

Form 990-EZ

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

OMB No. 1545-1150

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For 2000 calendar year, or tax year beg. APR 01, 2000, & end. MAR 31, 20 01

- B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return

C Name of organization, number and street, city, town, state and ZIP code: Vivavegie Society, Inc. PO Box 294 Prince Street Station New York NY 10012-

D Employer identification number: 13-3978114 E Telephone no.: 646-424-9595 F Check if application pending

COPY

G Accounting method: [X] Cash [] Accrual [] Other (specify) H Enter 4-digit group exemption no. (GEN)

I Organization type (check only one): [X] 501(c) (03) (insert no.) [] 527 or [] 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Sch. A (Form 990 or 990-EZ).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ... \$ 23,956.

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions.)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (16,934); 2 Program service revenue including government fees and contracts (3,118); 3 Membership dues and assessments (1,641); 4 Investment income; 5a Gross amount from sale of assets other than inventory (5a); 5b Less: cost or other basis and sales expenses (5b); 5c Gain or (loss) from sale of assets other than inventory (5c); 6 Special events and activities (attach schedule): 6a Gross revenue (not including \$ of contributions); 6b Less: direct expenses other than fundraising expenses; 6c Net income or (loss) from special events and activities (line 6a less line 6b); 7a Gross sales of inventory, less returns and allowances (143); 7b Less: cost of goods sold (485); 7c Gross profit or (loss) from sales of inventory (line 7a less line 7b) (342.); 8 Other revenue (describe Advertising) (2,120); 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) (23,471); 10 Grants and similar amounts paid (attach schedule); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors (1,413); 14 Occupancy, rent, utilities, and maintenance (11,005); 15 Printing, publications, postage, and shipping (10,573); 16 Other expenses (describe see schedule) (7,412); 17 Total expenses (add lines 10 through 16) (30,403); 18 Excess or (deficit) for the year (line 9 less line 17) (6,932.); 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) (11,654.); 20 Other changes in net assets or fund balances (attach explanation); 21 Net assets or fund balances at end of year (combine lines 18 through 20) (4,722.).

Part II Balance Sheets -- If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions.)

Table with columns (A) Beginning of year and (B) End of year. Rows include: 22 Cash, savings, and investments (11,654 / 4,722); 23 Land and buildings; 24 Other assets (describe); 25 Total assets (11,654 / 4,722); 26 Total liabilities (describe); 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (11,654 / 4,722).

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2000)

Part III Statement of Program Service Accomplishments (See Specific Instructions.)		Expenses (Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>Vegetarian education</u>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	see schedule	(Grants \$)	28a 16,970.
29	see schedule	(Grants \$)	29a 7,275.
30		(Grants \$)	30a
31	Other program services (attach schedule)	(Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)		32 24,245.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions.)				
(A) Name and address	(B) Title & average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances

Part V Other Information (See Specific Instructions and General Instruction V.)		Yes	No
33	Did organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did organization have unrelated busn. gross income of \$1,000 or more or 6033(e) notice, reporting, & proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		
c	Amount of tax imposed on organization managers or disqualified persons during year under 4912, 4955, & 4958		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed.		NY
42	The books are in care of		Pamela Rice Telephone no. 646-424-9595 Located at 118 E 28th St, NY NY ZIP + 4 10016-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here		<input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. 43

Please Sign Here

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

Signature of officer _____ Date _____ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN 124-36-5450

Firm's name (or yours if self-employed) and address, and ZIP code Rose Mary Kingsley CPA
496 Glen Street
Glens Falls NY 12801-2230 EIN _____ Phone no. 518-798-8304

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization
Vivavegie Society, Inc.

Employer identification number
13-3978114

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$50,000 ▶

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of others receiving over \$50,000 for professional services ▶

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	29,379.	16,883.			46,262.
Membership fees received	1,740.				1,740.
Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	3,655.		5,288.		8,943.
Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
Net income from unrelated business activities not included in line 18					
Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,315.	879.	1,200.		5,394.
Total of lines 15 through 22	38,089.	17,762.	6,488.		62,339.
Line 23 minus line 17	34,434.	17,762.	1,200.		53,396.
Enter 1% of line 23	381.	178.	65.		

Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	1,068.
Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts	26b	8,996.
Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	53,396.
Add: Amounts from column (e) for lines: 18 _____ 19 _____	26d	14,390.
22 _____ 5,394. 26b _____ 8,996.	26e	39,006.
Public support (line 26c minus line 26d total)	26f	73.05 %
Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:

(1999) _____ (1998) _____ (1997) _____ (1996) _____

For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(1999) _____ (1998) _____ (1997) _____ (1996) _____

Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____	27d	
Add: Line 27a total _____ and line 27b total _____	27e	
Public support (line 27c total minus line 27d total)	27f	
Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27g	%
Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	%
Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	29,379.	16,883.			46,262.
16 Membership fees received	1,740.				1,740.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	3,655.		5,288.		8,943.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,315.	879.	1,200.		5,394.
23 Total of lines 15 through 22	38,089.	17,762.	6,488.		62,339.
24 Line 23 minus line 17	34,434.	17,762.	1,200.		53,396.
25 Enter 1% of line 23	381.	178.	65.		
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 1,068.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b 8,996.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 53,396.
d Add: Amounts from column (e) for lines:	18	19	22	26b	26d
			5,394.	8,996.	14,390.
e Public support (line 26c minus line 26d total)					26e 39,006.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 73.05 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year:	(1999)	(1998)	(1997)	(1996)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(1999)	(1998)	(1997)	(1996)	
c Add: Amounts from column (e) for lines:	15	16	17	20	21
d Add: Line 27a total and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions.)					27h %

Part VI-A Lobbying Expenditures by Electing Public Charities (See the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group.
Check here **b** if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table --		
	If the amount on line 40 is -- The lobbying nontaxable amount is --		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 ▶	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4- Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4- Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Vivavegie Society, Inc. 13-3978114
990 EZ 3/01 page 1, line 16, other expenses

conferences	1262
subscriptions	310
office expense	712
distribution	555
miscellaneous	1000
supplies	2168
total	7412

Vivavegie Society, Inc. 13-3978114
990 EZ 3/01, sch A, page 3, line 26b

Glen Boisseau Becker	1132
David Sielaff	3932
Norbert Banholzer	3932
Total	8996

Vivavegie Society, Inc.

13-3978114

990 page 2, Pt II a, b, c

a Publication of 5 issues of its journal *The VivaVine* (5000 copies per edition), and 1 printing of its popular 16-page pamphlet "101 Reasons Why I'm a Vegetarian" (20,000 copies).

b Running a vegetarian center that serves as a referral line, a reading room, a research center, a place for vegetarians to meet and form groups, and offices for its publishing endeavors.

c Engaging in vegetarian outreach, whereas it sets up a table on the street from which volunteers distribute informational literature to pedestrians who show interest.

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 and
line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

2000

Name of organization **Vivavegie Society, Inc.** Employer identification number **13-3978114**

Organization type (check one)- Section 501 (c) (03) (enter number) 527
 4947 (a) (1) nonexempt charitable trust

A Section 501 (c) (7), (8), or (10) organizations- Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see General rule below.)
Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is :

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule- Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave to the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c) (3) organizations. For an organization described in section 501(c) (3) that meets the 33 1/3% support test of the Regulations under sections 509(a) (1) /170(b) (1) (A) (vi) (whether or not the organization is otherwise described in section 170(b) (1) (A)-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example: A section 501(c) (3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% or \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c) (7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

Name of organization **Vivavegie Society, Inc.** Employer identification number **13-3978114**

Part I: Contributors

(a) No.	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
1	Nalith 11747 SW 99 Lane Miami FL 33186	\$ 6,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2	David Sielaff 3827 Bagley Ave N Seattle WA 98103	\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

FULL OFFICIAL NAME AND ADDRESS OF ORGANIZATION VivaVeggie Society, Inc. PO Box 294 Prince Street Station New York, New York 10012 <input type="checkbox"/> "X" BOX, IF ADDRESS HAS BEEN CHANGED	ANNUAL FINANCIAL REPORT CHAR497 (Charitable Organization) FOR THE YEAR ENDED <u>3/31/01</u> STATE OF NEW YORK, OFFICE OF THE ATTORNEY GENERAL CHARITIES BUREAU 120 Broadway, New York, NY 10271 http://www.oag.state.ny.us/charities <hr/> ORGANIZATION'S TELEPHONE NUMBER Area Code: <u>646</u> Number: <u>424-9595</u> Extension:
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STATE REGISTRATION NUMBER	This form, including any attachments, is a public record and a copy will be provided upon request to any interested persons.	FOR OFFICE USE ONLY	
		DATE RECEIVED	EXAMINED BY/DATE
FEDERAL I.D. NUMBER <u>13-3978114</u>		RECEIPT NO.	AMOUNT

"X" box if your total contributions did not exceed \$25,000 and you did not engage the services of a professional fund raiser or a commercial co-venturer during this fiscal year (See INSTRUCTIONS: REPORT CATEGORIES AND FEES).

This is a combined report for _____ organizations (See INSTRUCTIONS: FOR REPORT CATEGORIES AND FEES).

FINANCIAL SUMMARY	TOTAL
Support and Revenue	
1. Direct public support (line 14, Schedule 1, page 2)	16934
2. Indirect public support (line 18, Schedule 1, page 2)	
3. Government grants (line 20, Schedule 1, page 2)	3118
4. Program service revenue	3419
5. Other revenue	23471
6. Total support and revenue (add lines 1 through 5)	
Expenses	
Program services (list individually):	
7. <u>publishing</u>	16970
8. <u>veg center</u>	7275
9. _____	
10. _____	
11. Public information combined with fund raising	
12. Payments to affiliates/services to affiliates	
13. Total program services (add lines 7 through 12)	24245
14. Management and general expenses	4217
15. Fund raising expenses	1941
16. Total expenses (add lines 13 through 15)	30403
17. Excess (deficit) of support and revenue over expenses (line 6 minus line 16)	(6932)
18. Fund balances or net worth at beginning of year	11654
19. Other changes in fund balances or net worth (attach explanation)	
20. Fund balances or net worth at end of year (add lines 17 through 19)	
Summary of Balance Sheet (as of <u>3/31/01</u>)	
21. Assets	4722
22. Liabilities	
23. Fund balances (line 21 minus line 22)	4722

Explanation of income and expense items, if required:

SCHEDULE 1: CONTRIBUTIONS

NOTE: Do not report donated services or facilities in this schedule.

	<u>TOTAL AMOUNT</u>	<u>Portion other than cash</u>
Direct Public Support		
1. Direct mail	16934	
2. Telephone solicitation campaigns		
3. Commercial co-venturers (complete Schedule 4)		
4. Door-to-Door		
5. Special events (contribution portion only)		
6. Telethon		
7. Other (specify): _____		
8. _____		
9. _____		
10. Total general public support (add lines 1 through 9)	16934	
11. Foundation and trust grants		
12. Corporate and other business grants		
13. Legacies and bequests		
14. Total direct public support (add lines 10 through 13)	16934	
(Transfer total line 14 to page 1, line 1.)		
Indirect Public Support		
15. From Federated Fund Raising Agencies		
16. From affiliates		
17. From other fund raising agencies		
18. Total indirect public support (add lines 15 through 17)		
(Transfer total line 18 to page 1, line 2.)		
Government Grants		
19. Specify Agency:		
(a) _____		
(b) _____		
(c) _____		
(d) _____		
(e) All other government grants		
20. Total government grants (add lines 19(a) through 19(e))		
(Transfer total line 20 to page 1, line 3.)		
21. Total contributions (sum of lines 14, 18 and 20)	16934	

ACTIVITY STATEMENTS

- Have your books/records been audited by or for any government agency/funding source this fiscal year? YES* NO
 *If YES, specify agency: _____ Period audited: _____
- Does your organization allocate costs of multipurpose activities among program services, management and general, and fund raising; i.e., Direct Mail, Telethon? YES* NO
 *If YES, See INSTRUCTIONS: Reporting Joint Costs of Multi-Purpose Activities.
- Did your organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value? YES* NO
 *If YES, indicate the value: 2000 Do not include this amount as support or as an expense on page 1.

SCHEDULE 2: PROFESSIONAL FUND RAISERS (PFR)

ITEM	EVENT	EVENT	EVENT	EVENT
1. Brief description of campaign, drive or event				
2. Date or period covered				
3. PFR name and address				
4. Total public donations*				
5. All payments to PFR				
6. All other fund raising expenses of the organization for each event				
7. Total expenses (line 5 plus line 6)				
8. Net proceeds (line 4 minus 7)				

*On line 4, DO NOT exclude amounts retained by PFR (e.g. amounts reported on line 5).

SCHEDULE 3: FUND RAISING COUNSEL (FRC)

ITEM	COUNSEL	COUNSEL	COUNSEL	COUNSEL
1. Brief description of services				
2. Date or period covered				
3. FRC name and address				
4. All payments to FRC				

SCHEDULE 4: COMMERCIAL CO-VENTURERS (CCV)

ITEM	EVENT	EVENT	EVENT	EVENT
1. Brief description of sale or event				
2. Date or period covered				
3. CCV name and address				
4. Brief description of financial terms and conditions of written contract				
5. Has your organization received an accounting from the commercial co-venturer as prescribed by section 173-a(3) of Article 7-A of the Executive Law?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

WHERE TOTAL SUPPORT AND REVENUE IS:

- \$75,000 or less NO Public Accountant's Report is needed: Skip to CERTIFICATION BY CHARITABLE ORGANIZATION, below
- \$75,001 to \$150,000 Have an Independent Public Accountant complete and sign the "(REVIEW)" section below OR, SEE INSTRUCTIONS: INDEPENDENT PUBLIC ACCOUNTANT'S REPORT. Then complete CERTIFICATION BY CHARITABLE ORGANIZATION, below.
- More than \$150,000 EITHER have an Independent Public Accountant Complete and sign the "(AUDIT)" section below OR, See INSTRUCTIONS: INDEPENDENT PUBLIC ACCOUNTANT'S REPORT. Then complete CERTIFICATION BY CHARITABLE ORGANIZATION, below.

INDEPENDENT PUBLIC ACCOUNTANT'S REPORT (REVIEW)

We have reviewed the accompanying balance sheet (Part IV) of Form 990 of _____ as of _____, and the related statement of support, revenue and expenses and changes in fund balances (Part I) and statement of functional expenses (Part II) of Form 990 for the year then ended, in accordance with standards established by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of the charitable organization.

A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion. Based on this review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with generally accepted accounting principles.

NAME OF FIRM OR INDIVIDUAL PRACTITIONER	ADDRESS	DATE
SIGNATURE OF FIRM OR INDIVIDUAL PRACTITIONER		IF FIRM, NAME OF ENGAGEMENT PARTNER

INDEPENDENT PUBLIC ACCOUNTANT'S REPORT (AUDIT)

We have audited the balance sheet (Part IV) of Form 990 of _____ as of _____, and the related statement of support, revenue and expenses and changes in fund balances (Part I) and statement of functional expenses (Part II) for the year then ended included in the accompanying Internal Revenue Service Form 990. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the organization as of the above date, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles.

Our audit was made for the purpose of forming an opinion on the financial statements referred to in the first paragraph taken as a whole. The accompanying information on pages _____ to _____ is presented for purposes of additional analysis and is not a required part of the financial statements referred to above. Such information, except for that portion marked "unaudited," on which we express no opinion, has been subjected to the auditing procedures applied in the audit of the financial statements referred to above; and, in our opinion, the information is fairly stated in all material respects in relation to these financial statements taken as a whole.

NAME OF FIRM OR INDIVIDUAL PRACTITIONER	ADDRESS	DATE
SIGNATURE OF FIRM OR INDIVIDUAL PRACTITIONER		IF FIRM, NAME OF ENGAGEMENT PARTNER

CERTIFICATION BY CHARITABLE ORGANIZATION

Under penalties of perjury, we declare that we reviewed this report, accompanying Federal Form 990 with attached schedules and, to the best of our knowledge and belief, it is true, correct and complete in accordance with the rules of the New York State Office of the Attorney General, Charities Bureau and the instructions applicable to this report.

Signature of President or Authorized Officer	Title	Date Signed
Signature of Chief Financial Officer	Title	Date Signed

After this report has been fully executed by two distinct officials, send it with appropriate ATTACHMENTS and FEE to:
 Office of the Attorney General, Charities Bureau, 120 Broadway, New York, New York 10271
 If contributions received exceed \$25,000, submit the appropriate fee, indicated below:
 \$10, if total support and revenue is \$150,000 or less;
 \$25, if total support and revenue exceeds \$150,000.