

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

**2014**

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

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> VITAMIN ANGEL ALLIANCE, INC. Doing business as VITAMIN ANGELS Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 WEST MICHELTORENA STREET 300 City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93101 <b>F Name and address of principal officer:</b> HOWARD B. SCHIFFER SAME AS C ABOVE	<b>D Employer identification number</b> 77-0485881  <b>E Telephone number</b> (805) 564-8400  <b>G Gross receipts \$</b> 55,553,548. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> WWW.VITAMINANGELS.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L Year of formation:</b> 1998		<b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	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) <b>3</b> 10 4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 8 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>5</b> 32 6 Total number of volunteers (estimate if necessary) <b>6</b> 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 0. 7b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> 0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) <b>8</b> 48,778,331. <b>Prior Year</b> 55,394,395. <b>Current Year</b> 9 Program service revenue (Part VIII, line 2g) <b>9</b> 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10</b> -267. 24,251. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>11</b> -31,255. -174. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b> 48,746,809. 55,418,472.	
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13</b> 23,331,621. 46,223,133. 14 Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b> 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b> 1,924,437. 2,728,222. 16a Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b> 0. 0. 16b Total fundraising expenses (Part IX, column (D), line 25) <b>16b</b> 2,517,365. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>17</b> 1,978,074. 3,863,393. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b> 27,234,132. 52,814,748. 19 Revenue less expenses. Subtract line 18 from line 12 <b>19</b> 21,512,677. 2,603,724.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) <b>20</b> 32,801,229. <b>Beginning of Current Year</b> 35,508,904. <b>End of Year</b> 21 Total liabilities (Part X, line 26) <b>21</b> 432,144. 561,877. 22 Net assets or fund balances. Subtract line 21 from line 20 <b>22</b> 32,369,085. 34,947,027.	

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 49,012,047. including grants of \$ 46,223,133. ) (Revenue \$ ) THE ORGANIZATION'S PROGRAM SERVICES, AIMED TO ALLEVIATE UNDER-NUTRITION USING EVIDENCE-BASED APPROACHES, CONSIST OF PROVIDING: I) ESSENTIAL MICRONUTRIENTS (VITAMIN A AND VARIOUS FORMULATIONS OF MULTIVITAMINS), II) ANTI-PARASITIC AGENTS (ALBENDAZOLE), III) INFORMATIONAL MATERIALS AND INSTRUCTION FOR HEALTH CARE PROVIDERS ON BREAST-FEEDING AND GOOD COMPLEMENTARY FEEDING PRACTICES, AND IV) TECHNICAL ASSISTANCE TO SUPPORT DEPLOYMENT OF PRODUCTS/SERVICES CONSISTENT WITH ACCEPTED BEST PRACTICES. WE PROVIDE OUR PRODUCTS/SERVICES AND TECHNICAL ASSISTANCE TO QUALIFIED FIELD PARTNERS (PRIMARILY NON-GOVERNMENTAL ORGANIZATIONS (NGOS), AND A LIMITED NUMBER OF NATIONAL HEALTH SERVICES) OPERATING IN THE UNITED STATES AND SELECTED DEVELOPING COUNTRIES DESIGNATED BY WORLD HEALTH ORGANIZATION (W.H.O.) AS EXPERIENCING I)MODERATE TO SEVERE

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 49,012,047.

**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
<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? .....		X

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

	Yes	No
<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 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 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

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, and 720.

**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, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 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: **ROBERT PARKER - 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			213,499.	0.	90,318.	
(2) ROBERT PARKER COO/CFO	40.00	X		X			186,166.	0.	27,044.	
(3) MICHELLE GOOLSBY CHAIR	2.00	X		X			0.	0.	0.	
(4) CLAYTON AJELLO BOARD MEMBER	20.30	X					130,500.	0.	0.	
(5) JOANNE GRAY BOARD MEMBER	2.00	X					0.	0.	0.	
(6) DR. ROBERT BLACK BOARD MEMBER	2.00	X					0.	0.	0.	
(7) MICHELLE BROOKS BOARD MEMBER	2.00	X					0.	0.	0.	
(8) PETER VAN STOLK BOARD MEMBER	2.00	X					0.	0.	0.	
(9) TOM TOLWORTHY BOARD MEMBER	2.00	X					0.	0.	0.	
(10) BRIAN WOOD BOARD MEMBER	2.00	X					0.	0.	0.	
(11) JEFFREY MARKEL SR VICE PRESIDENT	40.00			X			140,399.	0.	12,439.	
(12) SCOTT MINGER VICE PRESIDENT OF RETAIL DEVELOPMENT	40.00				X		161,891.	0.	5,420.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
<b>1b Sub-total</b> .....							832,455.	0.	135,221.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							832,455.	0.	135,221.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CONE COMMUNICATIONS 855 BOYLSTON ST, BOSTON, MA 02116	PUBLIC RELATIONS & MARKETING	109,593.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**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>	250,365.				
	<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>	55,144,030.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		44,907,967.				
	<b>h Total.</b> Add lines 1a-1f .....		55,394,395.				
<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) .....		27,688.			27,688.	
	<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) .....			-3,437.		-3,437.
	<b>8 a</b> Gross income from fundraising events (not including \$ 250,365. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	121,465.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	121,639.			
		<b>c</b> Net income or (loss) from fundraising events .....			-174.		-174.
	<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</b>	<b>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. ....			55,418,472.	0.	0.	24,077.	

**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	1,636,094.	1,636,094.		
<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	44,587,039.	44,587,039.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	967,676.	329,009.	367,718.	270,949.
<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	1,336,549.	454,427.	507,888.	374,234.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	94,950.	32,283.	36,081.	26,586.
<b>9</b> Other employee benefits	163,282.	55,516.	62,047.	45,719.
<b>10</b> Payroll taxes	165,765.	56,360.	62,991.	46,414.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	24,898.	12,449.	12,449.	
<b>c</b> Accounting	28,325.		28,325.	
<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.)	935,360.	602,388.	63,037.	269,935.
<b>12</b> Advertising and promotion	1,097,722.			1,097,722.
<b>13</b> Office expenses	125,979.	62,990.	25,196.	37,793.
<b>14</b> Information technology	163,072.	81,536.	32,614.	48,922.
<b>15</b> Royalties				
<b>16</b> Occupancy	100,429.	50,215.	20,086.	30,128.
<b>17</b> Travel	363,351.	78,697.	36,418.	248,236.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	11,272.		11,272.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	14,565.	7,283.	2,913.	4,369.
<b>23</b> Insurance	54,529.	27,265.	10,906.	16,358.
<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	532,012.	532,012.		
<b>b</b> POSTAGE AND SHIPPING	411,879.	406,484.	5,395.	
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	52,814,748.	49,012,047.	1,285,336.	2,517,365.
<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 .....	3,228,151.	<b>1</b>	2,403,003.
	<b>2</b> Savings and temporary cash investments .....	4,068,795.	<b>2</b>	3,131,836.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,085,623.	<b>4</b>	3,192,469.
	<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 .....	24,357,442.	<b>8</b>	25,661,304.
	<b>9</b> Prepaid expenses and deferred charges .....	18,086.	<b>9</b>	107,616.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 54,350.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 19,453.		
		37,515.	<b>10c</b>	34,897.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	966,297.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	5,617.	<b>15</b>	11,482.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	32,801,229.	<b>16</b>	35,508,904.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	279,451.	<b>17</b>	311,601.
	<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 .....	152,693.	<b>25</b>	250,276.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	432,144.	<b>26</b>	561,877.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	31,283,462.	<b>27</b>	31,754,558.
	<b>28</b> Temporarily restricted net assets .....	1,085,623.	<b>28</b>	3,192,469.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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 .....	32,369,085.	<b>33</b>	34,947,027.	
<b>34</b> Total liabilities and net assets/fund balances .....	32,801,229.	<b>34</b>	35,508,904.	

**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>	55,418,472.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	52,814,748.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,603,724.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	32,369,085.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-25,782.
<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>	34,947,027.

**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 _____		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25,705,556.	17,278,255.	29,940,239.	48,778,331.	55,394,395.	177,096,776.
<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 .....	25,705,556.	17,278,255.	29,940,239.	48,778,331.	55,394,395.	177,096,776.
<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) .....						109,188,212.
<b>6 Public support.</b> Subtract line 5 from line 4.						67,908,564.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	25,705,556.	17,278,255.	29,940,239.	48,778,331.	55,394,395.	177,096,776.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	6,376.	3,704.	596.	665.	27,688.	39,029.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	-122,727.	-160,919.	-12,994.	-31,255.	-174.	-328,069.
<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						176,807,736.
<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 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	38.41 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	43.76 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</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 - 2014.</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 type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 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 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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 <b>Part VI</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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> .		
<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 <b>Part VI</b> the role played by the organization in this regard.		

**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. **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) 2014

**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 2014 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-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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

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

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 two yes/no questions about donor property and grant fund usage.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
3 Number of conservation easements modified, transferred, released, extinguished, or terminated...
4 Number of states where property subject to conservation easement is located...
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations...
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements...
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 2a, 2b, 2c, 2d.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

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

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

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

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

	Amount
c Beginning balance	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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,058,904.				
b Contributions		4,058,904.			
c Net investment earnings, gains, and losses	1,795.				
d Grants or scholarships					
e Other expenditures for facilities and programs	3,067.				
f Administrative expenses					
g End of year balance	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 in lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		54,350.	19,453.	34,897.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,897.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED LIABILITIES	210,276.
(3) DEFERRED COMPENSATION	40,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	250,276.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	55,694,377.
<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>	-25,782.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	176,722.
<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>	150,940.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	55,543,437.
<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>	-124,965.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-124,965.
<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>	55,418,472.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	53,116,435.
<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>	176,722.
<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>	124,965.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	301,687.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	52,814,748.
<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>	52,814,748.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE BOARD HAS DESIGNATED UNRESTRICTED NET ASSETS AS AN OPERATING RESERVE FUND WHICH IS THE APPROXIMATE AMOUNT OF CASH OPERATING EXPENSES BUDGETED FOR A SIX MONTH PERIOD.

PART X, LINE 2:

THE ORGANIZATION'S IRS FORM 990 IS SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE OR OTHER TAXES. THE FOUNDATION'S TAX RETURNS FROM THE YEAR 2011 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE IRS FOR



**Part XIII** Supplemental Information (continued)

FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2010 TO THE PRESENT REMAIN

SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-121,639.
DISPOSAL OF FIXED ASSETS	-3,326.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-124,965.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	121,639.
DISPOSAL OF FIXED ASSETS	3,326.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	124,965.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
AFRICA	0	0	PROGRAM SERVICES	NUTRITIONAL	17,842,006.
ASIA	0	0	PROGRAM SERVICES	NUTRITIONAL	15,604,120.
LATIN AMERICA	0	0	PROGRAM SERVICES	NUTRITIONAL	10,912,202.
<b>3 a</b> Sub-total .....	0	0			44,358,328.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			44,358,328.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA,	NUTRITION	0.		1,976,506.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SUB-SAHARAN AFRICA - ANGOLA,	DEWORMING	0.		15,865,500.	ALBENDAZOLE	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC -	NUTRITION	0.		3,031,620.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC -	DEWORMING	0.		12,572,500.	ALBENDAZOLE	BOOK- SEE PART V
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	NUTRITION	0.		6,405,702.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	DEWORMING	0.		4,506,500.	ALBENDAZOLE	BOOK- SEE PART V

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **573**

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not 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.

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.

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 WHOLESALE AND A LOCAL PHARMACY, OR "TRADE LEVEL." THE ORGANIZATION DEFINES ITS MARKET AS THE PRIORITY COUNTRIES FOR VITAMIN A SUPPLEMENTATION AS LISTED BY WHO AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF).

THE ORGANIZATION DETERMINES FAIR VALUE FOR THIS PRODUCT USING THE MEAN TRADE LEVEL DATA FOR ITS MARKET, PROVIDED BY IMS HEALTH, A COMPANY THAT PROVIDES MARKET INTELLIGENCE TO PHARMACEUTICAL AND HEALTHCARE INDUSTRIES. THE ORGANIZATION REVIEWS THE IMS HEALTH DATA AND UPDATES FAIR VALUES FOR ANTI-PARASITIC TABLETS EVERY TWO YEARS EFFECTIVE JANUARY 1. THE FAIR VALUES FOR ANTI-PARASITIC TABLETS PROCURED DURING THE YEAR ENDING DECEMBER 31, 2014 AND 2013 WERE BASED ON 2013 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

**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.

MINISTRIES OF HEALTH PROCURE THE PRODUCT FOR DISTRIBUTION TO  
BENEFICIARIES. THE ORGANIZATION USES THE MEAN PRICE PER THE  
INTERNATIONAL DRUG PRICE INDICATOR (IDPI) TO DETERMINE FAIR VALUE FOR  
HIGH-DOSE VITAMIN A. THE IDPI IS PUBLISHED BY AN INTERNATIONAL  
NONPROFIT ORGANIZATION BASED ON PRICES FROM 25 SOURCES INCLUDING  
PHARMACEUTICAL SUPPLIERS, INTERNATIONAL DEVELOPMENT ORGANIZATIONS AND  
GOVERNMENT AGENCIES. THE ORGANIZATION REVIEWS THE IDPI DATA AND  
UPDATES FAIR VALUES FOR HIGH-DOSE VITAMIN A EVERY TWO YEARS EFFECTIVE  
JANUARY 1. THE FAIR VALUES FOR HIGH-DOSE VITAMIN A PROCURED DURING THE  
YEAR ENDING DECEMBER 31, 2014 AND 2013 WERE BASED ON 2011 IDPI DATA,  
WHICH WAS THE MOST CURRENT DATA AVAILABLE AT JANUARY 1, 2013.  
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



**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.

UPDATES FAIR VALUES FOR MULTIVITAMIN PRODUCTS EVERY TWO YEARS EFFECTIVE

JANUARY 1. THE FAIR VALUES FOR MULTIVITAMIN PRODUCTS PROCURED DURING

THE YEAR ENDING DECEMBER 31, 2014 AND 2013 WERE BASED ON 2013 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 G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**  
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
**▶ Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VITAMIN SHOP GOLF TOURNAMENT	VITAMIN SHOP GOLF TOURNAMENT	NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	371,830.			371,830.
	<b>2</b> Less: Contributions .....	250,365.			250,365.
	<b>3</b> Gross income (line 1 minus line 2) .....	121,465.			121,465.
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 .....	121,639.			121,639.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				121,639.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-174.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility .....	13a	%
b An outside facility .....	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2014**

**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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A BETTER CHOICE 3007 E. CENTRAL WICHITA, KS 67214	48-1133128	501(C)(3)	0.	16,329.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ALBERMARLE PREGNANCY RESOURCE CENTER AND MEDICAL CLINIC - 201 E EHRINGHAUS ST - ELIZABETH CITY, NC 27909	56-1621555	501(C)(3)	0.	6,123.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	0.	538,855.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ARK-LA-TEX CRISIS PREGNANCY CENTER 921 SHREVEPORT-BARKSDALE HWY SHREVEPORT, LA 71105	58-2010775	501(C)(3)	0.	16,329.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BAKERSFIELD PREGNANCY CENTER 1801 21ST ST #1 BAKERSFIELD, CA 93301	77-0024688	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BIRCH COMMUNITY SERVICES, INC 17780 NE SAN RAFAEL ST PORTLAND, OR 97230	93-1186020	501(C)(3)	0.	8,983.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **59.**
- 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) (2014)

**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
BRANDON CRISIS PREGNANCY CENTER 122 N MOON AVE VALRICO, FL 33510	59-3229320	501(C)(3)	0.	6,123.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARE NET PREGNANCY RESOURCE CENTER OF NORTHWEST HOUSTON - 14530 WUNDERLICH - HOUSTON, TX 77069	76-0338152	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARE NET PREGNANCY RESOURCE CENTER THURSTON CO - 135 LILY ROAD NE - OLYMPIA, WA 98506	91-1271323	501(C)(3)	0.	10,206.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARING PARTNERS INTERNATIONAL 601 SHOTWELL DRIVE FRANKLIN, OH 45005	37-1028228	501(C)(3)	0.	35,121.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CENTRAL VALLEY CRISIS PREGNANCY 169 N. CLARK ST. FRESNO, CA 93701	77-0027014	501(C)(3)	0.	36,741.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CHOICES MEDICAL CLINIC, INC 538 S BLECKLEY WICHITA, KS 67218	48-1141020	501(C)(3)	0.	20,412.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CHOICES PREGNANCY CENTERS OF GREATER PHOENIX - 4494 W PEORIA AVE #115 - GLENDALE, AZ 85302	86-0536082	501(C)(3)	0.	22,453.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CORPUS CHRISTI PREGNANCY RESOURCE CENTER - 4730 EVERHART RD. - CORPUS CHRISTI, TX 78411	74-2541210	501(C)(3)	0.	6,124.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CRISIS PREGNANCY CENTER OF COASTAL GEORGIA, INC - 3548 COMMUNITY ROAD - BRUNSWICK, GA 31520	58-1967329	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVINE GRACE MEDICAL MISSIONARY 2 MOCKINGBIRD CIRCLE HOUSTON, TX 77074	27-4000666	501(C)(3)	0.	5,223.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
EAU CLAIRE COOPERATIVE HEALTH CENTERS, INC - 8063 EDMUND HWY - PELION, SC 29123	57-0965445	501(C)(3)	0.	7,156.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
EMERGENCY FAMILY ASSISTANCE ASSOCIATION - 1575 YARMOUTH AVENUE - BOULDER, CO 80304	84-0454115	501(C)(3)	0.	12,293.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FAMILY VALUES RESOURCE INSTITUTE 7515 SCENIC HIGHWAY BATON ROUGE, LA 70807	72-1415039	501(C)(3)	0.	36,742.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FOOD BANK OF NW LOUISIANA 2307 TEXAS AVE. SHERVEPORT, LA 71103	72-1328890	501(C)(3)	0.	64,840.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
GATEWAY PREGNANCY AND SEXUAL HEALTH RESOURCE CENTER - 1306 HILLSBOROUGH STREET - RALEIGH, NC 27605	58-1584775	501(C)(3)	0.	10,206.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HAWKWING INC. 306 CAVAN LANE GLASTONBURY, CT 06033	06-1600366	501(C)(3)	0.	22,214.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HEALTH IMPERATIVES 123 CAMELOT DRIVE PLYMOUTH, MA 02360	04-2609177	501(C)(3)	0.	26,536.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HEAVEN'S WINDOWS 2300 BANCROFT DRIVE SPRING VALLEY, CA 91977	75-3188781	501(C)(3)	0.	11,636.	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
HOUSE OF RUTH PREGNANCY CARE CENTER - 1198 E MINGUS AVE - COTTONWOOD, AZ 86326	86-0806114	501(C)(3)	0.	8,197.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
IDAHO NORTH CENTRAL DISTRICT WIC 215 10TH STREET LEWISTON, ID 83501	82-0335058	501(C)(3)	0.	16,638.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
INTER TRIVAL COUNCIL OF ARIZONA, INC - 2214 NORTH CENTRAL AVE SUITE 100 - PHOENIX, AZ 85004	86-0343181	501(C)(3)	0.	28,868.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LAKE COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER - 2400 BELVIDERE ROAD - WAUKEGAN, IL 60085	36-6006600	501(C)(3)	0.	12,236.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LIFE NETWORK DBA COLORADO SPRINGS PREGNANCY CENTER - 3700 GALLEY RD - COLORADO SPRINGS, CO 80909	84-0970592	501(C)(3)	0.	14,288.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MISSISSIPPI DELTA YOUTH ORGANIZATION - 414 MARTIN LUTHER KING DRIVE - INDIANOLA, MS 38751	35-2236969	501(C)(3)	0.	10,627.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MISSOULA NUTRITION RESOURCES 301 W ALDER, 1ST FLOOR MISSOULA, MT 59802	81-0543225	501(C)(3)	0.	22,214.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MODESTO PREGNANCY CENTER 2801 COFFEE ROD A-5 MODESTO, CA 95355	77-0239794	501(C)(3)	0.	6,124.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MOLOKAI OHANA HEALTH CARE INC 30 OKI PLACE KAUNAKAKAI, HI 96748	51-0437659	501(C)(3)	0.	7,025.	BOOK	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
MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	55-0611100	501(C)(3)	0.	35,662.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NORTHLAND HEALTH PARTNERS COMMUNITY - 416 KUNDERT STREET - TURTLE LAKE, ND 58575	33-1029318	501(C)(3)	0.	19,159.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NORTHWEST COMMUNITY HEALTH CENTER 320 E 2ND STREET LIBBY, MT 59923	81-0542128	501(C)(3)	0.	15,936.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
OBRIA MEDICAL CLINICS 92 ARGONAUT SUITE 205 ALISO VIEGO, CA 92656	33-0150193	501(C)(3)	0.	16,330.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY CARE CENTER OF SUMMIT COUNTY - 195 E TALLMADGE AVE - AKRON, OH 44310	23-7176524	501(C)(3)	0.	5,839.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY CARE CENTER OF CHANDLER 590 N ALMA SCHOOL RD. #20 CHANDLER, AZ 85224	20-3820132	501(C)(3)	0.	10,206.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY CARE CENTER OF PINELLAS COUNTY - 1910 EAST BAY DR - LARGO, FL 33771	59-2566366	501(C)(3)	0.	14,288.	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.	24,494.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCE CENTER OF SLC 644 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0423659	501(C)(3)	0.	5,839.	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
PREGNANCY RESOURCE INC 165 N. BABCOCK ST MELBOURNE, FL 32935	59-2542341	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY SOLUTIONS, INC 1680 B TAMIAMI TRL S VENICE, FL 34293	65-1085310	501(C)(3)	0.	6,124.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY SUPPORT CENTER OF STARK COUNTY - 4500 22ND ST NW - CANTON, OH 44708	34-1461765	501(C)(3)	0.	7,582.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY SUPPORT CLINIC OF VALDOSTA, INC - 214 WEST PARK AVENUE - VALDOSTA, GA 31602	58-2013835	501(C)(3)	0.	8,165.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
REGIONAL FOOD BANK OF OKLAHOMA 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73137-0968	73-1100380	501(C)(3)	0.	90,744.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SAMARITAN HOUSE COMMUNITY CENTER 1211 WEST HUDSON ROGERS, AR 72756	04-3703020	501(C)(3)	0.	16,090.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SECOND HARVEST FOOD BANK OF SANTA CLARA - 750 CURTNER AVE - SAN JOSE, CA 95125	94-2614101	501(C)(3)	0.	82,494.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SERVE THE PEOPLE 1206 E. 17TH STREET #205 SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	20,458.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SOUTHERN CALIFORNIA MEDICAL CENTER, INC - 12100 VALLEY BLVD STE 109 A - EL MONTE, CA 91732	26-2602821	501(C)(3)	0.	9,790.	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
SPRING BRANCH COMMUNITY HEALTH 1615 HILLEDAHL, SUITE 100 HOUSTON, TX 77055	30-0198705	501(C)(3)	0.	14,288.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
TARRANT AREA FOOD BANK 2600 CULLEN STREET FORT WORTH, TX 76107	75-1822473	501(C)(3)	0.	63,746.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
THE GORMAN FAMILY LIFE CENTER D/B/A A CENTER FOR WOMEN - 315 N WYMORE RD. - WINTER PARK, FL 32789	59-2933541	501(C)(3)	0.	26,536.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
TOOLE COUNTY HEALTH DEPARTMENT 151 N MAIN ST TOOLE, UT 84074	87-6000317	501(C)(3)	0.	17,539.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
UCHS FRANKLIN ROAD WOMEN'S HEALTH CENTER - 2410 FRANKLIN PIKE - NASHVILLE, TN 37204	62-1438461	501(C)(3)	0.	15,876.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WEST PASCO PREGNANCY CENTER 5330 GEORGE ST NEW PORT RICHEY, FL 34652	59-2728990	501(C)(3)	0.	10,206.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S CARE CENTER 285 MAIN ST DAYTON, TN 37321	58-1767813	501(C)(3)	0.	6,934.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S RESOURCE CENTER OF NATCHITOCHES - 107 NORTH ST. - NATCHITOCHES, LA 71457	58-1882982	501(C)(3)	0.	12,247.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

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

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

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

FORM 990, PART I, LINE 2:

GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

VITAMIN ANGELS MAINTAINS INVENTORY REPORTS BY FISCAL YEAR QUARTERS THAT

TRACK COMMODITY GRANTS TO DOMESTIC ENTITIES AND COPIES OF LETTERS OR

EMAILS FROM GRANTEEES CONFIRMING RECEIPT OF COMMODITY GRANTS. COPIES OF

ORIGINAL SHIPPING DOCUMENTATION RECORDING THE AMOUNTS OF COMMODITY

GRANTS TO DOMESTIC ENTITIES ARE ALSO MAINTAINED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

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.

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

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 in 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 (e.g., 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

**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 in line 1a?

**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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HOWARD B. SCHIFFER PRESIDENT	(i)	213,499.	0.	0.	40,000.	50,318.	303,817.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT PARKER COO/CFO	(i)	186,166.	0.	0.	0.	27,044.	213,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY MARKEL SR VICE PRESIDENT	(i)	140,399.	0.	0.	0.	12,439.	152,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SCOTT MINGER VICE PRESIDENT OF RETAIL DEVELOPMENT	(i)	161,891.	0.	0.	0.	5,420.	167,311.	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 - \$40,000





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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DSM	FORMER DIRECTOR	2,177,350.	PURCHASE		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: DSM

(D) DESCRIPTION OF TRANSACTION: PURCHASE

VITAMIN ANGELS PURCHASED SPECIAL ORDER HIGH-DOSE VITAMIN A MANUFACTURED

TO VITAMIN ANGELS' SPECIFICATIONS FOR APPROXIMATELY \$2,177,350 FROM A

COMPANY AT WHICH A FORMER BOARD MEMBER WAS AN OFFICER. THE FAIR VALUE OF

THIS PRODUCT WAS APPROXIMATELY \$2,936,889 RESULTING IN AN IN-KIND

DONATION OF APPROXIMATELY \$759,539.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	2,245.	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	21	44,900,069.	BOOK - SEE PART II
26 Other ( CARTON LABELS )	X	1	5,653.	FAIR MARKET VALUE
27 Other ( )				
28 Other ( )				

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

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

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

Schedule M (Form 990) (2014)

**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 WHO AND THE UNITED

NATIONS CHILDREN'S FUND (UNICEF).

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

THE ORGANIZATION DETERMINES FAIR VALUE FOR THIS PRODUCT USING THE MEAN

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

PROVIDES MARKET INTELLIGENCE TO PHARMACEUTICAL AND HEALTHCARE

INDUSTRIES. THE ORGANIZATION REVIEWS THE IMS HEALTH DATA AND UPDATES

FAIR VALUES FOR ANTI-PARASITIC TABLETS EVERY TWO YEARS EFFECTIVE

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

THE YEAR ENDING DECEMBER 31, 2014 AND 2013 WERE BASED ON 2013 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

YEAR ENDING DECEMBER 31, 2014 AND 2013 WERE BASED ON 2011 IDPI DATA,

WHICH WAS THE MOST CURRENT DATA AVAILABLE AT JANUARY 1, 2013.

**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 YEAR ENDING DECEMBER 31, 2014 AND 2013 WERE BASED ON 2013 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.

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

OMB No. 1545-0047

**2014**

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:

MICRONUTRIENT DEFICIENCY, AND II) MODERATE TO SEVERE ENDEMICITY WITH

INTESTINAL WORMS. FIELD PARTNERS DEPLOY MICRONUTRIENTS TO COMMUNITIES

AND INDIVIDUALS AT-RISK AND ELIGIBLE FOR UNIVERAL SUPPLEMENTATION (FOR

VITAMIN A AND MULTIVITAMINS) OR MASS DRUG ADMINISTRATION (FOR

ALBENDAZOLE) AS DEFINED BY WHO.

OUR PRIMARY FOCUS IS TO SUPPORT UNIVERSAL VITAMIN A SUPPLEMENTATION

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

UNITED STATES FOR THE PURPOSE OF REDUCING CHILDHOOD MORTALITY AND

MORBIDITY. CONCURRENT WITH OUR SUPPORT OF UNIVERSAL VITAMIN A

DISTRIBUTION, WE SUPPORT CO-ADMINISTRATION WITH ALBENDAZOLE AMONG

ELIGIBLE CHILDREN 12 TO 59 MONTHS OF AGE FOR THE PURPOSE OF IMPROVING

VITAMIN A STATUS, IMPROVING GENERAL MICRONUTRIENT UPTAKE, AND

DECREASING THE BURDEN OF INTESTINAL WORMS. AN IMPORTANT, SECONDARY

FOCUS OF OUR ORGANIZATION IS TO SUPPORT UNIVERSAL MULTI-MICRONUTRIENT

SUPPLEMENTATION PROGRAMS FOR PREGNANT/LACTATING WOMEN TO IMPROVE BIRTH

OUTCOMES. VITAMIN ANGELS PROMOTES BREAST FEEDING AND GOOD COMPLIMENTARY

FEEDING PRACTICES AMONG MOTHERS AS A GENERALLY ACCEPTED APPROACH TO

ENSURING GOOD NUTRITION OF INFANTS. ANOTHER INITIATIVE OF VITAMIN

ANGELS IS SMALL SCALE SUPPORT OF UNIVERSAL MULTI-MICRONUTRIENT

SUPPLEMENTATION PROGRAMS FOR INFANTS AND YOUNG CHILDREN 6 TO 59 MONTHS

OF AGE TO ADVANCE THEIR COGNITIVE AND PHYSICAL GROWTH.

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

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

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

Schedule O (Form 990 or 990-EZ) (2014)

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

PREPARATION OF FORM 990. FORM 990 WILL BE PREPARED, WITH THE ASSISTANCE OF THE OUTSIDE ACCOUNTING FIRM, BY THE CHIEF FINANCIAL OFFICER; CIRCULATED AND REVIEWED BY ALL THE BOARD OF DIRECTOR MEMBERS BEFORE FILING; AND THEN, BE REVIEWED AND SIGNED BY THE PRESIDENT, WHO IS A MEMBER OF THE BOARD AND AN OFFICER OF THE ORGANIZATION.

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

A PERSONAL OR FINANCIAL INTEREST OR INVOLVEMENT IN ANY CUSTOMER, CLIENT, COMPETITOR, OR SUPPLIER OF THE ORGANIZATION, INCLUDING OUTSIDE EMPLOYMENT OR CONSULTING, IS CONSIDERED A POTENTIAL CONFLICT OF INTEREST. FURTHERMORE, EMPLOYEES MAY NOT GIVE OR ACCEPT GIFTS, LOANS, OR 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:



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

WHEN DETERMINING THE ANNUAL COMPENSATION FOR ANY INSIDER, THE ORGANIZATION

SHALL ALWAYS UNDERTAKE AND SATISFY ALL THREE PRONGS OF THE REBUTTABLE

PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE REGARDING INTERMEDIATE

SANCTIONS (IRC SECTION 4958).

1. COMPENSATION ARRANGEMENT APPROVED IN ADVANCE BY INDEPENDENT MEMBERS

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

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

WITH RESPECT TO THE COMPENSATION ARRANGEMENT.

2. BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE

GOVERNING BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY DATA

(COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY

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

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

UNREASONABLE COMPENSATION TO THE EXTENT POSSIBLE) AS SOON AS FEASIBLY POSSIBLE; FOR EXAMPLE, THE INSIDER SHOULD PAY BACK TO THE ORGANIZATION THE UNREASONABLE COMPENSATION AMOUNTS PLUS INTEREST TO PUT THE ORGANIZATION IN A FINANCIAL POSITION NO WORSE THAN THAT IN WHICH IT WOULD BE IF THE INSIDER WERE DEALING UNDER THE HIGHEST FIDUCIARY STANDARDS. THE REASONABLE COMPENSATION DISCUSSION SHOULD BE UNDERTAKEN BY THE BOARD AT LEAST ANNUALLY; THE REASONABLE COMPENSATION BINDER MAINTAINED FOR EACH INSIDER SHOULD ALSO BE PREPARED, OR AT LEAST UPDATED, ANNUALLY. THE ORGANIZATION SHALL REFRAIN, WHENEVER POSSIBLE, FROM PAYING CONTINGENT COMPENSATION OR COMMISSIONS TO INSIDERS AND ALSO AVOID THE PAYMENT OF GOLDEN PARACHUTE PAYMENTS TO INSIDERS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR  
PA, RI, SC, TN, UT, VA, WV, WI, ND, OH, WA

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.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  VITAMIN ANGEL ALLIANCE, INC.	Employer identification number (EIN) or  77-0485881
	Number, street, and room or suite no. If a P.O. box, see instructions. 111 WEST MICHELTORENA STREET, NO. 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93101	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

ROBERT PARKER

• The books are in the care of  111 WEST MICHELTORENA STREET, NO. 300 - SANTA BARBARA, CA 93101  
 Telephone No.  805-564-8400 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until NOVEMBER 15, 2015.

**5** For calendar year 2014, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension \_\_\_\_\_  
 TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION  
 NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date

# California Exempt Organization Annual Information Return

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_.

Corporation/Organization Name: **VITAMIN ANGEL ALLIANCE, INC.** California corporation number: **2105540**

Additional Information. See instructions. FEIN: **77-0485881**

Street address (suite or room): **111 WEST MICHELTORENA STREET, NO. 300** PMB no. \_\_\_\_\_

City: **SANTA BARBARA** State: **CA** ZIP code: **93101**

Foreign country name: \_\_\_\_\_ Foreign province/state/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method:  
 (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed?  
 (1)  990T (2)  990-PF (3)  Sch H (990)

**G** Is this a group filing? See instructions.  Yes  No

**H** Is this organization in a group exemption?  Yes  No  
 If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions.  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is an IRS Form 1023/1024 pending?  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	159,153.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	55,394,395.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B <b>STMT 2</b>	4	55,553,548.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	13,437.00
	7	Total costs. Add line 5 and line 6	7	13,437.00
	8	Total gross income. Subtract line 7 from line 4	8	55,540,111.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	52,936,387.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,603,724.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	N/A 00
	12	Total payments	12	00
	13	Penalties and Interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	<b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Title: **PRESIDENT** Date: \_\_\_\_\_  
 Telephone: (805) 564-8400

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed  PTIN: **P00178796**  
 Firm's name (or yours, if self-employed) and address: **DAMITZ, BROOKS, NIGHTINGALE**  
**200 EAST CARRILLO STREET, SUITE 303**  
**SANTA BARBARA, CA 93101**  
 Telephone: **77-0076647**  
**805-963-1837**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	●	1	121,465.00
	2	Interest	●	2	27,688.00
	3	Dividends	●	3	00
	4	Gross rents	●	4	00
	5	Gross royalties	●	5	00
	6	Gross amount received from sale of assets (See Instructions) SEE STATEMENT 3	●	6	10,000.00
	7	Other income	●	7	00
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	159,153.00
	9	Contributions, gifts, grants, and similar amounts paid	●	9	46,223,133.00
	10	Disbursements to or for members	●	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	●	11	967,676.00
	12	Other salaries and wages	●	12	1,336,549.00
	13	Interest	●	13	00
	14	Taxes	●	14	165,765.00
	15	Rents	●	15	100,429.00
	16	Depreciation and depletion (See instructions)	●	16	14,565.00
	17	Other Expenses and Disbursements SEE STATEMENT 5	●	17	4,128,270.00
	18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	52,936,387.00

Schedule L Balance Sheets	Beginning of taxable year			End of taxable year	
	(a)	(b)	(c)	(d)	
<b>Assets</b>					
1 Cash		7,296,946.		●	5,534,839.
2 Net accounts receivable		1,085,623.		●	3,192,469.
3 Net notes receivable				●	
4 Inventories		24,357,442.		●	25,661,304.
5 Federal and state government obligations				●	
6 Investments in other bonds				●	
7 Investments in stock				●	
8 Mortgage loans				●	
9 Other investments STMT 6				●	966,297.
10 a Depreciable assets	62,029.		54,350.		
b Less accumulated depreciation	( 24,514. )	37,515.	( 19,453. )		34,897.
11 Land				●	
12 Other assets STMT 7		23,703.		●	119,098.
13 <b>Total assets</b>		32,801,229.			35,508,904.
<b>Liabilities and net worth</b>					
14 Accounts payable		279,451.		●	311,601.
15 Contributions, gifts, or grants payable				●	
16 Bonds and notes payable				●	
17 Mortgages payable				●	
18 Other liabilities STMT 8		152,693.			250,276.
19 Capital stock or principal fund				●	
20 Paid-in or capital surplus. Attach reconciliation				●	
21 Retained earnings or income fund		32,369,085.		●	34,947,027.
22 <b>Total liabilities and net worth</b>		32,801,229.			35,508,904.

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	●	2,577,942.	7 Income recorded on books this year not included in this return.	●
2 Federal income tax	●		8 Deductions in this return not charged against book income this year	●
3 Excess of capital losses over capital gains	●		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	●		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return STMT 9	●	25,782.	Subtract line 9 from line 6	
6 Total. Add line 1 through line 5		2,603,724.		2,603,724.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE	DATE	METHOD	
	ACQUIRED	SOLD	ACQUIRED	
SECURITIES			PURCHASED	
	COST OR	DEPREC.	EXPENSE	GROSS
	OTHER BASIS		OF SALE	SALES PRICE
	10,111.		0.	10,000.

DESCRIPTION	DATE	DATE	METHOD	
	ACQUIRED	SOLD	ACQUIRED	
FIXED ASSETS			PURCHASED	
	COST OR	DEPREC.	EXPENSE	GROSS
	OTHER BASIS		OF SALE	SALES PRICE
	3,326.		0.	0.

TOTAL TO FORM 199, PAGE 2, LN 6	13,437.		0.	10,000.
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**FORM 199            COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES            STATEMENT    4**


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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HOWARD B. SCHIFFER 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	PRESIDENT 40.00	303,818.
ROBERT PARKER 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	COO/CFO 40.00	213,209.
MICHELLE GOOLSBY 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	CHAIR 2.00	0.
CLAYTON AJELLO 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 20.30	130,500.
JOANNE GRAY 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
DR. ROBERT BLACK 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
MICHELLE BROOKS 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
PETER VAN STOLK 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
TOM TOLWORTHY 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
BRIAN WOOD 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
JEFFREY MARKEL 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	SR VICE PRESIDENT 40.00	152,838.

SCOTT MINGER  
 111 WEST MICHELTORENA STREET, NO. 300  
 SANTA BARBARA, CA 93101

VICE PRESIDENT OF RETAIL D  
 40.00

167,311.

TOTAL TO FORM 199, PART II, LINE 11

967,676.

FORM 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
PROGRAM DIRECT EXPENSES	532,012.
POSTAGE AND SHIPPING	411,879.
DIRECT EXPENSES OF FUNDRAISING EVENTS	121,639.
PENSION PLAN CONTRIBUTIONS	94,950.
OTHER EMPLOYEE BENEFITS	163,282.
LEGAL FEES	24,898.
ACCOUNTING FEES	28,325.
OTHER PROFESSIONAL FEES	935,360.
ADVERTISING AND PROMOTION	1,097,722.
OFFICE EXPENSES	125,979.
INFORMATION TECHNOLOGY	163,072.
TRAVEL	363,351.
CONFERENCES AND CONVENTIONS	11,272.
INSURANCE	54,529.
TOTAL TO FORM 199, PART II, LINE 17	4,128,270.

FORM 199 OTHER INVESTMENTS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITIES	0.	966,297.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	0.	966,297.

FORM 199 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	18,086.	107,616.
SECURITY DEPOSITS	5,617.	11,482.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	23,703.	119,098.



FORM 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED LIABILITIES	152,693.	210,276.	
DEFERRED COMPENSATION	0.	40,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	152,693.	250,276.	

FORM 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	9
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		25,782.	
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		25,782.	

FORM 199	FUND BALANCES	STATEMENT	10
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
UNRESTRICTED ASSETS	31,283,462.	31,754,558.	
TEMPORARILY RESTRICTED ASSETS	1,085,623.	3,192,469.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	32,369,085.	34,947,027.	

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <b>CT</b> <u>112083</u>  VITAMIN ANGEL ALLIANCE, INC. <small>Name of Organization</small>  111 WEST MICHELTORENA STREET, NO. 300 <small>Address (Number and Street)</small>  SANTA BARBARA, CA 93101 <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>2105540</u>  Federal Employer I.D. No. <u>77-0485881</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2014 ending 12/31/2014) list:  
 Gross annual revenue \$ 55,418,472. Total assets \$ 35,508,904.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		x
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		x
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		x
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		x
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		x
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		x
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		x
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		x
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	x	

Organization's area code and telephone number (805) 564-8400

Organization's e-mail address INFO@VITAMINANGELS.ORG

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.**

HOWARD B. SCHIFFER	PRESIDENT	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>