

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> VITAMIN ANGEL ALLIANCE, INC. Doing Business As VITAMIN ANGELS Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 WEST MICHELTORENA STREET 300 City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101 <b>F Name and address of principal officer:</b> HOWARD B. SCHIFFER SAME AS C ABOVE	<b>D Employer identification number</b> 77-0485881 <b>E Telephone number</b> (805) 564-8400 <b>G Gross receipts \$</b> 48,986,749. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.VITAMINANGELS.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1998 <b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: A LEADING PARTNER FOR GLOBAL ALLEVIATION OF MICRONUTRIENT DEFICIENCY AMONG AT-RISK POPULATIONS. <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 10 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 7 <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) ..... <b>5</b> 28 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 25 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.																									
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**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer HOWARD B. SCHIFFER, PRESIDENT Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CATHERINE MACAULAY Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00178796 Firm's name ▶ DAMITZ, BROOKS, NIGHTINGALE Firm's EIN ▶ 77-0076647 Firm's address ▶ 200 EAST CARRILLO STREET, SUITE 303 SANTA BARBARA, CA 93101 Phone no. 805-963-1837	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO MOBILIZE AND DEPLOY PRIVATE SECTOR RESOURCES TO ADVANCE AVAILABILITY, ACCESS AND USE OF MICRONUTRIENTS, ESPECIALLY VITAMIN A, AMONG AT-RISK POPULATIONS IN NEED.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 24,938,110. including grants of \$ 23,331,621. ) (Revenue \$ ) THE ORGANIZATION'S PROGRAM SERVICES CONSIST OF PROVIDING: I) ESSENTIAL MICRONUTRIENTS AND HEALTH SUPPLIES IN THE FORM OF VITAMINS (VITAMIN A AND VARIOUS FORMULATIONS OF MULTIVITAMINS), II) ANTI-PARASITIC AGENTS TO QUALIFIED NON-GOVERNMENTAL ORGANIZATIONS (NGOS) OPERATING IN THE UNITED STATES AND SELECTED DEVELOPING COUNTRIES DESIGNATED BY WORLD HEALTH ORGANIZATION (W.H.O.) AS EXPERIENCING MODERATE TO SEVERE MICRONUTRIENT DEFICIENCY, AND III) TECHNICAL ASSISTANCE. LOCAL NGOS DEPLOY MICRONUTRIENTS TO COMMUNITIES AND INDIVIDUALS AT-RISK AND ELIGIBLE FOR UNIVERSAL SUPPLEMENTATION AS DEFINED BY W.H.O. SEE SCHEDULE O FOR CONTINUATION.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 24,938,110.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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 as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
24b			
c	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
28c		X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
32			X
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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	
38		X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 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 in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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 exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROBERT PARKER - 805-564-8400
111 WEST MICHELTORNA STREET, NO. 300, SANTA BARBARA, CA 93101

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOWARD B. SCHIFFER PRESIDENT	40.00	X		X				204,498.	0.	47,071.
(2) ROBERT PARKER COO/CFO	40.00	X		X				145,998.	0.	26,462.
(3) MICHELLE GOOLSBY CHAIR	2.00	X		X				0.	0.	0.
(4) THOMAS D. AARTS BOARD MEMBER	2.00	X						0.	0.	0.
(5) CLAYTON AJELLO BOARD MEMBER	40.00	X						120,000.	0.	0.
(6) ELLIOT BALBERT BOARD MEMBER	2.00	X						0.	0.	0.
(7) DR. ROBERT BLACK BOARD MEMBER	2.00	X						0.	0.	0.
(8) MICHELLE BROOKS BOARD MEMBER	2.00	X						0.	0.	0.
(9) JOANNE GRAY BOARD MEMBER	2.00	X						0.	0.	0.
(10) JAMES HAMILTON BOARD MEMBER	2.00	X						0.	0.	0.
(11) PETER VAN STOLK BOARD MEMBER	2.00	X						0.	0.	0.
(12) TOM TOLWORTHY BOARD MEMBER	2.00	X						0.	0.	0.
(13) JEFFREY MARKEL SR VICE PRESIDENT	40.00			X				133,998.	0.	16,105.





**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 434,418.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 48,343,913.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	38,679,535.				
	<b>h Total.</b> Add lines 1a-1f	48,778,331.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		664.		664.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	9,166.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	7,763.	2,334.		
		<b>c</b> Gain or (loss)	1,403.	-2,334.		
	<b>d</b> Net gain or (loss)		-931.		-931.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 434,418. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	198,588.			
		<b>b</b> Less: direct expenses	229,843.			
<b>c</b> Net income or (loss) from fundraising events			-31,255.		-31,255.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions.		48,746,809.	0.	0.	-31,522.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,551,388.	1,551,388.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	21,780,233.	21,780,233.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	694,131.	236,005.	263,770.	194,356.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	918,100.	312,154.	348,878.	257,068.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,963.	27,527.	30,766.	22,670.
<b>9</b> Other employee benefits	110,629.	37,614.	42,039.	30,976.
<b>10</b> Payroll taxes	120,614.	41,009.	45,833.	33,772.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	9,930.	4,965.	4,965.	
<b>c</b> Accounting	32,120.		32,120.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	437,666.	294,238.	36,904.	106,524.
<b>12</b> Advertising and promotion	460,709.			460,709.
<b>13</b> Office expenses	92,831.	46,416.	18,566.	27,849.
<b>14</b> Information technology	96,300.	48,150.	19,260.	28,890.
<b>15</b> Royalties				
<b>16</b> Occupancy	79,678.	39,839.	15,936.	23,903.
<b>17</b> Travel	301,577.	97,674.	37,148.	166,755.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,910.		14,910.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	16,367.	8,184.	3,273.	4,910.
<b>23</b> Insurance	41,919.	20,960.	8,384.	12,575.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> POSTAGE AND SHIPPING	211,857.	209,544.	2,313.	
<b>b</b> PROGRAM DIRECT EXPENSES	182,210.	182,210.		
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	27,234,132.	24,938,110.	925,065.	1,370,957.
<b>26</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,909,464.	<b>1</b>	3,228,151.
	<b>2</b> Savings and temporary cash investments .....	209,410.	<b>2</b>	4,068,795.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	426,332.	<b>4</b>	1,085,623.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	7,559,948.	<b>8</b>	24,357,442.
	<b>9</b> Prepaid expenses and deferred charges .....	16,979.	<b>9</b>	18,086.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 62,029.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 24,514.	35,971.	<b>10c</b> 37,515.
	<b>11</b> Investments - publicly traded securities .....	8,231.	<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	472.	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,617.	<b>15</b>	5,617.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	11,172,424.	<b>16</b>	32,801,229.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	168,469.	<b>17</b>	279,451.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	27,191.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	119,848.	<b>25</b>	152,693.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	315,508.	<b>26</b>	432,144.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	10,430,584.	<b>27</b>	31,283,462.
	<b>28</b> Temporarily restricted net assets .....	426,332.	<b>28</b>	1,085,623.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	10,856,916.	<b>33</b>	32,369,085.	
<b>34</b> Total liabilities and net assets/fund balances .....	11,172,424.	<b>34</b>	32,801,229.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	48,746,809.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	27,234,132.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	21,512,677.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	10,856,916.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-508.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	32,369,085.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

<b>Name of the organization</b> VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b> 77-0485881
-----------------------------------------------------------------	-----------------------------------------------------

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions 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 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	23,977,284.	25,705,556.	17,278,255.	29,940,239.	48,778,331.	145,679,665.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	23,977,284.	25,705,556.	17,278,255.	29,940,239.	48,778,331.	145,679,665.
<b>5</b> 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) .....						82,109,645.
<b>6 Public support.</b> Subtract line 5 from line 4.						63,570,020.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	23,977,284.	25,705,556.	17,278,255.	29,940,239.	48,778,331.	145,679,665.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	9,413.	6,376.	3,704.	596.	665.	20,754.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	-104,229.	-122,727.	-160,919.	-12,994.	-31,255.	-432,124.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						145,268,295.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	43.76 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	52.06 %
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions





**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**Name of the organization**

VITAMIN ANGEL ALLIANCE, INC.

**Employer identification number**

77-0485881

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	4,058,904.				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,058,904.				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.00 %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		62,029.	24,514.	37,515.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,515.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LIABILITIES	152,693.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	152,693.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	49,126,356.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	-508.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	147,878.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	147,370.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	48,978,986.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-232,177.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-232,177.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	48,746,809.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	27,614,187.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	147,878.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	232,177.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	380,055.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	27,234,132.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	27,234,132.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE BOARD HAS DESIGNATED UNRESTRICTED NET ASSETS AS AN

OPERATING RESERVE FUND WHICH IS THE APPROXIMATE AMOUNT OF CASH OPERATING

EXPENSES BUDGETED FOR A SIX MONTH PERIOD.

PART X, LINE 2:

THE ORGANIZATION'S IRS FORM 990 IS SUBJECT TO REVIEW AND

EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT

AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE

ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON

UNRELATED BUSINESS INCOME, EXCISE OR OTHER TAXES. THE FOUNDATION'S TAX

RETURNS FROM THE YEAR 2010 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY

**Part XIII** Supplemental Information (continued)

THE IRS FOR FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2009 TO THE

PRESENT SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-229,843.
DISPOSAL OF FIXED ASSETS	-2,334.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-232,177.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	229,843.
DISPOSAL OF FIXED ASSETS	2,334.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	232,177.

**SCHEDULE F  
(Form 990)**

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. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization  VITAMIN ANGEL ALLIANCE, INC.	Employer identification number  77-0485881
--------------------------------------------------------------	--------------------------------------------------

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 and investments in region
AFRICA	0	0	PROGRAM SERVICES	NUTRITIONAL	7,361,172.
ASIA	0	0	PROGRAM SERVICES	NUTRITIONAL	10,050,084.
LATIN AMERICA	0	0	PROGRAM SERVICES	NUTRITIONAL	4,171,062.
<b>3 a</b> Sub-total .....	0	0			21,582,318.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			21,582,318.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA,	NUTRITION	0.		2,895,732.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SUB-SAHARAN AFRICA - ANGOLA,	DEWORMING	0.		4,465,440.	ALBENDAZOLE	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC -	NUTRITION	0.		2,092,744.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC -	DEWORMING	0.		7,957,340.	ALBENDAZOLE	BOOK- SEE PART V
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	NUTRITION	0.		2,619,142.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	DEWORMING	0.		1,551,920.	ALBENDAZOLE	BOOK- SEE PART V

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ 322

3 Enter total number of other organizations or entities ..... ▶





**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 Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 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 Instructions for Form 8621)* .....  Yes  No
  
- 5 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 Instructions for Form 8865)* .....  Yes  No
  
- 6 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

FORM 990, PART I, LINE 2:

GRANTMAKER'S EXPLANATION FOR GRANTS OUTSIDE US

FOREIGN-BASED GRANTEES MUST MEET VITAMIN ANGEL'S CRITERIA, INCLUDING

REGISTRATION AS A NON-PROFIT ORGANIZATION IN THE COUNTRY OF

OPERATIONS, AND MUST AGREE TO THE TERMS AND CONDITIONS AS ENUMERATED IN

THE VITAMIN ANGELS MICRONUTRIENT GRANT APPLICATION. THE ORGANIZATION'S

TERMS AND CONDITIONS INCLUDE AN AGREEMENT TO DISTRIBUTE COMMODITY

GRANTS TO VITAMIN ANGELS' TARGET BENEFICIARIES IN ACCORDANCE WITH

INTERNATIONAL BEST PRACTICES FOR THE DISTRIBUTION OF VITAMIN A AND

ESSENTIAL MICRONUTRIENTS.

METHOD OF VALUATION - THE ORGANIZATION VALUES GIFTS

IN-KIND (GIK) AT FAIR VALUE. ACCOUNTING STANDARD CODIFICATION (ASC)

820 FAIR VALUE MEASUREMENTS AND DISCLOSURES ISSUED BY THE FINANCIAL

ACCOUNTING STANDARDS BOARD (FASB) DEFINES FAIR VALUE AS "THE PRICE THAT

WOULD BE RECEIVED TO SELL AN ASSET OR PAID TO TRANSFER A LIABILITY IN

AN ORDERLY TRANSACTION BETWEEN MARKET PARTICIPANTS AT THE MEASUREMENT

DATE," THE ORGANIZATION HAS IDENTIFIED FOUR CATEGORIES OF GIK PRODUCTS:

ANTI-PARASITIC TABLETS, HIGH-DOSE VITAMIN A, MULTIVITAMINS, AND BRANDED

PRODUCTS.

IN THE CASE OF ANTI-PARASITIC TABLETS DONATED TO THE ORGANIZATION, THE

PRINCIPAL MARKET FOR THIS PRODUCT IS LIMITED TO THE INTERNATIONAL

COMMERCIAL MARKETPLACE WHERE NON-GOVERNMENTAL ORGANIZATIONS,

GOVERNMENTS, AND LOCAL PHARMACIES CAN TRANSACT FOR THIS PRODUCT. THE

ANTI-PARASITIC TABLETS ARE AN IMPORTANT PROGRAM SERVICE AS THEY

INCREASE THE EFFICACY OF VITAMIN A. NO BENEFICIARY MARKET EXISTS IN

THE UNITED STATES FOR ANTI-PARASITIC TABLETS BECAUSE THE HIGH-DOSE

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

LEVELS THAT ARE INTENDED FOR INTERNATIONAL USE ARE NOT APPROVED BY THE

UNITED STATES FOOD AND DRUG ADMINISTRATION, IN ADDITION TO THE MARKET

IN WHICH NON-GOVERNMENTAL ORGANIZATIONS AND GOVERNMENT MINISTRIES OF

HEALTH PROCURE THE PRODUCT FOR DISTRIBUTION TO BENEFICIARIES, THERE

EXISTS A ROBUST LOCAL PHARMACY MARKETPLACE. THE EXIT PRICE THE

ORGANIZATION WOULD RECEIVE IN EXCHANGE FOR SELLING ANTI-PARASITIC

TABLETS WOULD BE THE PRICE BETWEEN A WHOLESALER AND A LOCAL PHARMACY,

OR "TRADE LEVEL." THE ORGANIZATION DEFINES ITS MARKET AS THE PRIORITY

COUNTRIES FOR VITAMIN A SUPPLEMENTATION AS LISTED BY WHO AND THE UNITED

NATIONS CHILDREN'S FUND (UNICEF).

THE ORGANIZATION DETERMINES FAIR VALUE FOR THIS PRODUCT USING THE MEAN

TRADE LEVEL DATA FOR ITS MARKET, PROVIDED BY IMS HEALTH, A COMPANY THAT

PROVIDES MARKET INTELLIGENCE TO PHARMACEUTICAL AND HEALTHCARE

INDUSTRIES. THE ORGANIZATION REVIEWS THE IMS HEALTH DATA AND UPDATES

FAIR VALUES FOR ANTI-PARASITIC TABLETS EVERY TWO YEARS EFFECTIVE

JANUARY 1. THE FAIR VALUES FOR ANTI-PARASITIC TABLETS PROCURED DURING

THE YEAR ENDING DECEMBER 31, 2013 WERE BASED ON 2013 IMS HEALTH DATA.

THE PRIOR YEAR FAIR VALUES FOR ANTI-PARASITIC TABLETS WERE BASED ON

2011 IMS HEALTH DATA EFFECTIVE JANUARY 1, 2011.

IN THE CASE OF HIGH-DOSE VITAMIN A DONATED TO THE ORGANIZATION, THE

PRINCIPAL MARKET FOR THIS PRODUCT IS LIMITED TO THE INTERNATIONAL

COMMERCIAL MARKETPLACE WHERE SIMILAR NON-GOVERNMENTAL ORGANIZATIONS AND

GOVERNMENTS CAN TRANSACT FOR THESE PRODUCTS. NO BENEFICIARY MARKET

EXISTS IN THE UNITED STATES FOR HIGH-DOSE VITAMIN A BECAUSE THE DOSAGE

LEVELS THAT ARE INTENDED FOR INTERNATIONAL USE ARE NOT APPROVED BY THE

UNITED STATES FOOD AND DRUG ADMINISTRATION. THE ONLY IDENTIFIABLE

MARKET IS THAT IN WHICH ORGANIZATIONS LIKE THE ORGANIZATION AND

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

GOVERNMENT MINISTRIES OF HEALTH PROCURE THE PRODUCT FOR DISTRIBUTION TO

BENEFICIARIES. THE ORGANIZATION USES THE MEAN PRICE PER THE

INTERNATIONAL DRUG PRICE INDICATOR (IDPI) TO DETERMINE FAIR VALUE FOR

HIGH-DOSE VITAMIN A. THE IDPI IS PUBLISHED BY AN INTERNATIONAL

NONPROFIT ORGANIZATION BASED ON PRICES FROM 25 SOURCES INCLUDING

PHARMACEUTICAL SUPPLIERS, INTERNATIONAL DEVELOPMENT ORGANIZATIONS AND

GOVERNMENT AGENCIES. THE ORGANIZATION REVIEWS THE IDPI DATA AND

UPDATES FAIR VALUES FOR HIGH-DOSE VITAMIN A EVERY TWO YEARS EFFECTIVE

JANUARY 1. THE FAIR VALUES FOR HIGH-DOSE VITAMIN A PROCURED DURING THE

YEAR ENDING DECEMBER 31, 2013 WERE BASED ON 2011 IDPI DATA, WHICH WAS

THE MOST CURRENT DATA AVAILABLE AT JANUARY 1, 2013. THE PRIOR YEAR

FAIR VALUES FOR HIGH-DOSE VITAMIN A WERE BASED ON 2010 IDPI DATA

EFFECTIVE JANUARY 1, 2011.

IN ADDITION TO HIGH-DOSE VITAMIN A AND ANTI-PARASITIC TABLETS, THE

ORGANIZATION RECEIVES MULTIVITAMIN PRODUCTS THAT ARE MANUFACTURED BY

COMPANIES IN THE UNITED STATES TO A FORMULATION SPECIFIED BY THE

ORGANIZATION AND ARE DISTRIBUTED DOMESTICALLY AND INTERNATIONALLY.

THESE FORMULATIONS ARE BASED ON THE WHO FORMULATION FOR ESSENTIAL

MULTIPLE MICRONUTRIENTS FOR CHILDREN AND FOR PREGNANT AND LACTATING

WOMEN, ARE NON-BRANDED, AND NOT FOR SALE IN THE UNITED STATES. SIMILAR

TO HIGH-DOSE VITAMIN A AND ANTI-PARASITIC TABLETS, THERE IS NO

COMMERCIAL MARKET FOR THESE PRODUCTS IN THE UNITED STATES. IF THESE

GENERIC WHO FORMULATION ESSENTIAL MICRONUTRIENTS ARE NOT LISTED IN THE

IDPI OR THE "SOURCES AND PRICES OF SELECTED MEDICINES FOR CHILDREN"

GUIDE PUBLISHED ANNUALLY BY UNICEF AND WHO, THEN AS A LAST RESORT, THE

AVERAGE WHOLESALE PRICE OF THE MOST SIMILAR PRODUCTS FOUND IN REDBOOK  $\emptyset$

IS USED AS A SUITABLE PRICING REFERENCE. REDBOOK  $\emptyset$  IS PUBLISHED BY

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

THOMSON REUTERS AND IS BASED ON UNITED STATES MANUFACTURERS' SUGGESTED

WHOLESALE PRICES. THE ORGANIZATION REVIEWS THE REDBOOK DATA AND

UPDATES FAIR VALUES FOR MULTIVITAMIN PRODUCTS EVERY TWO YEARS EFFECTIVE

JANUARY 1. THE FAIR VALUES FOR MULTIVITAMIN PRODUCTS PROCURED DURING

THE YEAR ENDING DECEMBER 31, 2013 WERE BASED ON 2013 REDBOOK DATA.

THE PRIOR YEAR FAIR VALUES FOR MULTIVITAMIN PRODUCTS WERE BASED ON 2011

REDBOOK DATA EFFECTIVE JANUARY 1, 2011.

THE ORGANIZATION OFTEN RECEIVES BRANDED PRODUCTS AS GIK. THESE

DONATIONS MAINLY CONSIST OF MULTIVITAMINS FOR CHILDREN AND

MULTIVITAMINS FOR PREGNANT AND LACTATING WOMEN AND CAN BE BOUGHT AND

SOLD IN THE UNITED STATES COMMERCIAL MARKETPLACE. THE VALUE OF BRANDED

PRODUCTS DONATED TO THE ORGANIZATION IS ESTABLISHED BY ESTIMATING THE

PRICE THAT THE ORGANIZATION WOULD RECEIVE IF IT WERE TO SELL THE ASSET.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		COASTAL GOLF CLASSIC (event type)	VITAMIN SHOP GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	276,465.	356,541.		633,006.
	<b>2</b> Less: Contributions .....	181,664.	252,754.		434,418.
	<b>3</b> Gross income (line 1 minus line 2) .....	94,801.	103,787.		198,588.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	101,011.	128,832.		229,843.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				229,843.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-31,255.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization **VITAMIN ANGEL ALLIANCE, INC.** Employer identification number **77-0485881**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A WOMAN'S CHOICE 1234 EAST MAIN STREET LAKELAND, FL 33801	59-2853796	501(C)(3)	0.	12,247.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
A WOMEN'S PREGNANCY CENTER 919 W. PENSACOLA STREET TALLAHASSEE, FL 32304	59-2632869	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AGAPE PREGNANCY HELP CENTER 3234 NORTHWESTERN DR. SAN ANTONIO, TX 78238	74-2808910	501(C)(3)	0.	20,412.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ALPHA PREGNANCY CENTER 5070 MISSION STREET SAN FRANCISCO, CA 94112	94-2886605	501(C)(3)	0.	12,063.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	174,960.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ARK-LA-TEX CRISIS PREGNANCY CENTER 921 SHREVEPORT-BARKSDALE HWY SHREVEPORT, LA 71105	58-2010775	501(C)(3)	0.	20,412.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 54.
- 3** Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF ARIZONA FOOD BANKS, INC. - 2100 N. CENTRAL AVE, SUITE 230 - PHOENIX, AZ 85365	86-0507679	501(C)(3)	0.	62,888.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ATLANTA COMMUNITY FOOD BANK 732 JOSEPH E. LOWERY BLVD. NW ATLANTA, GA 30318	58-1376648	501(C)(3)	0.	67,845.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARE NET PREGNANCY RESOURCE CENTER OF ATLANTA - 100 EDGEWOOD AVENUE NE SUITE 1650 - ATLANTA, GA 30303	20-0478411	501(C)(3)	0.	23,836.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARE RING 601 E 5TH STREET CHARLOTTE, NC 28202	56-0621073	501(C)(3)	0.	11,793.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVE. - NEW ORLEANS, LA 70001	72-0408911	501(C)(3)	0.	6,123.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CHEROKEE HEALTH SYSTEMS 1032 MCCAILLE AVENUE CHATTANOOGA, TN 37403	62-0637925	501(C)(3)	0.	10,206.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CHOICES PREGNANCY SERVICES 626 5TH AVENUE CORAOPOLIS, PA 15108	25-1528068	501(C)(3)	0.	12,247.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
COMMUNITY HEALTH PROGRAMS WIC 444 STOCKBRIDGE RD. GREAT BARRINGTON, MA 01230	04-2582119	501(C)(3)	0.	20,995.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CORNERSTONE WOMEN'S RESOURCE CENTER - 567 SALEM-QUINTON RD. - SALEM, NJ 08079	22-2674655	501(C)(3)	0.	6,123.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORPUS CHRISTI PREGNANCY RESOURCE CENTER - 4730 EVERHART RD. - CORPUS CHRISTI, TX 78411	74-2541210	501(C)(3)	0.	6,123.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
EMERGENCY FAMILY ASSISTANCE ASSOCIATION - 1575 YARMOUTH AVENUE - BOULDER, CO 80304	84-0454115	501(C)(3)	0.	11,578.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FAMILY VALUES RESOURCE INSTITUTE 7515 SCENIC HIGHWAY BATON ROUGE, LA 70807	72-1415039	501(C)(3)	0.	36,742.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FOOD BANK OF NW LOUISIANA 2307 TEXAS AVE. SHERVEPORT, LA 71103	72-1328890	501(C)(3)	0.	125,323.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
GLEANERS FOOD BANK 3737 WALEMERE AVE. INDIANAPOLIS, IN 46038	35-1483868	501(C)(3)	0.	62,208.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HARRY CHAPIN FOOD BANK 3760 FOWLER ST, FORT MYERS, FL 33901	59-2332120	501(C)(3)	0.	31,104.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HAWKWING INC. 306 CAVAN LANE GLASTONBURY, CT 06033	06-1600366	501(C)(3)	0.	17,010.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HEAVEN'S WINDOWS 2300 BANCROFT DRIVE SPRING VALLEY, CA 91977	75-3188781	501(C)(3)	0.	9,817.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HOWARD COUNTY PREGNANCY CENTER 10632 LITTLE PATUXENT PKWY STE 254 COLUMBIA, MD 21044	52-1731882	501(C)(3)	0.	6,124.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO NORTH CENTRAL DISTRICT WIC 215 10TH STREET LEWISTON, ID 83501	82-0335058	501(C)(3)	0.	12,031.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LAKE COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER - 2400 BELVIDERE ROAD - WAUKEGAN, IL 60085	36-6006600	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LAKESHORE PREGNANCY CENTER 339 SOUTH RIVER AVE. HOLLAND, MI 49423	38-3046882	501(C)(3)	0.	12,247.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LIFE LINE PREGNANCY CENTER INC. 4524 FOUNTAIN DR. WILMINGTON, NC 28403	16-1634141	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LIFELINE OF BERKS COUNTY, INC. 612 READING AVENUE WEST READING, PA 19611	23-2071962	501(C)(3)	0.	10,206.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LOVE AND CARE PREGNANCY RESOURCES 133 PONCE DE LEON CORAL GABLES, FL 33135	59-3383654	501(C)(3)	0.	6,674.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MATRIX LIFELINE OF GREATER LAFAYETTE, INC. - 935 MEZZANINE DR. STE. A - LAFAYETTE, IN 47905	31-0971746	501(C)(3)	0.	20,412.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MIAMI RESCUE MISSION CLINIC 2015 NW 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)	0.	8,905.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MID-CITIES PREGNANCY CENTER 201 WESTPARK WAY EULESS, TX 76040	75-2770452	501(C)(3)	0.	51,030.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNTAIN RIGHT TO LIFE, INC. 114 E. AIRPORT DR. SP 98 SAN BERNADINO, CA 92408	33-0258272	501(C)(3)	0.	36,742.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MY CHOICES 824-A EAST 8TH ST. PORT ANGELES, WA 98362	91-1266330	501(C)(3)	0.	12,312.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NEW BEGINNINGS PREGNANCY SERVICES 608 S HICO SILOAM SPRINGS, AR 72761	71-0828524	501(C)(3)	0.	6,124.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NORTHSHORE HEALTH CENTERS 2490 CENTRAL AVENUE LAKE STATION, IN 46405	35-2028588	501(C)(3)	0.	36,742.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY CARE CENTER OF CHANDLER 590 N ALMA SCHOOL RD. #20 CHANDLER, AZ 85224	20-3820132	501(C)(3)	0.	5,103.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY CARE CENTER OF PLANT CITY - 304 N. COLLINS ST. - PLANT CITY, FL 33563	59-3139161	501(C)(3)	0.	10,206.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY CARE CENTER OF THE NORTH COAST - 2390 MYRTLE AVENUE - EUREKA, CA 95501	68-0310798	501(C)(3)	0.	17,464.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCE CENTER 101 DRAKE RD. PITTSBURGH, PA 15241	25-1613161	501(C)(3)	0.	14,288.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
RAVALLI COUNTY WIC 205 BEDFORD ST. SUITE P HAMILTON, MT 59840	81-6001417	501(C)(3)	0.	102,870.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL FOOD BANK OF OKLAHOMA 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73137-0968	73-1100380	501(C)(3)	0.	90,202.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SECOND HARVEST FOOD BANK OF NORTH FLORIDA - 4614 PHILLIPS HIGHWAY - JACKSONVILLE, FL 32207	59-1965600	501(C)(3)	0.	62,136.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SERVE THE PEOPLE 1206 E. 17TH STREET #205 SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	15,552.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SHELTER HEALTH SERVICES, INC. 534 SPRATT ST. CHARLOTTE, NC 28206	20-3041985	501(C)(3)	0.	5,638.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SOLANO ALPHA CRISIS PREGNANCY CENTER - 138 S. ORCHARD AVE. - VACAVILLE, CA 95688	68-0114145	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ST. PETERSBURG PREGNANCY CENTER, INC. - 1210 22ND ST. SO. - ST. PETERSBURG, FL 33712	59-3173118	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
TARRANT AREA FOOD BANK 2600 CULLEN STREET FORT WORTH, TX 76107	75-1822473	501(C)(3)	0.	90,148.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
THE GORMAN FAMILY LIFE CENTER D/B/A A CENTER FOR WOMEN - 315 N WYMORE RD. - WINTER PARK, FL 32789	59-2933541	501(C)(3)	0.	32,659.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
THE RESOURCE CENTER FOR PREGNANCY & PERSONAL HEALTH - 1403 10TH AVE. - GREELEY, CO 80631	74-2277812	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RIVER FUND OF NEW YORK 89-11 LEFFERTS BLVD. RICHMOND HILL, NY 11418	11-3450363	501(C)(3)	0.	56,819.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WISE CHOICES PREGNANCY RESOURCE CENTER - 604 N. TRINITY P.O. BOX 875 - DECATUR, TX 76234	75-2897889	501(C)(3)	0.	8,489.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S RESOURCE CENTER OF NATCHITOCHEES - 107 NORTH ST. - NATCHITOCHEES, LA 71457	58-1882982	501(C)(3)	0.	9,220.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, PART I, LINE 2:

GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

VITAMIN ANGELS MAINTAINS INVENTORY REPORTS BY FISCAL YEAR QUARTERS THAT

TRACK COMMODITY GRANTS TO DOMESTIC ENTITIES AND COPIES OF LETTERS OR

EMAILS FROM GRANTEEES CONFIRMING RECEIPT OF COMMODITY GRANTS. COPIES OF

ORIGINAL SHIPPING DOCUMENTATION RECORDING THE AMOUNTS OF COMMODITY

GRANTS TO DOMESTIC ENTITIES ARE ALSO MAINTAINED.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	X								
	<b>4b</b>	X								
	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	X								
	<b>5b</b>	X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	X								
	<b>6b</b>	X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HOWARD B. SCHIFFER PRESIDENT	(i)	204,498.	0.	0.	0.	47,071.	251,569.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT PARKER COO/CFO	(i)	145,998.	0.	0.	0.	26,462.	172,460.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY MARKEL SR VICE PRESIDENT	(i)	133,998.	0.	0.	0.	16,105.	150,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DSM	OFFICER-DIRECTOR	1,055,400	PURCHASE		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DSM

(D) DESCRIPTION OF TRANSACTION: PURCHASE

VITAMIN ANGELS PURCHASED SPECIAL ORDER HIGH-DOSE VITAMIN A MANUFACTURED

TO VITAMIN ANGELS' SPECIFICATIONS FOR APPROXIMATELY \$1,055,400 FROM A

COMPANY AT WHICH A BOARD MEMBER IS AN OFFICER. THE FAIR VALUE OF THIS

PRODUCT WAS APPROXIMATELY \$1,830,700 RESULTING IN AN IN-KIND DONATION OF

APPROXIMATELY \$775,300.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization **VITAMIN ANGEL ALLIANCE, INC.** Employer identification number **77-0485881**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>SUPPLEMENTS</u> )	X	21	38,679,535.	BOOK - SEE PART II
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

METHOD OF DETERMINING GIFT IN KIND REVENUES - THE

ORGANIZATION VALUES GIFTS IN-KIND (GIK) AT FAIR VALUE. ACCOUNTING

STANDARD CODIFICATION (ASC) 820 FAIR VALUE MEASUREMENTS AND DISCLOSURES

ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) DEFINES FAIR

VALUE AS "THE PRICE THAT WOULD BE RECEIVED TO SELL AN ASSET OR PAID TO

TRANSFER A LIABILITY IN AN ORDERLY TRANSACTION BETWEEN MARKET

PARTICIPANTS AT THE MEASUREMENT DATE," THE ORGANIZATION HAS IDENTIFIED

FOUR CATEGORIES OF GIK PRODUCTS: ANTI-PARASITIC TABLETS, HIGH-DOSE

VITAMIN A, MULTIVITAMINS, AND BRANDED PRODUCTS.

IN THE CASE OF ANTI-PARASITIC TABLETS DONATED TO THE ORGANIZATION, THE

PRINCIPAL MARKET FOR THIS PRODUCT IS LIMITED TO THE INTERNATIONAL

COMMERCIAL MARKETPLACE WHERE NON-GOVERNMENTAL ORGANIZATIONS,

GOVERNMENTS, AND LOCAL PHARMACIES CAN TRANSACT FOR THIS PRODUCT. THE

ANTI-PARASITIC TABLETS ARE AN IMPORTANT PROGRAM SERVICE AS THEY

INCREASE THE EFFICACY OF VITAMIN A. NO BENEFICIARY MARKET EXISTS IN

THE UNITED STATES FOR ANTI-PARASITIC TABLETS BECAUSE THE HIGH-DOSE

LEVELS THAT ARE INTENDED FOR INTERNATIONAL USE ARE NOT APPROVED BY THE

UNITED STATES FOOD AND DRUG ADMINISTRATION. IN ADDITION TO THE MARKET

IN WHICH NON-GOVERNMENTAL ORGANIZATIONS AND GOVERNMENT MINISTRIES OF

HEALTH PROCURE THE PRODUCT FOR DISTRIBUTION TO BENEFICIARIES, THERE

EXISTS A ROBUST LOCAL PHARMACY MARKETPLACE. THE EXIT PRICE THE

ORGANIZATION WOULD RECEIVE IN EXCHANGE FOR SELLING ANTI-PARASITIC

TABLETS WOULD BE THE PRICE BETWEEN A WHOLESALER AND A LOCAL PHARMACY,

OR "TRADE LEVEL." THE ORGANIZATION DEFINES ITS MARKET AS THE PRIORITY

COUNTRIES FOR VITAMIN A SUPPLEMENTATION AS LISTED BY WHO AND THE UNITED

NATIONS CHILDREN'S FUND (UNICEF).

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

THE ORGANIZATION DETERMINES FAIR VALUE FOR THIS PRODUCT USING THE MEAN

TRADE LEVEL DATA FOR ITS MARKET, PROVIDED BY IMS HEALTH, A COMPANY THAT

PROVIDES MARKET INTELLIGENCE TO PHARMACEUTICAL AND HEALTHCARE

INDUSTRIES. THE ORGANIZATION REVIEWS THE IMS HEALTH DATA AND UPDATES

FAIR VALUES FOR ANTI-PARASITIC TABLETS EVERY TWO YEARS EFFECTIVE

JANUARY 1. THE FAIR VALUES FOR ANTI-PARASITIC TABLETS PROCURED DURING

THE YEAR ENDING DECEMBER 31, 2013 WERE BASED ON 2013 IMS HEALTH DATA.

THE PRIOR YEAR FAIR VALUES FOR ANTI-PARASITIC TABLETS WERE BASED ON

2011 IMS HEALTH DATA EFFECTIVE JANUARY 1, 2011.

IN THE CASE OF HIGH-DOSE VITAMIN A DONATED TO THE ORGANIZATION, THE

PRINCIPAL MARKET FOR THIS PRODUCT IS LIMITED TO THE INTERNATIONAL

COMMERCIAL MARKETPLACE WHERE SIMILAR NON-GOVERNMENTAL ORGANIZATIONS AND

GOVERNMENTS CAN TRANSACT FOR THESE PRODUCTS. NO BENEFICIARY MARKET

EXISTS IN THE UNITED STATES FOR HIGH-DOSE VITAMIN A BECAUSE THE DOSAGE

LEVELS THAT ARE INTENDED FOR INTERNATIONAL USE ARE NOT APPROVED BY THE

UNITED STATES FOOD AND DRUG ADMINISTRATION. THE ONLY IDENTIFIABLE

MARKET IS THAT IN WHICH ORGANIZATIONS LIKE THE ORGANIZATION AND

GOVERNMENT MINISTRIES OF HEALTH PROCURE THE PRODUCT FOR DISTRIBUTION TO

BENEFICIARIES. THE ORGANIZATION USES THE MEAN PRICE PER THE

INTERNATIONAL DRUG PRICE INDICATOR (IDPI) TO DETERMINE FAIR VALUE FOR

HIGH-DOSE VITAMIN A. THE IDPI IS PUBLISHED BY AN INTERNATIONAL

NONPROFIT ORGANIZATION BASED ON PRICES FROM 25 SOURCES INCLUDING

PHARMACEUTICAL SUPPLIERS, INTERNATIONAL DEVELOPMENT ORGANIZATIONS AND

GOVERNMENT AGENCIES. THE ORGANIZATION REVIEWS THE IDPI DATA AND

UPDATES FAIR VALUES FOR HIGH-DOSE VITAMIN A EVERY TWO YEARS EFFECTIVE

JANUARY 1. THE FAIR VALUES FOR HIGH-DOSE VITAMIN A PROCURED DURING THE

YEAR ENDING DECEMBER 31, 2013 WERE BASED ON 2011 IDPI DATA, WHICH WAS



**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

THE MOST CURRENT DATA AVAILABLE AT JANUARY 1, 2013. THE PRIOR YEAR

FAIR VALUES FOR HIGH-DOSE VITAMIN A WERE BASED ON 2010 IDPI DATA

EFFECTIVE JANUARY 1, 2011.

IN ADDITION TO HIGH-DOSE VITAMIN A AND ANTI-PARASITIC TABLETS, THE

ORGANIZATION RECEIVES MULTIVITAMIN PRODUCTS THAT ARE MANUFACTURED BY

COMPANIES IN THE UNITED STATES TO A FORMULATION SPECIFIED BY THE

ORGANIZATION AND ARE DISTRIBUTED DOMESTICALLY AND INTERNATIONALLY.

THESE FORMULATIONS ARE BASED ON THE WHO FORMULATION FOR ESSENTIAL

MULTIPLE MICRONUTRIENTS FOR CHILDREN AND FOR PREGNANT AND LACTATING

WOMEN, ARE NON-BRANDED, AND NOT FOR SALE IN THE UNITED STATES. SIMILAR

TO HIGH-DOSE VITAMIN A AND ANTI-PARASITIC TABLETS, THERE IS NO

COMMERCIAL MARKET FOR THESE PRODUCTS IN THE UNITED STATES. IF THESE

GENERIC WHO FORMULATION ESSENTIAL MICRONUTRIENTS ARE NOT LISTED IN THE

IDPI OR THE "SOURCES AND PRICES OF SELECTED MEDICINES FOR CHILDREN"

GUIDE PUBLISHED ANNUALLY BY UNICEF AND WHO, THEN AS A LAST RESORT, THE

AVERAGE WHOLESALE PRICE OF THE MOST SIMILAR PRODUCTS FOUND IN REDBOOK  $\emptyset$

IS USED AS A SUITABLE PRICING REFERENCE. REDBOOK  $\emptyset$  IS PUBLISHED BY

THOMSON REUTERS AND IS BASED ON UNITED STATES MANUFACTURERS' SUGGESTED

WHOLESALE PRICES. THE ORGANIZATION REVIEWS THE REDBOOK  $\emptyset$  DATA AND

UPDATES FAIR VALUES FOR MULTIVITAMIN PRODUCTS EVERY TWO YEARS EFFECTIVE

JANUARY 1. THE FAIR VALUES FOR MULTIVITAMIN PRODUCTS PROCURED DURING

THE YEAR ENDING DECEMBER 31, 2013 WERE BASED ON 2013 REDBOOK  $\emptyset$  DATA.

THE PRIOR YEAR FAIR VALUES FOR MULTIVITAMIN PRODUCTS WERE BASED ON 2011

REDBOOK  $\emptyset$  DATA EFFECTIVE JANUARY 1, 2011.

THE ORGANIZATION OFTEN RECEIVES BRANDED PRODUCTS AS GIK. THESE

DONATIONS MAINLY CONSIST OF MULTIVITAMINS FOR CHILDREN AND

MULTIVITAMINS FOR PREGNANT AND LACTATING WOMEN AND CAN BE BOUGHT AND

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SOLD IN THE UNITED STATES COMMERCIAL MARKETPLACE. THE VALUE OF BRANDED

PRODUCTS DONATED TO THE ORGANIZATION IS ESTABLISHED BY ESTIMATING THE

PRICE THAT THE ORGANIZATION WOULD RECEIVE IF IT WERE TO SELL THE ASSET.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR PRIMARY FOCUS IS TO SUPPORT UNIVERSAL VITAMIN A SUPPLEMENTATION

PROGRAMS FOR CHILDREN AGES 6 TO 59 MONTHS OF AGE RESIDING OUTSIDE THE

UNITED STATES FOR THE PURPOSE OF REDUCING CHILDHOOD MORTALITY AND

MORBIDITY. AN IMPORTANT, SECONDARY FOCUS OF OUR ORGANIZATION IS

PROMOTING COGNITIVE AND PHYSICAL GROWTH OF INFANTS AND YOUNG CHILDREN

THROUGH UNIVERSAL SUPPLEMENTATION OF INFANTS AND YOUNG CHILDREN AGES 6

TO 59 MONTHS OF AGE, AND PROMOTING GENERAL HEALTH OF PREGNANT/LACTATING

WOMEN WITH MULTIPLE MICRONUTRIENT SUPPLEMENTS. THE ORGANIZATION ALSO

SPONSORS DISTRIBUTION OF ANTI-PARASITIC AGENT TABLETS IN CONJUNCTION

WITH VITAMIN A OR MULTIVITAMINS (EXCEPT IN THE UNITED STATES) TO

MAXIMIZE THE ABSORPTION OF ESSENTIAL MICRONUTRIENTS.

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

THE BOARD OF DIRECTORS, IN CONJUNCTION WITH THE AUDIT, WILL

AUTHORIZE PREPARATION OF FORM 990. FORM 990 WILL BE PREPARED, WITH

ASSISTANCE OF THE OUTSIDE ACCOUNTING FIRM, BY THE CHIEF OPERATING OFFICER;

CIRCULATED AND REVIEWED BY ALL THE BOARD OF DIRECTOR MEMBERS BEFORE FILING;

AND THEN, BE REVIEWED AND SIGNED BY THE PRESIDENT, WHO IS A MEMBER OF THE

BOARD AND AN OFFICER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 12C:

A PERSONAL OR FINANCIAL INTEREST OR INVOLVEMENT IN ANY

CUSTOMER, CLIENT, COMPETITOR, OR SUPPLIER OF THE ORGANIZATION, INCLUDING

OUTSIDE EMPLOYMENT OR CONSULTING, IS CONSIDERED A POTENTIAL CONFLICT OF

INTEREST. FURTHERMORE, EMPLOYEES MAY NOT GIVE OR ACCEPT GIFTS, LOANS, OR

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

Schedule O (Form 990 or 990-EZ) (2013)

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FAVORS FROM PERSONS HAVING BUSINESS RELATIONSHIPS WITH THE ORGANIZATION.

THE RECEIPT OR GIVING OF SMALL GIFTS OR CASUAL ENTERTAINING FOR BUSINESS

PURPOSES, HOWEVER, IS NOT PROHIBITED. IF AN EMPLOYEE OR ANY OF HIS OR HER

CLOSE RELATIVES (SPOUSE, DOMESTIC PARTNER, CHILD, SISTER, BROTHER, PARENT,

GRANDPARENT, OR IN-LAWS) HAS, OR IS CONSIDERING HAVING, A PERSONAL OR

FINANCIAL INTEREST IN A CUSTOMER, CLIENT, COMPETITOR, OR SUPPLIER OF THE

ORGANIZATION, OR REAL ESTATE ADJACENT TO ONE OF THE ORGANIZATION'S

LOCATIONS, THE EMPLOYEE MUST DISCLOSE THE INTEREST OR RELATIONSHIP TO THE

CHIEF FINANCIAL OFFICER AT THE ORGANIZATION. WHENEVER THESE ISSUES ARISE,

THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION IS CONTACTED TO DISCUSS THE

ISSUE. THE ORGANIZATION RESERVES THE RIGHT TO DETERMINE WHETHER ANY

RELATIONSHIP REPRESENTS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN

VIOLATION OF THIS POLICY. FAILURE TO PROMPTLY DISCLOSE ACTUAL OR POTENTIAL

CONFLICTS OF INTEREST TO THE CHIEF FINANCIAL OFFICER AT THE ORGANIZATION

MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING DISMISSAL.

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

WHEN DETERMINING THE ANNUAL COMPENSATION FOR ANY INSIDER, THE

ORGANIZATION SHALL ALWAYS UNDERTAKE AND SATISFY ALL THREE PRONGS OF THE

REBUTTABLE PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE REGARDING

INTERMEDIATE SANCTIONS (IRC SECTION 4958).

1. COMPENSATION ARRANGEMENT APPROVED IN ADVANCE BY INDEPENDENT MEMBERS

OF THE ORGANIZATION'S GOVERNING BODY (BOARD OF DIRECTORS OR A SUBCOMMITTEE

THEREOF) THAT IS COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST

WITH RESPECT TO THE COMPENSATION ARRANGEMENT.

2. BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE

GOVERNING BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY DATA

(COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY

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SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMPENSATION.

3. GOVERNING BODY CONTEMPORANEOUSLY DOCUMENTS ITS BASIS FOR MAKING A

REASONABLE COMPENSATION DETERMINATION, AS FOLLOWS:

A. TERMS OF THE APPROVED COMPENSATION AND THE DATE APPROVED BY THE

BOARD

B. MEMBERS OF THE BOARD PRESENT DURING DEBATE ON THE COMPENSATION

AMOUNT AND THOSE WHO VOTED ON IT AND HOW THEY VOTED ON IT

C. DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND

HOW SUCH DATA WAS OBTAINED

D. ANY ACTIONS BY A BOARD MEMBER HAVING A CONFLICT OF INTEREST (E.G.

DISCLOSURE OF THE CONFLICT OF INTEREST; RECUSAL FROM THE DISCUSSION)

E. DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMINATION

BEFORE THE LATER OF THE NEXT BOARD MEETING OR 60 DAYS AFTER THE FINAL

ACTIONS OF THE AUTHORIZED BODY ARE TAKEN

IT IS ESSENTIAL THAT ANY INDIVIDUAL WHOSE COMPENSATION IS BEING DISCUSSED

NOT BE PRESENT DURING SUCH DISCUSSIONS. ALL IDENTIFIED PAYMENTS OF

UNREASONABLE COMPENSATION TO AN INSIDER SHOULD BE CORRECTED (UNDOING OF THE

UNREASONABLE COMPENSATION TO THE EXTENT POSSIBLE) AS SOON AS FEASIBLY

POSSIBLE; FOR EXAMPLE, THE INSIDER SHOULD PAY BACK TO THE ORGANIZATION THE

UNREASONABLE COMPENSATION AMOUNTS PLUS INTEREST TO PUT THE ORGANIZATION IN

A FINANCIAL POSITION NO WORSE THAN THAT IN WHICH IT WOULD BE IF THE INSIDER

WERE DEALING UNDER THE HIGHEST FIDUCIARY STANDARDS. THE REASONABLE

COMPENSATION DISCUSSION SHOULD BE UNDERTAKEN BY THE BOARD AT LEAST

ANNUALLY; THE REASONABLE COMPENSATION BINDER MAINTAINED FOR EACH INSIDER

SHOULD ALSO BE PREPARED, OR AT LEAST UPDATED, ANNUALLY. THE ORGANIZATION

SHALL REFRAIN, WHENEVER POSSIBLE, FROM PAYING CONTINGENT COMPENSATION OR

COMMISSIONS TO INSIDERS AND ALSO AVOID THE PAYMENT OF GOLDEN PARACHUTE

PAYMENTS TO INSIDERS.

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

AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR

PA, RI, SC, TN, UT, VA, WV, WI

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

THE ORGANIZATION'S TAX RETURNS ARE AVAILABLE TO THE PUBLIC AT

WWW.CHARITYNAVIGATOR.ORG. ADDITIONALLY, THE TAX RETURNS ARE AVAILABLE TO

THE PUBLIC ON THE ORGANIZATION'S WEBSITE: WWW.VITAMINANGELS.ORG. OTHER

DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE ORGANIZATION'S OFFICE IN SANTA

BARBARA.