

Form **990**

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A For the 2017 calendar year, or tax year beginning</b>		<b>and ending</b>	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> VITAMIN ANGEL ALLIANCE, INC.		<b>D Employer identification number</b> 77-0485881
	Doing business as VITAMIN ANGELS		<b>E Telephone number</b> (805) 564-8400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	111 WEST MICHELTORENA STREET		300
	<b>G Gross receipts \$</b> 90,630,940.		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>F Name and address of principal officer:</b> HOWARD B. SCHIFFER SAME AS C ABOVE		If "No," attach a list. (see instructions)	
<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

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: A LEADING PARTNER FOR GLOBAL ALLEVIATION OF MICRONUTRIENT DEFICIENCY AMONG AT-RISK POPULATIONS.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 6
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 44
	6	Total number of volunteers (estimate if necessary)	6 25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	81,474,739. 89,762,276.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,644. 148,989.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-15,270. -12,953.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,497,113. 89,898,312.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	66,462,943. 74,206,476.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,810,245. 4,218,136.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	3,898,998.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,853,978. 6,675,403.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	76,127,166. 85,100,015.
	19	Revenue less expenses. Subtract line 18 from line 12	5,369,947. 4,798,297.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	47,377,509. 52,672,647.
	21	Total liabilities (Part X, line 26)	968,008. 1,251,669.
	22	Net assets or fund balances. Subtract line 21 from line 20	46,409,501. 51,420,978.

<b>Part II Signature Block</b>			
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	Date	
	▶ HOWARD B. SCHIFFER, PRESIDENT	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CATHERINE MACAULAY	Preparer's signature	Date
	Firm's name ▶ DAMITZ, BROOKS, NIGHTINGALE	Firm's EIN ▶ 77-0076647	Check if self-employed <input type="checkbox"/> PTIN P00178796
	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:
VITAMIN ANGELS HELPS AT-RISK POPULATIONS IN NEED, SPECIFICALLY
PREGNANT WOMEN, NEW MOTHERS AND CHILDREN UNDER FIVE, GAIN ACCESS TO
LIFE CHANGING VITAMINS AND MINERALS.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, 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 \$ 79,241,369. including grants of \$ 74,206,476. ) (Revenue \$ )
THE ORGANIZATION'S PROGRAM SERVICES, AIMED TO ALLEVIATE UNDERNUTRITION,
FOCUSES ON EVIDENCE-BASED APPROACHES COMPRISING: I) ESSENTIAL
MICRONUTRIENT SUPPLEMENTATION (VITAMIN A AND VARIOUS FORMULATIONS OF
MULTI-MICRONUTRIENT SUPPLEMENTS FOR SPECIALIZED POPULATIONS, II)
CONTROL OF CHILDHOOD INFECTIONS (INCLUDING THE DEPLOYMENT OF
ANTI-PARASITIC AGENTS, PRIMARILY ALBENDAZOLE), III) INITIATIVES TO
OPTIMIZE INFANT AND YOUNG CHILD FEEDING PRACTICES, IV) LIMITED SUPPORT
FOR COMPLEMENTARY FEEDING PROGRAMS FOR YOUNG CHILDREN FROM 3 TO 5 YEARS
OF AGE, AND V) TECHNICAL ASSISTANCE TO SUPPORT DEPLOYMENT OF
PRODUCTS/SERVICES CONSISTENT WITH ACCEPTED BEST PRACTICES. WE PROVIDE
PRODUCTS/SERVICES AND TECHNICAL ASSISTANCE TO QUALIFIED FIELD PARTNERS
(PRIMARILY NON-GOVERNMENTAL ORGANIZATIONS (NGOS), AND A LIMITED NUMBER

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 79,241,369.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4</b> <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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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	
<b>15</b> 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	
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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	
<b>19</b> 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

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>b</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
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36</b> <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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	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

Input box for Schedule O response

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA**
- 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.  
 Own website     Another's website     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, address, and telephone number of the person who possesses the organization's books and records: **BONNIE FORSELL - 805-564-8400**  
**111 WEST MICHELTORENA 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				245,051.	0.	119,608.
(2) ROBERT PARKER COO/CFO/SECRETARY	40.00	X		X				225,874.	0.	21,040.
(3) CLAYTON AJELLO BOARD MEMBER	20.30	X						137,810.	0.	0.
(4) DR. ROBERT BLACK BOARD MEMBER	2.00	X						0.	0.	0.
(5) MICHELLE BROOKS BOARD MEMBER	2.00	X						0.	0.	0.
(6) MICHELLE GOOLSBY BOARD MEMBER/CHAIR	2.00	X						0.	0.	0.
(7) BRIAN WOOD BOARD MEMBER	2.00	X						0.	0.	0.
(8) JIM HAMILTON BOARD MEMBER	2.00	X						0.	0.	0.
(9) THOMAS MERIAM BOARD MEMBER	2.00	X						0.	0.	0.
(10) SCOTT MINGER VICE PRESIDENT OF RETAIL D	40.00					X		212,335.	0.	13,252.
(11) ALLISON HUNT DIRECTOR OF MARKETING	40.00					X		235,130.	0.	13,855.
(12) AMY STANFIELD SENIOR VICE PRESIDENT OF OPERATIONS	40.00					X		116,818.	0.	2,873.





**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>	235,955.				
	<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>	89,526,321.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		75,483,074.				
	<b>h Total.</b> Add lines 1a-1f .....		89,762,276.				
<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) .....			65,907.			65,907.
	<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	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			83,082.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 235,955. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	94,985.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	107,938.			
		<b>c</b> Net income or (loss) from fundraising events .....			-12,953.		
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<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>b</b>					
	<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. ....			89,898,312.	0.	0.	136,036.	

**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 domestic organizations and domestic governments. See Part IV, line 21	1,469,751.	1,469,751.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	72,736,725.	72,736,725.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	749,385.	345,745.	232,399.	171,241.
<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	2,821,986.	868,521.	1,124,722.	828,743.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	137,005.	46,582.	52,062.	38,361.
<b>9</b> Other employee benefits	260,409.	88,539.	98,955.	72,915.
<b>10</b> Payroll taxes	249,351.	84,779.	94,754.	69,818.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	32,512.	15,936.	16,576.	
<b>c</b> Accounting	29,620.		29,620.	
<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.)	2,162,218.	1,464,146.	88,978.	609,094.
<b>12</b> Advertising and promotion	1,500,657.			1,500,657.
<b>13</b> Office expenses	890,896.	807,943.	34,277.	48,676.
<b>14</b> Information technology	354,404.	177,202.	70,881.	106,321.
<b>15</b> Royalties				
<b>16</b> Occupancy	191,366.	95,683.	38,273.	57,410.
<b>17</b> Travel	418,528.	71,798.	20,532.	326,198.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	11,243.		11,243.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	138,350.	69,175.	27,670.	41,505.
<b>23</b> Insurance	93,530.	46,765.	18,706.	28,059.
<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> PROGRAM DIRECT EXPENSES	852,079.	852,079.		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	85,100,015.	79,241,369.	1,959,648.	3,898,998.
<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 .....	7,149,153.	<b>1</b>	5,986,179.
	<b>2</b> Savings and temporary cash investments .....	2,359,027.	<b>2</b>	2,377,334.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	3,624,425.	<b>4</b>	4,898,992.
	<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 .....	32,061,628.	<b>8</b>	36,884,712.
	<b>9</b> Prepaid expenses and deferred charges .....	56,030.	<b>9</b>	56,634.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 146,083.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 64,592.		
	<b>11</b> Investments - publicly traded securities .....	79,198.	<b>10c</b>	81,491.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,856,544.	<b>11</b>	2,305,001.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....	185,887.	<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,617.	<b>14</b>	76,687.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	47,377,509.	<b>15</b>	5,617.	
		<b>16</b>	52,672,647.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	968,008.	<b>17</b>	1,251,669.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	968,008.	<b>26</b>	1,251,669.
<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 .....	42,785,076.	<b>27</b>	46,521,986.
	<b>28</b> Temporarily restricted net assets .....	3,624,425.	<b>28</b>	4,898,992.
	<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 .....	46,409,501.	<b>33</b>	51,420,978.	
<b>34</b> Total liabilities and net assets/fund balances .....	47,377,509.	<b>34</b>	52,672,647.	

**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>	89,898,312.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	85,100,015.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,798,297.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	46,409,501.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	213,180.
<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>	51,420,978.

**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>b</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>c</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>b</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 _____		



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	48,778,331.	55,394,395.	69,926,988.	81,474,739.	89,762,276.	345,336,729.
<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 .....	48,778,331.	55,394,395.	69,926,988.	81,474,739.	89,762,276.	345,336,729.
<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) .....						239,413,858.
<b>6 Public support.</b> Subtract line 5 from line 4.						105,922,871.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	48,778,331.	55,394,395.	69,926,988.	81,474,739.	89,762,276.	345,336,729.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	665.	27,688.	29,757.	37,251.	65,907.	161,268.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	-31,255.	-174.				-31,429.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						345,466,568.
<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 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	30.66 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	28.34 %
<b>16a 33 1/3% support test - 2017.</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 type="checkbox"/>
<b>b 33 1/3% support test - 2016.</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 - 2017.</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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.) .....						
<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 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

VITAMIN ANGELS PROVIDES A RANGE OF SINGLE AND MULTIPLE MICRONUTRIENT SUPPLEMENTS, INFECTION FIGHTING PHARMACEUTICALS, LIMITED QUANTITIES OF FOOD COMMODITIES, AND INFORMATION FOR AT-RISK POPULATIONS BEING SERVED. THE ORGANIZATION RECEIVES CASH DONATIONS FROM THE GENERAL PUBLIC AS WELL AS IN-KIND DONATIONS FROM VITAMIN MANUFACTURING COMPANIES THAT MANUFACTURE VITAMINS TO VITAMIN ANGELS' TECHNICAL SPECIFICATIONS, AND FOUNDATIONS THAT PURCHASE VITAMINS MANUFACTURED TO VITAMIN ANGELS' TECHNICAL SPECIFICATIONS AND DONATE THESE PRODUCTS TO VITAMIN ANGELS. IN THE PAST FEW YEARS, THE ORGANIZATION HAS RECEIVED A VAST MAJORITY OF ITS DONATED VITAMINS FROM TWO VITAMIN COMPANIES THAT HAVE BECOME SUBSTANTIAL CONTRIBUTORS. IN 2017 KIRK HUMANITARIAN HAS BECOME VITAMIN ANGELS' NEWEST AND LARGEST IN-KIND DONOR WITH DONATIONS OF MULTIPLE MICRONUTRIENT SUPPLEMENTS FOR PREGNANT WOMEN. COLLECTIVELY, THESE VITAMIN DONORS ARE VITAL TO FULFILLING THE ORGANIZATION'S PROGRAMS AND ITS OVERALL MISSION. THESE CONTRIBUTORS ARE NOT RELATED IN ANY WAY TO THE ORGANIZATION, THE ORGANIZATION MAINTAINS AN INDEPENDENT GOVERNING BODY FROM THESE CONTRIBUTORS AND THE CONTRIBUTORS DO NOT EXERT ANY CONTROL OVER DEPLOYMENT OF VITAMIN PRODUCTS. FULFILLING A COMMITMENT MADE IN 2016 TO DIVERSIFY ITS IN-KIND DONORS, THE VITAMIN ANGELS' BOARD CONTINUES THE PROCESS OF EXPLORING NEW AVENUES FOR GENERATING IN-KIND DONATIONS OF VITAMINS PRODUCTS.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 21,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 7,873,776.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ 16,173.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
7	_____ _____ _____	\$ 252,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 19,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 18,514.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
13	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 17,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 47,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
19	_____ _____ _____	\$ 7,304.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 901,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
25	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 6,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 9,099.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 175,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	_____ _____ _____	\$ _____ 12,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
31	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ _____ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ _____ 47,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ _____ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
37	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 6,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
43	_____ _____ _____	\$ _____ 35,640,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ _____ 36,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ _____ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ _____ 28,584.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	_____ _____ _____	\$ 1,193,762.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
49	_____ _____ _____	\$ 7,245,108.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 58,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 1,208,976.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54	_____ _____ _____	\$ _____ 26,686.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
55	_____ _____ _____	\$ _____ 10,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ _____ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ _____ 20,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	_____ _____ _____	\$ 10,139,066.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
61	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ _____	\$ 10,045.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ _____	\$ 6,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ _____	\$ 123,194.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
67	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ 216,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ 33,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	_____ _____ _____	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
73	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ 426,930.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ 256,771.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78	_____ _____ _____	\$ _____ 231,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
79	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ _____ 6,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ _____ 14,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ _____ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ _____ 50,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
85	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____ _____ _____	\$ 8,991.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____ _____ _____	\$ 9,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	_____ _____ _____	\$ 31,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
91	_____ _____ _____	\$ 37,890.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ _____	\$ 8,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ _____	\$ 290,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
97	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ 12,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ 56,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ 275,254.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ 2,145,440.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102	_____ _____ _____	\$ 6,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
103	_____ _____ _____	\$ 121,250.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ 569,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108	_____ _____ _____	\$ _____ 288,472.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ _____ 243,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
109	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ _____ 12,343.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ _____ 5,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ 7,470,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ 19,026.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
115	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ 45,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	_____ _____ _____	\$ 5,764.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ 62,098.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
121	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b>  77-0485881
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	_____ _____ _____	\$ _____ 20,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ _____ 4,346.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ _____	\$ _____ 1,400,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
127	_____ _____ _____	\$ _____ 120,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ _____ 49,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ _____ 8,887,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ 9,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
133	_____ _____ _____	\$ 7,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  VITAMIN ANGEL ALLIANCE, INC.	Employer identification number  77-0485881
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 9,001.	12/31/17
4	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 7,873,776.	10/31/17
138	50 SHARES OF SPRDR S&P MIDCAP STOCK	\$ 16,173.	07/27/17
8	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 6,924.	12/31/17
11	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 18,514.	04/30/17
16	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 43,200.	07/31/17

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	PACKAGING MATERIALS _____ _____ _____	\$ 7,304.	12/31/17
21	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____ _____	\$ 871,479.	07/11/17
43	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____ _____	\$ 35,640,000.	12/31/17
48	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____ _____	\$ 1,193,762.	12/31/17
49	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____ _____	\$ 7,245,108.	12/15/17
53	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____ _____	\$ 1,208,976.	04/11/17

Name of organization  VITAMIN ANGEL ALLIANCE, INC.	Employer identification number  77-0485881
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
54	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 24,686.	04/28/17
60	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 10,139,066.	12/31/17
62	125 SHARES OF TD AMERITRADE, 4 SHARES OF ALPHABET INC, 1 SHARE OF SCOTTS MIRACLE GRO STOCK	\$ 10,045.	10/23/17
65	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 118,194.	07/11/17
75	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 426,930.	10/31/17
77	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS	\$ 256,771.	05/11/17

Name of organization  VITAMIN ANGEL ALLIANCE, INC.	Employer identification number  77-0485881
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
87	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____	\$ 8,991.	12/31/17
88	PACKAGING MATERIALS _____ _____	\$ 2,475.	06/08/17
94	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____	\$ 290,500.	03/29/17
100	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____	\$ 275,254.	05/25/17
101	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____	\$ 2,145,440.	12/31/17
103	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____	\$ 121,250.	02/07/17



Name of organization  VITAMIN ANGEL ALLIANCE, INC.	Employer identification number  77-0485881
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
110	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____	\$ 12,343.	04/30/17
113	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____	\$ 7,470,000.	05/09/17
116	VARIOUS VITAMINS AND NUTRITIONAL SUPPLEMENTS _____ _____	\$ 40,741.	12/20/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  VITAMIN ANGEL ALLIANCE, INC.	Employer identification number  77-0485881
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2017

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about property control and private benefit.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

**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" on 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	4,125,376.	4,036,263.	4,057,632.	4,058,904.	
b Contributions					4,058,904.
c Net investment earnings, gains, and losses	364,023.	102,206.	-9,686.	1,795.	
d Grants or scholarships					
e Other expenditures for facilities and programs	13,657.	13,093.	11,683.	3,067.	
f Administrative expenses					
g End of year balance	4,475,742.	4,125,376.	4,036,263.	4,057,632.	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 on 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" on line 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" on 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		146,083.	64,592.	81,491.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				81,491.

**Part VII Investments - Other Securities.**

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

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

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" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	90,485,724.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	213,180.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	264,440.
<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>	477,620.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	90,008,104.
<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>	-109,792.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-109,792.
<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>	89,898,312.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	85,474,247.
<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>	264,440.
<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>	109,792.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	374,232.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	85,100,015.
<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>	85,100,015.

**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 ORGANIZATIONS'S TAX RETURNS FROM THE YEAR 2014 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE IRS

**Part XIII** Supplemental Information (continued)

FOR FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2013 TO THE PRESENT

REMAIN SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-107,938.
DISPOSAL OF FIXED ASSETS	-1,854.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-109,792.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	107,938.
DISPOSAL OF FIXED ASSETS	1,854.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	109,792.





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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NUTRITION	0.		3,004,512.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SUB-SAHARAN AFRICA	DEWORMING	0.		42,867,420.	ALBENDAZOLE	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC	NUTRITION	0.		3,677,088.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC	DEWORMING	0.		15,423,882.	ALBENDAZOLE	BOOK- SEE PART V
		SOUTH AMERICA	NUTRITION	0.		3,682,958.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SOUTH AMERICA	DEWORMING	0.		3,435,930.	ALBENDAZOLE	BOOK- SEE PART V
		NORTH AMERICA	NUTRITION	0.		111,941.	VITAMIN A AND/OR MULTIVITAMINS	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 ..... 548

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  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. See instructions.

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.

FORM 990, PART I, LINE 2:

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 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

**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. See instructions.

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 THE WORLD HEALTH ORGANIZATION (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 YEARS ENDING DECEMBER 31, 2017 AND 2016 WERE BASED ON 2016 AND 2014 IMS HEALTH DATA.

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 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

**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. See instructions.

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 YEARS  
ENDING DECEMBER 31, 2017 AND 2016 WERE BASED ON 2015 AND 2013 IDPI  
DATA. THIS WAS THE MOST CURRENT DATA AVAILABLE AT JANUARY 1, 2017 AND  
2015, RESPECTIVELY.  
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  
IS USED AS A SUITABLE PRICING REFERENCE. REDBOOK 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. See instructions.

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 YEARS

ENDING DECEMBER 31, 2017 AND 2016 WERE BASED ON 2017 AND 2015 REDBOOK

DATA.

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" on 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))
		VITAMIN SHOP GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	330,940.			330,940.
	<b>2</b> Less: Contributions .....	235,955.			235,955.
	<b>3</b> Gross income (line 1 minus line 2) .....	94,985.			94,985.
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 .....	107,938.			107,938.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				107,938.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-12,953.

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
Revenue	<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 conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct 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" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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 noncash assistance	<b>(h)</b> Purpose of grant or assistance
1ST CHOICE PREGNANCY RESOURCE CENTER - 602 MAIN ST. - TEXARKANA, TX 75501	71-0494180	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
A BETTER CHOICE 3007 E. CENTRAL WICHITA, KS 67214	48-1133128	501(C)(3)	0.	11,056.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
A CENTER FOR WOMEN (THE GORMAN FAMILY LIFE CENTER) - 315 N WYMORE RD. - WINTER PARK, FL 32789	59-2933541	501(C)(3)	0.	11,056.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
A WOMAN'S CHOICE 1234 E LIME STREET LAKELAND, FL 33801	59-2853796	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
A WOMAN'S PLACE MEDICAL CLINIC DBA NEW LIFE SOLUTIONS - 1910 EAST BAY DR - LARGO, FL 33771	59-2588366	501(C)(3)	0.	18,235.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AGAPE PREGNANCY HELP CTR 3234 NORTHWESTERN DR SAN ANTONIO, TX 78238	74-2808910	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 90.
- 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) (2017)

**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
AGAPE PREGNANCY RESOURCE CENTER 104 E MAIN ST ROUND ROCK, TX 78664	27-0111679	501(C)(3)	0.	6,633.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AMERICAN HOME FINDING ASSOCIATION 333 CHURCH ST. OTTUMWA, IA 52501	42-0713654	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	398,034.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ARK-LA-TEX 921 SHREVEPORT-BARKSDALE HWY SHREVEPORT, LA 71105	58-2010775	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BAKERSFIELD PREGNANCY CENTER 1801 21ST ST #2 BAKERSFIELD, CA 93301	77-0024688	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BENTON-FRANKLIN HEALTH DISTRICT 7102 W. OKANOGAN PLACE KENNEWICK, WA 99336	91-1018182	501(C)(3)	0.	35,381.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BIRTH CHOICE DALLAS 8610 GREENVILLE AVENUE SUITE 200 DALLAS, TX 75243	26-4478516	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BIRTH CHOICE OF OKLAHOMA, INC 4701 S WESTERN OKLAHOMA CITY, OK 73109	23-7350798	501(C)(3)	0.	14,040.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARENET OF CENTRAL TX 1818 COLUMBUS AVENUE WACO, TX 78701	74-2345781	501(C)(3)	0.	14,040.	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
CARENET PREGNANCY CENTER OF ALBUQUERQUE - 9809 CANDALARI RD NE - ALBUQUERQUE, NM 87112	85-0312055	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARENET PREGNANCY CENTER OF HOUSTON - 14530 WUNDERLICH - HOUSTON, TX 77069	76-0338152	501(C)(3)	0.	15,479.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARENET PREGNANCY CENTER OF THURSTON CO. - 135 LILY ROAD NE - OLYMPIA, WA 98506	91-1271323	501(C)(3)	0.	6,552.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CENTRAL VALLEY CRISIS PREGNANCY DBA PREGNANCY CARE CENTER - 169 N. CLARK ST - FRESNO, CA 93701	77-0027014	501(C)(3)	0.	10,296.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CHOICES MEDICAL CLINIC, INC. 538 S BLECKLEY WICHITA, KS 67218	48-1141020	501(C)(3)	0.	9,360.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CHOICES PREGNANCY CTRS 4494 W. PEORIA AVE. #115 GLENDALE, AZ 85302	86-0536082	501(C)(3)	0.	24,324.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
COMPLETECARE HEALTH NETWORK 484 S. BREWSTER RD VINELAND, NJ 08361	22-2763588	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CONNECT US HEALTH (DBA) MIDTOWN MIDWIVES AND WOMEN'S HEALTH SERVICES - 601 BENTON AVE - NASHVILLE, TN 37204	62-1438461	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CORPUS CHRISTI PREGNANCY RESOURCE CENTER DBA PREGNANCY CENTER OF THE COASTA - 4730 EVERHART RD - CORPUS CHRISTI, TX 78411	74-2541210	501(C)(3)	0.	11,057.	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
CURA WOMEN'S CARE CLINIC 100 EDGEWOOD AVENUE NE SUITE 1650 ATLANTA, GA 30303	20-0478411	501(C)(3)	0.	5,616.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CURA WOMEN'S CARE CLINIC 2401 IRA E WOODS AVE #300 GRAPEVINE, TX 76051	26-4099950	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
EDUCATION FOR LIFE (WOMEN'S PC) 1701 E. SILVER SPRINGS BLVD. OCALA, FL 34470	59-2017427	501(C)(3)	0.	15,887.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ELKHART COUNTY HEALTH DEPT 1400 HUDSON ST. ELKHART, IN 46516	35-6000142	501(C)(3)	0.	13,819.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
EMERGENCY FAMILY ASSISTANCE ASSOCIATION - 1575 YARMOUTH AVE - BOULDER, CO 80304	84-0454115	501(C)(3)	0.	6,548.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
EMERGENCY FOOD PANTRY 1101 4TH AVE N FARGO, ND 58102	51-0138107	501(C)(3)	0.	13,268.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FAMILY LIFE SOLUTIONS INC DBA PREGNANCY HELP CENTER - 7700A CAMP BOWIE WEST - FORT WORTH, TX 76116	75-2125380	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FIRST CHOICE WOMEN'S RESOURCE CENTERS, INC. - 180 BLOOMFIELD AVENUE - MONTCLAIR, NJ 07042	22-2560940	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FIRST LIFE CENTER FOR PREGNANCY 3125 BRUTON BLVD. SUITE B ORLANDO, FL 32805	59-0696287	501(C)(3)	0.	17,690.	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
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVENUE SHREVEPORT, LA 71103	72-1328890	501(C)(3)	0.	24,323.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FORT SMITH CHRISTIAN FAMILY SERVICES - 4622 GRAND AVE - FORT SMITH, AR 72904	58-1899081	501(C)(3)	0.	11,056.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FORT WORTH PREGNANCY CTR 3221 CLEBURNE ROAD FORTH WORTH, TX 76119	75-2548774	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FOUNDATION FOR LIFE 10900 NORTHWEST FREEWAY #112 HOUSTON, TX 77092	74-1918608	501(C)(3)	0.	5,616.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HANDS OF HOPE PREGNANCY RESOURCE CENTER - 2290 E. SPEEDWAY BLVD - TUCSON, AZ 85719	94-2750922	501(C)(3)	0.	5,616.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HEARTBEAT OF TOLEDO 4041 W. SYLVANIA AVENUE SUITE LL4 TOLEDO, OH 43623	23-7404777	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HOPE PREGNANCY CENTERS OF BRAZOS VALLEY - 205 BRENTWOOD DR E - COLLEGE STATION, TX 77840	74-2352717	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HOPE WOMEN'S RESOURCE CLINIC 3740 LAUREL AVENUE BEAUMONT, TX 77707	76-0548301	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
INTER TRIBAL COUNCIL OF AZ 2214 NORTH CENTRAL AVE., SUITE 100 PHOENIX, AZ 85004	86-0343181	501(C)(3)	0.	11,003.	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
INVOLVED FOR LIFE 1606 PATTERSON SUITE D DALLAS, TX 75201	25-1902817	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LAKE COUNTY HEALTH DPT 2400 BELVIDERE RD. WAUKEGAN, IL 60085	36-6006600	501(C)(3)	0.	13,104.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LIFE CHOICES WOMEN'S CLINIC 9303 N. 7TH SUITE 4 PHOENIX, AZ 85020	86-0840424	501(C)(3)	0.	16,848.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LIFE NETWORK 3700 GALLEY RD COLORADO SPRINGS, CO 80909	84-0970592	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LIFE'S CONNECTION 307 S ROCHESTER ST MUKWONAGO, WI 53149	45-3599266	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MARY'S PREGNANCY RESOURCE CENTER 1120 SE 3RD AVE FORT LAUDERDALE, FL 33316	46-2202661	501(C)(3)	0.	14,040.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MATRIX LIFELINE OF GREATER LAFAYETTE - 935 MEZZANINE DR. STE. A - LAFAYETTE, IN 47905	31-0971746	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
METROPLEX WOMEN'S CLINIC 2810 NORTH WEST GREEN OAKS BLVD ARLINGTON, TX 76012	75-1987614	501(C)(3)	0.	39,225.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MID CITIES PREG CTR 201 WESTPARK WAY EULESS, TX 76040	75-2770452	501(C)(3)	0.	22,113.	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
MISSOULA NUTRITION RESOURCES 301 W ALDER, 1ST FLOOR MISSOULA, MT 59802	81-0543225	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MOSES LAKE COMMUNITY HEALTH CENTER 605 COOLIDGE ST. MOSES LAKE, WA 98837	91-1537371	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	55-0611100	501(C)(3)	0.	21,060.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NORTHSHORE HEALTH CENTERS 2490 CENTRAL AVENUE LAKE STATION, IN 46405	35-2028588	501(C)(3)	0.	22,113.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
OASIS MEDICAL CENTER, INC 2421 PROPER STREET CORINTH, MS 38834	64-0853469	501(C)(3)	0.	5,616.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
OPTIONS FOR WOMEN PREGNANCY HELP CENTER - 4435 FLORIDA NATIONAL DRIVE - LAKELAND, FL 33813	59-3521722	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
OPTIONS360 PREGNANCY CLINIC 1706 W. MAIN STREETSUITE 115 BATTLE GROUND, WA 98604	27-0059405	501(C)(3)	0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
OSCEOLA PREGNANCY CENTER 1700 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741	27-2714007	501(C)(3)	0.	9,360.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	0.	11,057.	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
PREGNANCY DECISION HEALTH CENTERS 665 E DUBLIN GRANVILLE RD COLUMBUS, OH 43229	31-1002913	501(C)(3)	0.	13,268.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY HELP4U 425 KELLER PARKWAY KELLER, TX 76248	45-2442701	501(C)(3)	0.	10,249.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCE CENTER OF GWINNETT - 337 WEST PIKE ST - LAWRENCEVILLE, GA 30046	46-5456475	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCE CENTER OF SALT LAKE CITY - 644 SOUTH 900 EAST - SALT LAKE CITY, UT 84102	87-0423659	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCE CENTERS OF GREATER PORTLAND - 7931 NE HALSSEY ST. #100 - PORTLAND, OR 97213	93-0854417	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCES AND MEDICAL CLINIC OF NORTH TEXAS - 250 NW TARRANT AVE - BURLESON, TX 76028	75-2199472	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY TESTING CENTERS, INC 216 E TOM LANDRY ST. MISSION, TX 78572	74-2540184	501(C)(3)	0.	11,056.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PUERTO RICO PRIMARY CARE ASSOCIATION - ZONA LIBRE DE COMERICO - GUAYNABO, PR 00969	66-0419912	501(C)(3)	0.	39,803.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
RACHEL HOUSE PRC 1260 NE WINDSOR DRIVE LEE'S SUMMIT, MO 64086	43-1808105	501(C)(3)	0.	21,996.	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
REGIONAL FOOD BANK OF OKLAHOMA 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73137-0968	73-1100380	501(C)(3)	0.	39,803.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SECOND HARVEST FB OF SANTA CLARA AND SAN MATEO - 750 CURTNER AVE. - SAN JOSE, CA 95125	94-2614101	501(C)(3)	0.	79,607.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST JOSEPH, MO 64503	44-6000455	501(C)(3)	0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SPRING BRANCH COMMUNITY HEALTH 1615 HILLENDahl, SUITE 100 HOUSTON, TX 77055	30-0198705	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ST. EDMUNDS EPISCOPAL CHURCH 1905 MORRIS AVENUE BRONX, NY 10453	13-2587963	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
TARRANT AREA FOOD BANK 2600 CULLEN STREET FORT WORTH, TX 76107	75-1822473	501(C)(3)	0.	35,075.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
THE HOPE CENTER 295 MOLLY LANE SUITE 120 WOODSTOCK, GA 30189	58-1967056	501(C)(3)	0.	6,037.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WELVISTA, INC 121 GREYSTONE BLVD. COLUMBIA, SC 29210	56-2034627	501(C)(3)	0.	5,616.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S CARE CENTER 285 MAIN ST DAYTON, TN 37321	58-1767813	501(C)(3)	0.	5,751.	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
WOMEN'S CARE CENTER, INC. (IN) 360 N. NOTRE DAME AVE SOUTH BEND, IN 46617	35-1609945	501(C)(3)	0.	21,060.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S CHOICE RESOURCE CENTER 324 S. RAND STREET FORTH WORTH, TX 76103	75-2504542	501(C)(3)	0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S HOPE MEDICAL CLINIC 832 STAGE ROAD AUBURN, AL 36830	63-0841475	501(C)(3)	0.	5,616.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S RESOURCE CENTER OF NATCHITOCHES - 107 NORTH ST. - NATCHITOCHES, LA 71457	58-1882982	501(C)(3)	0.	5,485.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash 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

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <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 (such as, maid, chauffeur, chef) |

**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 ..... **1b**

**2** 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 on line 1a? ..... **2**

**3** 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.

- |   |   |
|---|---|
| <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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- |  |           |   |   |
|--|-----------|---|---|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                             | <b>4a</b> |   | X |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... | <b>4b</b> | X |   |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....    | <b>4c</b> |   | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- |  |           |  |   |
|--|-----------|--|---|
| <b>a</b> The organization? .....         | <b>5a</b> |  | X |
| <b>b</b> Any related organization? ..... | <b>5b</b> |  | X |
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- |  |           |  |   |
|--|-----------|--|---|
| <b>a</b> The organization? .....         | <b>6a</b> |  | X |
| <b>b</b> Any related organization? ..... | <b>6b</b> |  | X |
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

<b>7</b>		X
----------	--	---

**8** Were any amounts reported on 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 .....

<b>8</b>		X
----------	--	---

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

<b>9</b>		
----------	--	--

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

Schedule J (Form 990) 2017

**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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HOWARD B. SCHIFFER PRESIDENT	(i)	245,051.	0.	0.	60,000.	59,608.	364,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT PARKER COO/CFO/SECRETARY	(i)	225,874.	0.	0.	0.	21,040.	246,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SCOTT MINGER VICE PRESIDENT OF RETAIL D	(i)	212,335.	0.	0.	0.	13,252.	225,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALLISON HUNT DIRECTOR OF MARKETING	(i)	235,130.	0.	0.	0.	13,855.	248,985.	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)							
	(i)							
	(ii)							



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

HOWARD SCHIFFER

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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	X	2	26,218.	FAIR MARKET VALUE
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 ( SUPPLEMENTS )	X	25	75,438,086.	BOOK - SEE PART II
26 Other ( PACKAGING )	X	2	9,779.	FAIR MARKET VALUE
27 Other ( CARTON LABELS )	X	1	8,991.	FAIR MARKET VALUE
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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

**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 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 THE WORLD HEALTH ORGANIZATION

(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 YEARS ENDING DECEMBER 31, 2016 AND 2015 WERE BASED ON 2014 IMS

HEALTH DATA.

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 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 YEARS

ENDING DECEMBER 31, 2016 AND 2015 WERE BASED ON 2013 IDPI DATA. THIS

WAS THE MOST CURRENT DATA AVAILABLE AT JANUARY 1, 2015.

**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.

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 IS USED AS A SUITABLE PRICING REFERENCE. REDBOOK IS PUBLISHED BY 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 YEARS ENDING DECEMBER 31, 2016 AND 2015 WERE BASED ON 2015 REDBOOK DATA. 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.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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:

OF NATIONAL HEALTH SERVICES OPERATING IN THE UNITED STATES, CANADA, THE

UNITED KINGDOM AND SELECTED LOW AND MIDDLE INCOME COUNTRIES DESIGNATED

BY THE WORLD HEALTH ORGANIZATION (THE W.H.O.) AS EXPERIENCING MODERATE

TO SEVERE UNDERNUTRITION OR ANEMIA OR HIDDEN HUNGER, AND/OR

EXPERIENCING A MODERATE TO SEVERE PREVALENCE LEVELS OF INTESTINAL

PARASITES. THIS INCLUDES DEPLOYMENT OF SUPPLIES TO AT-RISK WOMEN AND

CHILDREN (MEANING HARD-TO-REACH WOMEN AND CHILDREN WITH LITTLE TO NO

ACCESS TO NATIONAL HEALTH SERVICES IN THEIR COUNTRY), INCLUDING VITAMIN

A DISTRIBUTION TO AT-RISK CHILDREN 6-59 MONTHS OF AGE, DEWORMING OF

AT-RISK CHILDREN 12-59 MONTHS OF AGE, AND MULTIPLE MICRONUTRIENT

SUPPLEMENTATION FOR AT-RISK PREGNANT WOMEN.

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

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

PREPARATION OF FORM 990. FORM 990 WILL BE PREPARED, WITH THE ASSISTANCE OF

THE OUTSIDE ACCOUNTING FIRM, BY THE CHIEF FINANCIAL OFFICER. CIRCULATED,

REVIEWED AND APPROVED BY THE AUDIT COMMITTEE AND THE BOARD CHAIR BEFORE

FILING. THE DRAFT WILL THEN BE REVIEWED, APPROVED AND SIGNED BY THE

PRESIDENT/CEO WHO IS A MEMBER OF THE BOARD AND AN OFFICER OF THE

ORGANIZATION. ONCE FINAL, THE FORM 990 WILL BE DISTRIBUTED TO THE ALL

REMAINING MEMBERS OF THE BOARD PRIOR TO FILING THE FORM 990 WITH THE IRS.

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

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

Schedule O (Form 990 or 990-EZ) (2017)

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

OR CONSULTING, IS CONSIDERED A POTENTIAL CONFLICT OF INTEREST.

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

Name of the organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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GOVERNING BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY DATA

(COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY

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



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

COMMISSIONS TO INSIDERS AND ALSO AVOID THE PAYMENT OF GOLDEN PARACHUTE

PAYMENTS TO INSIDERS.

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

AL, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MS, NH, NJ, NY, ND, OK, OR, PA, RI, SC, TN, UT

WA, WI, NC

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.