARD OR COMMITTEE HAS A REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.
- B. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER
 INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR
 COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR
 POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND
 CORRECTIVE ACTION.

ARTICLE IV

RECORDS OF PROCEEDINGS

THE MINUTES OF THE GOVERNING BOARD AND ALL COMMITTEES WITH THE BOARD DELEGATED POWERS SHALL CONTAIN:

- A. THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO 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.
- B. THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.

ARTICLE V

COMPENSATION

- A. A VOTING MEMBER OF THE GOVERNING BOARD WHO RECEIVES COMPENSATION,
 DIRECTLY OR INDIRECTLY, FROM VEGAN OUTREACH, INC FOR SERVICES IS PRECLUDED
 FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S COMPENSATION.
- B. A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES

 COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY,
 FROM VEGAN OUTREACH, INC FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS
 PERTAINING TO THAT MEMBER'S COMPENSATION.
- C. NO VOTING MEMBER OF THE GOVERNING BOARD OR ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM VEGAN OUTREACH, INC, EITHER INDIVIDUALLY OR COLLECTIVELY, IS PROHIBITED FROM PROVIDING INFORMATION TO ANY COMMITTEE REGARDING COMPENSATION.

ARTICLE VI

ANNUAL STATEMENTS

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Schedule O (Form 990) 2024

<u>Schedule O (Form 990) 2024</u>

Name of the organization

VEGAN OUTREACH, INC.

Employer identification number 86-0736818

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- 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 ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

ARTICLE VII

PERIODIC REVIEWS

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

- A. WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING.
- B. WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INURNMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

ARTICLE VIII

USE OF OUTSIDE EXPERTS

WHEN CONDUCTING THE PERIODIC REVIEWS AS PROVIDED FOR IN ARTICLE VII, THE ORGANIZATION MAY, BUT NEED NOT, USE OUTSIDE ADVISORS. IF OUTSIDE EXPERTS ARE USED, THEIR USE SHALL NOT RELIEVE THE GOVERNING BOARD OF ITS RESPONSIBILITY FOR ENSURING PERIODIC REVIEWS ARE CONDUCTED.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION OF DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE COMPARED WITH COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS AND VOTED ON BY THE BOARD. THESE DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED. BELOW IS A LIST OF DIRECTORS, OFFICERS AND KEY EMPLOYEES WHOSE COMPENSATION IS DECIDED ON THROUGH THE AFOREMENTIONED PROCESS. INCLUDED IS THE POSITION HELD BY THESE EMPLOYEES AND THE YEAR THIS PROCESS WAS LAST CONDUCTED FOR EACH INDIVIDUAL: JACK NORRIS, EXECUTIVE DIRECTOR, 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA, AL, AK, AZ, AR, CO, CT, FL, GA, IL, KS, KY, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

432212 01-29-25

Schedule O (Form 990) 2024

Schedule O (Form 990) 2024 Name of the organization **Employer identification number** 86-0736818 VEGAN OUTREACH, INC. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS WILL BE FURNISHED UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: LICENSES AND FEES: PROGRAM SERVICE EXPENSES 4,391. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 4,391. CONTRACT SERVICES: 241,627. PROGRAM SERVICE EXPENSES 28,459. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 270,086. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 274,477.