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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For the	2009 calend	ar year.	or tax year beginning and ending			
В	Check If	• • • • • • • • • • • • • • • • • • • •	Please	C Name of organization	D	Empl	loyer identification number
	Address	Change I	use IRS label or	VegFund, Inc.			
Ш	Name cl		print or			26-	-4248479
X	Initial ret		type.	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E	Tele	phone number
П	Termina	uon I	See	PO Box# 357961			2-375-7207
П	Amende	-d	Specific Instruc-	City or town, state or country, and ZIP + 4	F		p Exemption
П	Applicati		tions.	Gainesville FL 32635	•	Num	·
				ations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting	met		X Cash Accrual
	• 555	55 ((5)(5)				lou	ZE Casii Accidai
	Wohoit			pleted Schedule A (Form 990 or 990-EZ). Other (specify) gfund.org H Check ▶			
`.		mpt status (che)— X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 H Check P required to 990-EZ or	attac	in the Sch	organization is not edule B (Form 990,
<u>-</u>	Check			7— 12 301(C) (3) 4 (Insert 110) 4947(3)(1) 01 521 990-EZ, or	990-	<u>PF).</u>	
K				panization is not a section 509(a)(3) supporting organization and its gross receipts are nor			more than \$25,000 A
_				turn is not required, but if the organization chooses to file a return, be sure to file a comple			1 45 0 65
<u> </u>				to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	_	<u>▶ \$</u>	147,367
	art			penses, and Changes in Net Assets or Fund Balances (See the instr	<u>ucti</u>	<u>ons</u>	
	1	•	•	ts, and similar amounts received	L	1	<u>147,367</u>
	2	Program ser	vice rev	nue including government fees and contracts	L	2	· · · · · · · · · · · · · · · · · · ·
	3	Membership	dues ar	d assessments	L	3	
	4	Investment i	ncome		L	4	
	5a	Gross amou	nt from	ale of assets other than inventory 5a 5a			
	b	Less cost or	r other b	asis and sales expenses 5b		-	
	c	Gain or (loss)	from sale	of assets other than inventory (Subtract line 5b from line 5a)		5c	
9	6	Special events	and activ	ties (complete applicable parts of Schedule G). If any amount is from gaming, check here		\neg	
Ē	a	Gross reven		· · · · · · · · · · · · · · · · · · ·	ŀ	- 1	
Revenue		reported on I	•	6a			
-	Ь	•	•	s other than fundraising expenses 6b	\dashv		
	c		-	from special events and activities (Subtract line 6b from line 6a)	一	6c	
	7a				┝	<u> </u>	
	l .	Less cost of			-1	İ	
	b		•		\dashv	_ 1	
	٦			from sales of inventory (Subtract line 7b from line 7a)	, -	7c	
	8	Other revenu	•		?	8	1 47 0 67
_	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	┻┼	9	147,367
	10			nounts paid (attach schedule) RECEIVED	⊢	10	
	11	Benefits paid		members	-	11	
8	12			ensation, and employee benefits diother payments to independent contractors ties and maintenance	⊢	12	
kbenses	13			d other payments to independent contractors NOV 1 7 2010	- -	13	1,080
ă.	14	• •		tico, una maintonarioc	-	14	
2016	15			postage, and shipping		15	906
20	16	Other expen	ses (des	cribe See Statement 1) L	16	109,080
•	17			lines 10 through 16	▶ ↓	17	111,066
0	18	Excess or (d	deficit) fo	the year (Subtract line 17 from line 9)	Ļ	18	36,301
<u>و</u>	19	Net assets of	or fund b	alances at beginning of year (from line 27, column (A)) (must agree with	F	- 1	
₩.		end-of-year	figure re	ported on prior year's return)		19	
<u>ة - م</u>	20	Other chang	jes in ne	assets or fund balances (attach explanation)		20	
	21	Net assets of	or fund b	slances at end of year Combine lines 18 through 20	▶ [21	36,301
Z,	art II	Baland	ce She	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead	of Fo	orm 9	
A	18 19 20 21 2art II			(See the instructions for Part II) (A) Beginning of year		T	(B) End of year
√22	Cash. 9	savings, and i	investme	•	\top	22	36,301
(/) ₂₃	Land a	nd buildings			\dashv	23	
24	Other a	assets (descri	be ►)	\dashv	24	
	Total a	•		/	0	25	36,301
		iabilities (des	cnbe 🕨		Ö	26	00,001
		•		(line 27 of column (B) must agree with line 21)	ŏ	27	36,301
				Reduction Act Notice, see the separate instructions.	<u> </u>		Form 990-EZ (2009)
				, 			(2003)

Part Itt Statement of Dr			-42484/9				Page 2
	rogram Service Accomplishmen	ts (See the Instruct	lions for Part I	11.)			penses
What is the organization's primary ex	tempt purpose?					•	for section
See Statement 2	ing out the organization's exempt purpose				1		and 501(c)(4)
	led, the number of persons benefited, or o					-	ons and section
	led, the number of persons benefited, of o	ther relevant information	101				trusts, optional
each program title	· · · · · · · · · · · · · · · · · · ·		***		TO	others)
•	ng to volunteers who have been a						
	s, educational literature, and f	table or booth fee	9		1		
for serving vegan food			_	ٔ ۲			00 600
(Grants \$) If this amount includes foreign gran	ts, check here	<u>P</u>	<u></u>	28a		99,632
29							
(Grants \$) If the agreement includes foreign account	ta abadi bara	_	М			
30) If this amount includes foreign grant	is, check here	<u> </u>		29a		
30							
(Grants \$) If this amount includes foreign grant	ts check here		М	30a		
31 Other program services (attach s		ts, check here			JUA		
(Grants \$) If this amount includes foreign gran	ts check here		П	31a		
32 Total program service expense		to, one on the re-		-	32		99,632
	ectors, Trustees, and Key Employees. Li	st each one even if not o	compensated (Sec	e the		ctions fo	
		(b) Title and average	(c) Compensation	(d)	Contrib	utions to	(e) Expense
(a)	Name and address	hours per week devoted to position	(If not paid, enter -0)			efit plans & pensation	account and other allowances
Rae Sikora	Gainesville	President	enter -oj	ucici	ilea com	pensauon	Other allowances
PO Box# 357961	FL 32635	1200240	٥			0	o
Enid Terhune	Gainesville	Treasurer					
PO Box# 357961	FL 32635		0			0	o
Matthew Goodwin	Gainesville	Secretary					
PO Box# 357961	FL 32635		0	1		0	o
Barbara Bingnear	Gainesville	Board Member					
PO Box# 357961	FL 32635		٥			0	o
Darina Smith	Gainesville	Board Member	-				
PO Box# 357961	FL 32635		٥			0	a
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Form **990-EZ** (2009)

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ization engage in any activity not previously reported to the IRS? If "Yes," attach a defeach activity anges made to the organizing or governing documents? If "Yes," attached a conformation had income from business activities, such as those reported on lines 2, 6a, and 7a (among other attach a statement explaining why the organization did not report the income on Form 990-T inzation have unrelated business gross income of \$1,000 or more or was it subject to be, reporting, and proxy tax requirements? In filed a tax return on Form 990-T for this year? In traction undergo a liquidation, dissolution, termination, or significant disposition of net ar? If "Yes," complete applicable parts of Schedule N If political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect, as described in the instress of political expenditures, direct or indirect,	ed copy of ers), but not section assets 37a 37a assets 39a 39b under 55 ccess bene squalified	e	<u>o</u>	33 34 35a 35b 36 37b 38a		x x x x
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rior year, and that the transaction has not been reported on any of the organization's	prior			40b		l _
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990-EZ? If "Yes," complete Schedule L, Part I						X
c)(3) and 501(c)(4) organizations Enter amount of tax imposed on						į
managers or disqualified persons during the year under sections 4912,						
58	▶_		0			İ
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y the organization	▶	 _	0			İ
ons. At any time during the tax year, was the organization a party to a prohibited tax s	shelter			<u> </u>		37
If "Yes," complete Form 8886-T				40e		X
s with which a copy of this return is filed None tion's books are in care of Enid Terhune	Tal	ephone no	352	-37	5-7	207
PO Box# 357961	Ter	ephone no	332	-31	5-7	207
Gainesville, FL		ZIP+4 ▶	326	35		
luring the calendar year, did the organization have an interest in or a signature or other	er authority		J_ (,,,,		
ial account in a foreign country (such as a bank account, securities account, or other					Yes	No
				42b		X
r the name of the foreign country						
uctions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fore	ign Bank					
al Accounts.						ĺ
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luring the calendar year, did the organization maintain an office outside of the U.S.?						
lunng the calendar year, did the organization maintain an office outside of the U.S.?	ere					
uring the calendar year, did the organization maintain an office outside of the U.S.? If the name of the foreign country:		▶ _43	<u> </u>			
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Pa	rt VI	Section 501(c)(3) organizations and section 4947(a)	(1) nonexemp	t charitable tr	usts only. All s	ectio	ก	
		501(c)(3) organizations and section 4947(a)(1) none; and complete the tables for lines 50 and 51.	kempt charitat	le trusts must	answer questi	ons 4	6-49	b
16	Did the o	rganization engage in direct or indirect political campaign activities on	hehalf of or in on	nosition to			Yes	No
••		es for public office? If "Yes," complete Schedule C, Part I	Denail of of in op	position to		46	105	X
17		rganization engage in lobbying activities? If "Yes," complete Schedule	C Part II			47		<u>x</u>
• <i>•</i> 48		anization operating a school as described in section 170(b)(1)(A)(ii)?	•	Schodule E		48		X
•0 19a	_	rganization operating a school as described in section 170(b)(1)(A)(ii)?	•	Scriedule L		49a		$\frac{\mathbf{x}}{\mathbf{x}}$
b b		was the related organization a section 527 organization?	iganization.			49b		
50	•	this table for the organization's five highest compensated employees	s (other than office	re directore trijete	es and key	770		
J U	•	es) who each received more than \$100,000 of compensation from the	•		•			
	employee	(a) Name and address of each employee paid more	(b) Title and average		(d) Contributions to	(e)	Expen	se
		than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		count a	
None			devoted to position		deletted compensation	Outer	anowa	iices_
HOIN	9							
			-		-			
								-
				1				
			1					
f	Total nur	nber of other employees paid over \$100,000	•	<u> </u>		_		
•			· —		-			
51	Complete	e this table for the organization's five highest compensated independe	ent contractors who	each received mo	ore than			
	•	of compensation from the organization. If there is none, enter "None						
	\$100,00 0							
	(a) N	ame and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompen	sation	
No	ne							
	•							
d	Total nui	mber of other independent contractors each receiving over \$100,000	 					
		Under penalties of perjury, I declare that I have examined this return, including						
		and belief, it is true, correct, and complete Declaration of preparer (other than	officer) is based on a			wledge	1	
Sig	n	Coud Terhane		11-1	0-2010			
Her	re	Signature of officer	_	Date				
		Enid Terhune	Tre	asurer				
		Type or print name and title		1				
		Preparer's Preparer's All All All All All All All All All Al	Date	Check if self-	Preparer's Idea	itifying N	umber (S	See instr)
Pai	d	signature X Turken Nattillo CAA	11/0	4/10 employed	▶∏			
	parer's	Firm's name (or yours Kattell & Company, P.	L.		EIN ▶			
Use	e Only	if self-employed), 808B NW 16th Ave			Phone			
_		address, and ZIP+4 Gainesville, FL 3260	1		no ▶ 352	<u>-39</u>	<u>5−</u> €	<u> 565</u>
May	the IRS	iscuss this return with the preparer shown above? See instructions			•	Y	es	No
				 ,	- 	orm 9 9	90-E	Z (2009)

SCHEDULE A (Form 990 or 990-EZ)

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.

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 2009

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

VegFund, Inc.

Employer identification number 26-4248479

			10914						ł	323	9479		
P	art I	Rease	on for Public Charity	Status (All organizations	must c	omplet	e this j	oart.) S	See in	struct	ions.		
Γhe	orga	nization is not	a private foundation becaus	e it is. (For lines 1 through 11, o	heck only	one box)						
1	Ň	A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1)(A)(i).						
2	П	A school des	cribed in section 170(b)(1)(/	A)(ii). (Attach Schedule E)									
3	П		al or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	Ħ	·	•	in conjunction with a hospital of	•	,, ,, ,,	•	(1)/A)(ii	i) Ente	r the ho	enital's name		
•	Ш	city, and state		an conjunction with a moopital c		50000		· · //~//··	ıy. L iito		opital s name	'1	
_		• .		of a college or university owned	or operate	م میرا ام		بمدد امام	. danami				
5	Ш	-	,	of a college or university owned	or operate	ed by a go	overnme	ıntai unii	descri	oea in			
_		•	b)(1)(A)(iv). (Complete Part	•									
6			•	overnmental unit described in s									
7	X	•	· · · · · · · · · · · · · · · · · · ·	substantial part of its support fro	om a gove	rnmental	unit or f	rom the	genera	l public			
	_	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)								
9		An organizati	on that normally receives (1	I) more than 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	ıp fees,	and gro	oss		
		receipts from	activities related to its exem	npt functions—subject to certain	exception	ns, and (2	2) no mo	re than	33 1/3 9	% of its			
		support from	gross investment income ar	nd unrelated business taxable in	come (les	s section	511 tax) from b	usiness	es			
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2).	(Complet	e Part III)						
10		An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 50	9(a)(4).						
11	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the	•			
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
		•		he type of supporting organizati					•				
		a Type		c Type III-Functions			d [e III–Ot	her			
_	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified.												
٠	Ш							-			•		
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f													
	organization, check this box												
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the												
	following persons?												
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (u)				Yes	No
	and (iii) below, the governing body of the supported organization?												
(ii) A family member of a person described in (i) above?													
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							11g(iii)	
h		Provide the t	following information about t	he supported organization(s).									
(i)	Nam	e of supported	(ıi) EIN	(iii) Type of organization	(iv) Is the c	nganization	(v) Did y	ou notify	(vI)	s the	(vii) Am	ount of	
	org	anization		(described on lines 1–9		sted in your		ization in	organizat		sup	port	
				above or IRC section (see instructions))	governing	document?		of your cort?	(i) organı U :				
				(see man dedons))	Yes	No	Yes	No	Yes	No			
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	-		L .	T .		+	•	•	•	. :	1		

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 147,367 147,367 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 147,367 147,367 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 142,733 Public support. Subtract line 5 from line 4 4,634 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 147,367 147,367 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 147,367 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Sac	(Complete only if you che tion A. Public Support	ecked the box	on line 9 of P	art I.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0) 2000	(f) Total
1	Gifts, grants, contributions, and	(a) 2003	(b) 2008	(6) 2007	(0) 2008	(e) 2009	(f) Total
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						·
4	Tax revenues levied for the organization's benefit 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				,		
	amount on line 13 for the year		-		_		
C	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6)	<u>, , , , , , , , , , , , , , , , , , , </u>					<u> </u>
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	T" · 			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						_
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		l			<u> </u>	_
14	First five years. If the Form 990 is for the organization, check this box and stop her		st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	▶
Sec	tion C. Computation of Public Su	upport Percen	itage				
15	Public support percentage for 2009 (line 8	, column (f) divide	ed by line 13, colur	mn (f))		15	%
16	Public support percentage from 2008 Sch					16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2009 (I	ine 10c, column (f	divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2008					18	%
19a	•••						
	17 is not more than 33 1/3 %, check this t		-				▶ [_
b	33 1/3 % support tests—2008. If the orga					·	
•-	line 18 is not more than 33 1/3 %, check t		_	-		•	P
<u>20</u>	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	<u></u>

Schedule A (Form 990 or 990-EZ) 2009 VegFund, Inc.

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Advertising and Promotion	341
Telephone	1,326
Supplies	2,617
Bank Fee	75
Meetings	2,290
Conferences	2,799
Food/Educational Supplies	99,632
Total	\$ 109,080

26-	47	<i>1</i> O	47	ന
/n_	/L /	45		м

Federal Statements

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

To acquaint the general public with the joys of a plant based diet by helping fund the distribution of educational materials and vegan food at local events.