

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018Open to Public
Inspection**A For the 2018 calendar year, or tax year beginning****and ending****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

VITAMIN ANGEL ALLIANCE, INC.

Doing business as VITAMIN ANGELS

Number and street (or P.O. box if mail is not delivered to street address)

6500 HOLLISTER AVENUE, SUITE 130

City or town, state or province, country, and ZIP or foreign postal code

GOLETA, CA 93117

F Name and address of principal officer: BONNIE FORSELL

SAME AS C ABOVE

D Employer identification number

77-0485881

E Telephone number

(805) 564-8400

G Gross receipts \$ 137,107,368.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.VITAMINANGELS.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1998**M** State of legal domicile: CA**Part I Summary**

| | | | |
|-----------------------------|---|--|--|
| Activities & Governance | 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) | 10 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 8 |
| | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 49 |
| | 6 | Total number of volunteers (estimate if necessary) | 25 |
| | | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 |
| 7b | | Net unrelated business taxable income from Form 990-T, line 38 | 31,163. |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 89,762,276. Current Year 135,840,121. |
| | 9 | Program service revenue (Part VIII, line 2g) | 0. 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 148,989. 189,267. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -12,953. -9,628. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 89,898,312. 136,019,760. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 74,206,476. 99,070,128. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,218,136. 4,703,041. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,082,979. | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 6,675,403. 7,736,626. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 85,100,015. 111,509,795. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | 4,798,297. 24,509,965. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year 52,672,647. End of Year 77,071,920. |
| | 21 | Total liabilities (Part X, line 26) | 1,251,669. 1,318,551. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 51,420,978. 75,753,369. |

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.

| | | |
|------------------------|---|-------------------------|
| Sign Here | Signature of officer | Date 11/8/19 |
| | BONNIE FORSELL, CFO/SECRETARY Type or print name and title | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature |
| | CATHERINE MACAULAY | |
| | Firm's name ▶ DAMITZ, BROOKS, NIGHTINGALE | Firm's EIN ▶ 77-0076647 |
| | Firm's address ▶ 200 EAST CARRILLO STREET, SUITE 303 SANTA BARBARA, CA 93101 | Phone no. 805-963-1837 |

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

VITAMIN ANGELS HELPS AT-RISK POPULATIONS IN NEED, SPECIFICALLY
 PREGNANT WOMEN, NEW MOTHERS AND CHILDREN UNDER FIVE, GAIN ACCESS TO
 LIFE CHANGING MICRONUTRIENTS.

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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 105,386,684. including grants of \$ 99,070,128.) (Revenue \$)

THE ORGANIZATION'S PROGRAM SERVICES, AIMED TO ALLEVIATE UNDERNUTRITION,
 FOCUS ON EVIDENCE-BASED APPROACHES COMPRISING: I) ESSENTIAL
 MICRONUTRIENT SUPPLEMENTATION (VITAMIN A AND VARIOUS FORMULATIONS OF
 MULTI-MICRONUTRIENT SUPPLEMENTS FOR SPECIALIZED POPULATIONS, II)
 CONTROL OF CHILDHOOD INFECTIONS (INCLUDING THE DEPLOYMENT OF
 ANTI-PARASITIC AGENTS, PRIMARILY ALBENDAZOLE), III) INITIATIVES TO
 OPTIMIZE INFANT AND YOUNG CHILD FEEDING PRACTICES, IV) LIMITED SUPPORT
 FOR SUPPLEMENTARY FEEDING PROGRAMS FOR YOUNG CHILDREN FROM 3 TO 5 YEARS
 OF AGE, AND V) TECHNICAL ASSISTANCE TO SUPPORT DEPLOYMENT OF
 PRODUCTS/SERVICES CONSISTENT WITH ACCEPTED BEST PRACTICES. WE PROVIDE
 PRODUCTS/SERVICES AND TECHNICAL ASSISTANCE, GLOBALLY, TO QUALIFIED
 FIELD PARTNERS (PRIMARILY NON-GOVERNMENTAL ORGANIZATIONS (NGOS), AND A

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  105,386,684.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|--------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | 1 x | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 2 x | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | x |
| 4 Section 501(c)(3) organizations. 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> | 4 | x |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | x |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | 6 | x |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | x |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | 8 | x |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | x |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 x | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | 11a x | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | x |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | x |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | x |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | x |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f x | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 12a x | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | 12b | x |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | x |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a x | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b x | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 x | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | x |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | x |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 x | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | x |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | x |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 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> | 21 x | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|------------|----|
| 22 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> | 22 | x |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | x |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | x |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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> | 25a | x |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | x |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | x |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | x |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | x |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | x |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | x |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | x |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | x |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | x |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | x |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | x |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | x |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | x |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | x |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | x |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | x |

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | Yes | No |
|---|-----------|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 59 |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|--|--------------|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 49 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | X | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 Section 501(c)(7) organizations. Enter: | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 Section 501(c)(12) organizations. Enter: | | | |
| a Gross income from members or shareholders | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | |
| c Enter the amount of reserves on hand | 13c | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | X |
| If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |

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

| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 |
|--|----|----|---|---|---|---|---|----|----|----|----|---|
| 1a 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. | 10 | | | | | | | | | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | | 8 | | | | | | | | | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | | 2 | | | | | | | | | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | 3 | | | | | | | | |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | 4 | | | | | | | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | 5 | | | | | | |
| 6 Did the organization have members or stockholders? | | | | | | | 6 | | | | | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | | | | | | | 7a | | | | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | | | | | 7b | | | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | | |
| a The governing body? | | | | | | | | | | 8a | X | |
| b Each committee with authority to act on behalf of the governing body? | | | | | | | | | | | 8b | X |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | | | | | | | | | | 9 |

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

| | 10a | 10b | 11a | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b |
|---|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|
| 10a Did the organization have local chapters, branches, or affiliates? | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | 11a | X | | | | | | | | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X | | | | | | | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | | | 12b | X | | | | | | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | | | | | 12c | X | | | | | |
| 13 Did the organization have a written whistleblower policy? | | | | | | | 13 | X | | | | |
| 14 Did the organization have a written document retention and destruction policy? | | | | | | | | 14 | X | | | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | | | |
| a The organization's CEO, Executive Director, or top management official | | | | | | | | | 15a | X | | |
| b Other officers or key employees of the organization | | | | | | | | | | 15b | X | |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | | | | | | | | | | 16a | X |
| 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? | | | | | | | | | | | | 16b |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **BONNIE FORSELL - 805-564-8400**
6500 HOLLISTER AVENUE, SUITE 130, GOLETA, CA 93117

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 | | | | 288,892. | 0. | 121,053. |
| (2) ROBERT PARKER COO/CFO/SECRETARY (1/1/18 - 9/30/18) | 40.00 | X | | X | | | | 290,525. | 0. | 19,931. |
| (3) CLAYTON AJELLO BOARD MEMBER | 20.30 | X | | | | | | 139,810. | 0. | 0. |
| (4) DR. ROBERT BLACK BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 1,080. |
| (5) MICHELLE BROOKS BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (6) MICHELLE GOOLSBY BOARD CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) BRIAN WOOD BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) JIM HAMILTON BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) THOMAS MERIAM BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) ELIZABETH KIMANI-MURAGE BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) SACHIN AGRAWAL BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) BONNIE FORSSELL CFO/SECRETARY (8/1/18- 12/31/18) | 40.00 | | | X | | | | 66,870. | 0. | 2,217. |
| (13) SCOTT MINGER SVP OF DEVELOPMENT | 40.00 | | | | X | | | 222,334. | 0. | 13,792. |
| (14) AMY STANFIELD SVP OF OPERATIONS | 40.00 | | | | X | | | 233,875. | 0. | 10,533. |
| (15) SHANNON BURKE DIRECTOR OF MARKETING | 40.00 | | | | X | | | 124,301. | 0. | 4,690. |
| (16) MAUREEN BOYLE CORPORATE SERVICES MANAGER | 40.00 | | | | X | | | 120,421. | 0. | 20,986. |
| (17) JOYCE FERNANDEZ ACCOUNTING MANAGER | 40.00 | | | | X | | | 109,012. | 0. | 25,039. |

[illegible]

| | | | |
|---|------------|----|----------|
| 1b Sub-total | 1,596,040. | 0. | 219,321. |
| c Total from continuation sheets to Part VII, Section A | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | 1,596,040. | 0. | 219,321. |

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 ►

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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 |
|---|--------------------------------|---------------------|
| MAKA LABS 638 HIGHLAND RD, ITHACA, NY 14850 | MARKETING AND BRAND CONSULTING | 181,100. |
| INLEXO, 327 WARREN AVENUE, SUITE A, BALTIMORE, MD 21230 | PROGRAM ACTIVITY CONSULTING | 139,810. |
| ENDEVERAN CORP, 860 BLUE GENTIAN RD SUITE 200, EAGAN, MN 55121 | IT CONSULTING | 117,391. |
| | | |
| | | |

| | | |
|---|--|---|
| 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 | 3 |
|---|--|---|

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|----------------------|----------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 211,770. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 135,628,351. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 120,037,263. | | | | |
| | h Total. Add lines 1a-1f | | 135,840,121. | | | | |
| Program Service Revenue | 2 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| | | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 140,005. | | | 140,005. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis and sales expenses | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | | 49,262. | | | 49,262. |
| | 8 a Gross income from fundraising events (not including \$ 211,770. of contributions reported on line 1c). See Part IV, line 18 | a | 84,600. | | | | |
| | b Less: direct expenses | b | 94,228. | | | | |
| | c Net income or (loss) from fundraising events | | | -9,628. | | | -9,628. |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See instructions | | | 136,019,760. | 0. | 0. | 179,639. | |

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 |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 1,662,898. | 1,662,898. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 97,407,230. | 97,407,230. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 930,379. | 417,651. | 269,801. | 242,927. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 3,064,416. | 971,246. | 198,031. | 1,895,139. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 142,671. | 49,503. | 16,711. | 76,457. |
| 9 Other employee benefits | 279,453. | 96,963. | 32,732. | 149,758. |
| 10 Payroll taxes | 286,122. | 99,277. | 33,513. | 153,332. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 27,102. | 14,364. | 12,738. | |
| c Accounting | 35,344. | | 35,344. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 29,848. | | 29,848. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 2,546,527. | 1,536,619. | 177,360. | 832,548. |
| 12 Advertising and promotion | 1,046,800. | | | 1,046,800. |
| 13 Office expenses | 1,629,280. | 1,536,491. | 38,152. | 54,637. |
| 14 Information technology | 431,682. | 215,841. | 86,336. | 129,505. |
| 15 Royalties | | | | |
| 16 Occupancy | 201,824. | 100,912. | 40,365. | 60,547. |
| 17 Travel | 465,951. | 81,129. | 4,946. | 379,876. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 23,287. | | 23,287. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 100,426. | 50,213. | 20,085. | 30,128. |
| 23 Insurance | 104,416. | 52,208. | 20,883. | 31,325. |
| 24 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.) | | | | |
| a <u>PROGRAM DIRECT EXPENSES</u> | 1,094,139. | 1,094,139. | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 111,509,795. | 105,386,684. | 1,040,132. | 5,082,979. |
| 26 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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,986,179. | 1 | 3,160,480. |
| | 2 Savings and temporary cash investments | 2,377,334. | 2 | 4,124,839. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 4,898,992. | 4 | 4,356,988. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 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 | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 36,884,712. | 8 | 62,149,331. |
| | 9 Prepaid expenses and deferred charges | 56,634. | 9 | 55,347. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 130,147. | | |
| | b Less: accumulated depreciation | 10b 67,913. | | |
| | 11 Investments - publicly traded securities | 2,305,001. | 11 | 3,134,979. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 76,687. | 14 | 5,205. |
| | 15 Other assets. See Part IV, line 11 | 5,617. | 15 | 22,517. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 52,672,647. | 16 | 77,071,920. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,251,669. | 17 | 1,318,551. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 1,251,669. | 26 | 1,318,551. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 46,521,986. | 27 | 71,246,381. |
| | 28 Temporarily restricted net assets | 4,898,992. | 28 | 4,506,988. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 51,420,978. | 33 | 75,753,369. |
| 34 Total liabilities and net assets/fund balances | 52,672,647. | 34 | 77,071,920. | |

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

| | | | |
|-----------|--|-----------|--------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 136,019,760. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 111,509,795. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 24,509,965. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 51,420,978. |
| 5 | Net unrealized gains (losses) on investments | 5 | -177,574. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 75,753,369. |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

| | Yes | No |
|---|-----------|----------|
| 1 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. | | |
| 2a 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 | 2a | x |
| 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 | 2b | x |
| c 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. | 2c | x |
| 3a 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? _____ | 3a | x |
| 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 _____ | 3b | |

Form **990** (2018)

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 above (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 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-------------|-------------|-------------|-------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 55,394,395. | 69,926,988. | 81,474,739. | 89,762,276. | 135,840,121. | 432,398,519. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 55,394,395. | 69,926,988. | 81,474,739. | 89,762,276. | 135,840,121. | 432,398,519. |
| 5 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) | | | | | | 311,027,118. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 121,371,401. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|-------------|-------------|-------------|-------------|--------------|--------------------------|
| 7 Amounts from line 4 | 55,394,395. | 69,926,988. | 81,474,739. | 89,762,276. | 135,840,121. | 432,398,519. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 27,688. | 29,757. | 37,251. | 65,907. | 140,005. | 300,608. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | -174. | | | | | -174. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 432,698,953. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 28.05 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 30.66 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (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

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a 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 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| b 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> | | |
| c 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> | | |
| 5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 9a 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i> | | |
| b 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|--|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 Activities Test. Answer (a) and (b) below. | | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |

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

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

| Section A - Adjusted Net Income | | (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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (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 | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 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 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | 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 | Distributable Amount. 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). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

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

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

VITAMIN ANGELS PROVIDES A RANGE OF SINGLE AND MULTIPLE MICRONUTRIENT
SUPPLEMENTS, INFECTION FIGHTING PHARMACEUTICALS, LIMITED QUANTITIES OF
FOOD COMMODITIES, AND INFORMATION AND EDUCATION FOR AT-RISK POPULATIONS
BEING SERVED. THE ORGANIZATION RECEIVES CASH DONATIONS FROM THE GENERAL
PUBLIC AS WELL AS IN-KIND DONATIONS FROM VITAMIN MANUFACTURING COMPANIES
THAT MANUFACTURE VITAMINS TO VITAMIN ANGELS' TECHNICAL SPECIFICATIONS, AND
FOUNDATIONS THAT PURCHASE VITAMINS MANUFACTURED TO VITAMIN ANGELS'
TECHNICAL SPECIFICATIONS AND DONATE THESE PRODUCTS TO VITAMIN ANGELS. FROM
2014-2017, THE ORGANIZATION HAS RECEIVED A VAST MAJORITY OF ITS DONATED
VITAMINS FROM FOUR VITAMIN COMPANIES THAT HAVE BECOME SUBSTANTIAL
CONTRIBUTORS. THE ORGANIZATION HAS BEGUN TO RE-BALANCE THE CATEGORY OF
DONORS PROVIDING IN-KIND PRODUCT DONATIONS, FOCUSING ON INCORPORATING
IN-KIND DONATIONS FROM FOUNDATIONS THAT SUPPORT PURCHASES OF PRODUCT
MANUFACTURED TO THE ORGANIZATION'S SPECIFICATIONS THAT ARE THEN DONATED TO
THE ORGANIZATION. COLLECTIVELY, THESE VITAMIN DONORS ARE VITAL TO
FULFILLING THE ORGANIZATION'S PROGRAMS AND ITS OVERALL MISSION. THESE
CONTRIBUTORS ARE NOT RELATED IN ANY WAY TO THE ORGANIZATION, THE
ORGANIZATION MAINTAINS AN INDEPENDENT GOVERNING BODY FROM THESE
CONTRIBUTORS AND THE CONTRIBUTORS DO NOT EXERT ANY CONTROL OVER DEPLOYMENT
OF VITAMIN PRODUCTS. FULFILLING A COMMITMENT MADE IN 2016 TO DIVERSIFY ITS
DONORS, THE VITAMIN ANGELS' BOARD CONTINUES THE PROCESS OF EXPLORING NEW
AVENUES FOR GENERATING CASH AND IN-KIND DONATIONS.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

VITAMIN ANGEL ALLIANCE, INC.

77-0485881

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Employer identification number

VITAMIN ANGEL ALLIANCE, INC.

77-0485881

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | | \$ 23,852,503. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | | \$ 9,659,597. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | | \$ 1,150,688. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | | \$ 62,731. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | | \$ 7,285. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | | \$ 57,353. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 6,640,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 59,694. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 8,910,638. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 1,064,236. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ 920,812. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ 418,892. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | | \$ 241,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | | \$ 41,168. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | | \$ 263,956. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | | \$ 252,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | | \$ 250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | | \$ 231,836. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 19 | | \$ 215,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 20 | | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 21 | | \$ 116,567. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 22 | | \$ 79,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 23 | | \$ 73,043. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 24 | | \$ 62,441. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 25 | | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 26 | | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 27 | | \$ 54,200. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 28 | | \$ 54,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 29 | | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 30 | | \$ 43,380. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 31 | | \$ 41,757. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 32 | | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 33 | | \$ 38,101. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 34 | | \$ 37,829. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 35 | | \$ 36,589. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 36 | | \$ 31,089. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 37 | | \$ 30,490. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 38 | | \$ 27,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 39 | | \$ 25,562. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 40 | | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 41 | | \$ 22,321. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 42 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

VITAMIN ANGEL ALLIANCE, INC.

77-0485881

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 43 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 44 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 45 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 46 | | \$ 20,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 47 | | \$ 16,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 48 | | \$ 16,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

VITAMIN ANGEL ALLIANCE, INC.

77-0485881

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 49 | | \$ 15,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 50 | | \$ 14,927. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 51 | | \$ 14,348. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 52 | | \$ 13,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 53 | | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 54 | | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 55 | | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 56 | | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 57 | | \$ 12,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 58 | | \$ 12,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 59 | | \$ 12,100. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 60 | | \$ 11,300. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 61 | | \$ 10,111. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 62 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 63 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 64 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 65 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 66 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 67 | | \$ 10,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 68 | | \$ 10,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 69 | | \$ 10,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 70 | | \$ 10,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 71 | | \$ 10,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 72 | | \$ 10,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 73 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 74 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 75 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 76 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 77 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 78 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 79 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 80 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 81 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 82 | | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 83 | | \$ 9,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 84 | | \$ 8,675. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 85 | | \$ 8,250. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 86 | | \$ 7,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 87 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 88 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 89 | | \$ 7,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 90 | | \$ 7,201. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 91 | | \$ 6,792. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 92 | | \$ 6,176. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 93 | | \$ 6,105. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 94 | | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 95 | | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 96 | | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 97 | | \$ 6,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 98 | | \$ 6,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 99 | | \$ 5,500. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 100 | | \$ 5,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 101 | | \$ 5,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 102 | | \$ 5,000. | Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 103 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 104 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 105 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 106 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 107 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 108 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 109 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 110 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 111 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 112 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 113 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 114 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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| Name of organization | Employer identification number |
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 115 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 116 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 117 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 118 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 119 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 120 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 121 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 122 | | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 123 | | \$ 59,130,000. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 124 | | \$ 16,856,809. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 125 | | \$ 2,146,553. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 126 | | \$ 1,077,027. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 127 | | \$ 59,220. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 128 | | \$ 9,359. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 1 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 23,217,503. | 12/31/18 |
| 2 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 9,659,597. | 10/31/18 |
| 3 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 1,050,688. | 06/29/18 |
| 4 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 62,731. | 09/30/18 |
| 5 | PACKAGING MATERIALS | \$ 7,285. | 12/31/18 |
| 6 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 57,353. | 03/20/18 |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 7 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 6,640,000. | 12/31/18 |
| 8 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 59,694. | 03/20/18 |
| 123 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 59,130,000. | 12/31/18 |
| 124 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 16,856,809. | 12/31/18 |
| 125 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 2,146,553. | 12/31/18 |
| 126 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 1,077,027. | 12/31/18 |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 127 | VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS. | \$ 59,220. | 12/31/18 |
| 128 | 19 SHARES OF NETFLIX & 24 SHARES OF MASTERCARD COMMON STOCK | \$ 9,359. | 12/14/18 |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | |
|--|--|
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | |
|--|--|
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | |
|--|--|
| | |
| | |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | |
|--|--|
| | |
| | |
| | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

VITAMIN ANGEL ALLIANCE INC.

Employer identification number

77-0485881

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

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

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

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

| | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

| | | |
|--|----|---------------------------------|
| a Total number of conservation easements | 2a | Held at the End of the Tax Year |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

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

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

☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on 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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 4,475,742. | 4,125,376. | 4,036,263. | 4,057,632. | 4,058,904. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 12,839. | 364,023. | 102,206. | -9,686. | 1,795. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 69,575. | 13,657. | 13,093. | 11,683. | 3,067. |
| f Administrative expenses | | | | | |
| g End of year balance | 4,419,006. | 4,475,742. | 4,125,376. | 4,036,263. | 4,057,632. |

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

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 130,147. | 67,913. | 62,234. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 62,234. |

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

| | | | |
|----------|--|-----------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 136,087,023. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -177,574. |
| b | Donated services and use of facilities | 2b | 179,311. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 1,737. |
| 3 | Subtract line 2e from line 1 | 3 | 136,085,286. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 29,848. |
| b | Other (Describe in Part XIII.) | 4b | -95,374. |
| c | Add lines 4a and 4b | 4c | -65,526. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 136,019,760. |

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

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

| | | | |
|----------|---|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 111,754,632. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 179,311. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 95,374. |
| e | Add lines 2a through 2d | 2e | 274,685. |
| 3 | Subtract line 2e from line 1 | 3 | 111,479,947. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 29,848. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 29,848. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 111,509,795. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE BOARD HAS DESIGNATED UNRESTRICTED NET ASSETS AS AN OPERATING RESERVE

FUND WHICH IS THE APPROXIMATE AMOUNT OF CASH OPERATING EXPENSES BUDGETED

FOR A SIX MONTH PERIOD.

PART X, LINE 2:

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

FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY

ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE ORGANIZATION

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

BUSINESS INCOME, EXCISE OR OTHER TAXES. THE ORGANIZATIONS'S TAX RETURNS

FROM THE YEAR 2015 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE IRS

Part XIII Supplemental Information (continued)

FOR FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2014 TO THE PRESENT

REMAIN SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA.

SUBSEQUENT TO THE DISCLOSURE ABOVE, THE ORGANIZATION BECAME SUBJECT TO THE

NEW PARKING FRINGE BENEFIT RULES UNDER THE TAX CUTS & JOBS ACT OF 2017.

EMPLOYEE USED PARKING SPACES WERE IDENTIFIED AND THE APPROPRIATE EXPENSES

ALLOCATED TO THOSE SPACES WERE REPORTED ON THE FORM 990-T AND SUBJECT TO

THE UNRELATED BUSINESS INCOME TAX.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|------------------------|----------|
| SPECIAL EVENT EXPENSES | -94,228. |
|------------------------|----------|

| | |
|--------------------------|---------|
| DISPOSAL OF FIXED ASSETS | -1,146. |
|--------------------------|---------|

| | |
|---------------------------------------|----------|
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | -95,374. |
|---------------------------------------|----------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|------------------------|---------|
| SPECIAL EVENT EXPENSES | 94,228. |
|------------------------|---------|

| | |
|--------------------------|--------|
| DISPOSAL OF FIXED ASSETS | 1,146. |
|--------------------------|--------|

| | |
|--|---------|
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 95,374. |
|--|---------|

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.

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

OMB No. 1545-0047

2018**Open to Public
Inspection**

Name of the organization

Employer identification number

VITAMIN ANGEL ALLIANCE, INC.

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 the region | (d) Activities conducted in the region (by type) (such as, 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 the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| AFRICA | 0 | 12 | PROGRAM SERVICES | NUTRITIONAL | 65,347,890. |
| ASIA | 0 | 9 | PROGRAM SERVICES | NUTRITIONAL | 27,564,225. |
| LATIN AMERICA | 0 | 4 | PROGRAM SERVICES | NUTRITIONAL | 5,308,145. |
| CANADA | 0 | 2 | PROGRAM SERVICES | NUTRITIONAL | 209,446. |
| UNITED KINGDOM | 0 | 1 | PROGRAM SERVICES | NUTRITIONAL | 74,019. |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 28 | | | 98,503,725. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 28 | | | 98,503,725. |

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

Schedule F (Form 990) 2018

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

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--|--|---------------------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | | SUB-SAHARAN AFRICA | NUTRITION | 0. | | 8,631,295. | VITAMIN A AND/OR MULTIVITAMINS | BOOK- SEE PART V |
| | | | SUB-SAHARAN AFRICA | DEWORMING | 0. | | 55,662,705. | ALBENDAZOLE | BOOK- SEE PART V |
| | | | EAST ASIA AND THE PACIFIC | NUTRITION | 0. | | 11,449,646. | VITAMIN A AND/OR MULTIVITAMINS | BOOK- SEE PART V |
| | | | EAST ASIA AND THE PACIFIC | DEWORMING | 0. | | 15,595,333. | ALBENDAZOLE | BOOK- SEE PART V |
| | | | SOUTH AMERICA | NUTRITION | 0. | | 3,875,420. | VITAMIN A AND/OR MULTIVITAMINS | BOOK- SEE PART V |
| | | | SOUTH AMERICA | DEWORMING | 0. | | 1,171,760. | ALBENDAZOLE | BOOK- SEE PART V |
| | | | NORTH AMERICA | NUTRITION | 0. | | 55,692. | VITAMIN A AND/OR MULTIVITAMINS | BOOK- SEE PART V |
| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter | | | | | | | | |
| 3 | Enter total number of other organizations or entities | | | | | | | | |
| | | | | | | | | | 726 |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2018

Part V Supplemental Information

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

FORM 990, PART I, LINE 2:

GRANTMAKER'S EXPLANATION FOR GRANTS OUTSIDE US - FOREIGN-BASED GRANTEES

MUST MEET VITAMIN ANGEL'S CRITERIA, INCLUDING REGISTRATION AS A

NON-PROFIT ORGANIZATION IN THE COUNTRY OF OPERATIONS, AND MUST AGREE

TO THE TERMS AND CONDITIONS AS ENUMERATED IN THE VITAMIN ANGELS

MICRONUTRIENT GRANT APPLICATION. THE ORGANIZATION'S TERMS AND

CONDITIONS INCLUDE AN AGREEMENT TO DISTRIBUTE COMMODITY GRANTS TO

VITAMIN ANGELS' TARGET BENEFICIARIES IN ACCORDANCE WITH INTERNATIONAL

BEST PRACTICES FOR THE DISTRIBUTION OF VITAMIN A AND ESSENTIAL

MICRONUTRIENTS.

FORM 990, PART I, LINE 2:

METHOD OF VALUATION - THE ORGANIZATION VALUES GIFTS IN-KIND (GIK) AT

FAIR VALUE. ACCOUNTING STANDARD CODIFICATION (ASC) 820 FAIR VALUE

MEASUREMENTS AND DISCLOSURES ISSUED BY THE FINANCIAL ACCOUNTING

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

RECEIVED TO SELL AN ASSET OR PAID TO TRANSFER A LIABILITY IN AN ORDERLY

TRANSACTION BETWEEN MARKET PARTICIPANTS AT THE MEASUREMENT DATE."

THE FAIR VALUE IS DETERMINED BASED ON THE PRINCIPAL MARKET FOR EACH

PRODUCT. THERE IS NO COMMERCIAL MARKET FOR THE PRODUCTS CONTRIBUTED TO

THE ORGANIZATION IN THE UNITED STATES. ACCORDINGLY, THE PRINCIPAL

MARKET FOR THE PRODUCTS CONTRIBUTED ARE LIMITED TO THE INTERNATIONAL

COMMERCIAL MARKETPLACE WHERE NON-GOVERNMENTAL ORGANIZATIONS,

GOVERNMENTS, AND/OR LOCAL PHARMACIES TRANSACT FOR THE PRODUCT. THE

ORGANIZATION USES INDEPENDENT PRICING GUIDES TO DETERMINE THE FAIR

VALUE OF EACH PRODUCT BASED ON EACH PRODUCT'S SPECIFIC FORMULATION. THE

Part V Supplemental Information

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

SOURCES OF SUCH PRICING INFORMATION VARY AND MAY INCLUDE IMS HEALTH

DATA, INTERNATIONAL DRUG PRICE INDICATOR (IDPI), "SOURCES AND PRICES OF

SELECTED MEDICINES FOR CHILDREN", AND/OR THE AVERAGE WHOLESALE PRICE

FOUND IN REDBOOK.

IMS HEALTH DATA COMES FROM A COMPANY CALLED IMS HEALTH THAT PROVIDES

MARKET INTELLIGENCE TO PHARMACEUTICAL AND HEALTHCARE INDUSTRIES AND

PROVIDES WHOLESALE PRICING DATA. THE INTERNATIONAL DRUG PRICE INDICATOR

IDPI IS PUBLISHED BY AN INTERNATIONAL NONPROFIT ORGANIZATION BASED ON

PRICES FROM SEVERAL SOURCES INCLUDING PHARMACEUTICAL SUPPLIERS,

INTERNATIONAL DEVELOPMENT ORGANIZATIONS AND GOVERNMENT AGENCIES. THE

"SOURCES AND PRICES OF SELECTED MEDICINES FOR CHILDREN" GUIDE IS

PUBLISHED ANNUALLY BY UNICEF AND THE WORLD HEALTH ORGANIZATION (WHO).

IF THE PRODUCT FORMULATIONS ARE NOT LISTED IN IMS HEALTH DATA, THE IDPI

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

GUIDE, 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.

VALUATIONS TYPICALLY ARE SUBSTANTIALLY LOWER THAN PUBLISHED RETAIL

PRICES. CONTRIBUTED PRODUCTS PROVIDED TO THE ORGANIZATION'S PARTNERS

AROUND THE WORLD ARE RECORDED AS AN EXPENSE AT THE SAME FAIR VALUE AS

THERE WERE RECOGNIZED UPON RECEIPT AS REVENUE.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2018

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

VITAMIN ANGEL ALLIANCE INC

Employer identification number

77-0485881

Part I

Fundraising Activities

Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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 | | | |
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| | | | | | | |
| Total | | | | | | |

- 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.

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

| | (a) Event #1 VITAMIN SHOP GOLF TOURNAMENT (event type) | (b) Event #2 (event type) | (c) Other events NONE (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|------------------------------|--|--|
| Revenue | | | | |
| 1 Gross receipts | 296,370. | | | 296,370. |
| 2 Less: Contributions | 211,770. | | | 211,770. |
| 3 Gross income (line 1 minus line 2) | 84,600. | | | 84,600. |
| Direct Expenses | | | | |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | | | | |
| 6 Rent/facility costs | | | | |
| 7 Food and beverages | | | | |
| 8 Entertainment | | | | |
| 9 Other direct expenses | 94,228. | | | 94,228. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 94,228. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | -9,628. |

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

| | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|--|---|---|---|---|
| Revenue | | | | |
| 1 Gross revenue | | | | |
| Direct Expenses | | | | |
| 2 Cash prizes | | | | |
| 3 Noncash prizes | | | | |
| 4 Rent/facility costs | | | | |
| 5 Other direct expenses | | | | |
| 6 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 | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

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?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

☒ Yes ☐ No

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

| 1 (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 |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| 1ST CHOICE PREGNANCY RESOURCE CENTER - 602 MAIN ST. - TEXARKANA, TX 75501 | 71-0494180 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| A BETTER CHOICE 3007 E. CENTRAL WICHITA, KS 67214 | 48-1133128 | 501(C)(3) | 0. | 13,268.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| A CHOICE FOR LIFE DBA BSIDEU FOR LIFE - 701 W. MUHAMMAD ALI BLVD - LOUISVILLE, KY 40203 | 61-1142823 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| A WOMAN'S CHOICE 1234 E LIME STREET LAKELAND, FL 33801 | 59-2853796 | 501(C)(3) | 0. | 8,845.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| A WOMAN'S PLACE MEDICAL CLINIC DBA NEW LIFE SOLUTIONS - 1910 EAST BAY DR - LARGO, FL 33771 | 59-2588366 | 501(C)(3) | 0. | 15,479.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| A WOMEN'S PREGNANCY CENTER 919 W. PENSACOLA STREET TALLAHASSEE, FL 32304 | 59-2632869 | 501(C)(3) | 0. | 19,902.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |

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

3 Enter total number of other organizations listed in the line 1 table

91.

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

Schedule I (Form 990) (2018)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| AGAPE PREGNANCY RESOURCE CENTER 104 E MAIN ST ROUND ROCK, TX 78664 | 27-0111679 | 501(C)(3) | 0. | 17,690.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| AMERICAN HOME FINDING ASSOCIATION 333 CHURCH ST. OTTUMWA, IA 52501 | 42-0713654 | 501(C)(3) | 0. | 8,845.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902 | 06-1008595 | 501(C)(3) | 0. | 517,441.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| ARK-LA-TEX 921 SHREVEPORT-BARKSDALE HWY SHREVEPORT, LA 71105 | 58-2010775 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| ATLANTA WOMEN'S CLINIC 212 EDGEWOOD AVENUE, NESUITE B ATLANTA, GA 30303 | 20-0478411 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| BAKERSFIELD PREGNANCY CENTER 1801 21ST ST #2 BAKERSFIELD, CA 93301 | 77-0024688 | 501(C)(3) | 0. | 17,690.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| BENTON-FRANKLIN HEALTH DISTRICT 7102 W. OKANOGAN PLACE KENNEWICK, WA 99336 | 91-1018182 | 501(C)(3) | 0. | 39,803.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| BIRTH CHOICE DALLAS 8610 GREENVILLE AVENUE SUITE 200 DALLAS, TX 75243 | 26-4478516 | 501(C)(3) | 0. | 17,690.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| BIRTH CHOICE OF OKLAHOMA, INC 4701 S WESTERN OKLAHOMA CITY, OK 73109 | 23-7350798 | 501(C)(3) | 0. | 13,268.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CARENET OF CENTRAL TX 1818 COLUMBUS AVENUE WACO, TX 78701 | 74-2345781 | 501(C)(3) | 0. | 17,690.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| CARENET PREGNANCY CENTER OF HOUSTON - 14530 WUNDERLICH - HOUSTON, TX 77069 | 76-0338152 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| CENTRAL VALLEY CRISIS PREGNANCY DBA PREGNANCY CARE CENTER - 169 N. CLARK ST - FRESNO, CA 93701 | 77-0027014 | 501(C)(3) | 0. | 15,479.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| CHILDREN'S FUTURES 16 WEST FRONT STREETSUITE 220 TRENTON, NJ 08608 | 311806276 | 501(C)(3) | 0. | 11,057.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| CHOICES PREGNANCY CTRS 4494 W. PEORIA AVE. #115 GLENDALE, AZ 85302 | 86-0536082 | 501(C)(3) | 0. | 39,803.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| CITY OF PORT ARTHUR HEALTH DEPT. 449 AUSTIN AVE PORT ARTHUR, TX 77640 | 74-6001885 | 501(C)(3) | 0. | 13,268.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| COLUMBIA PREGNANCY CENTER 10632 LITTLE PATUXENT PKWY #254 COLUMBIA, MD 21044 | 52-1731882 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| CONNECT US HEALTH (DBA) MIDTOWN MIDWIVES AND WOMEN'S HEALTH SERVICES - 601 BENTON AVE - NASHVILLE, TN 37204 | 62-1438461 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| CORE HEALTHCARE FOR WOMEN OF CENTRAL GA - 109 OSIGIAN BLVD - WARNER ROBINS, GA 31088 | 58-1589744 | 501(C)(3) | 0. | 6,634.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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CRISIS PREGNANCY CENTER OF COASTAL GA INC. DBA SKYLARK - 3548 COMMUNITY RD - BRUNSWICK, GA 31520 | 58-1967329 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| CURA WOMEN'S CARE CLINIC DBA THE WOMEN'S CLINIC OF PITTSBURGH - 101 DRAKE RD SUITE A - PITTSBURGH, PA 15241 | 251613161 | 501(C)(3) | 0. | 17,690.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| EDUCATION FOR LIFE (WOMEN'S PC) 1701 E. SILVER SPRINGS BLVD. OCALA, FL 34470 | 59-2017427 | 501(C)(3) | 0. | 19,902.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| ELKHART COUNTY HEALTH DEPT 1400 HUDSON ST. ELKHART, IN 46516 | 35-6000142 | 501(C)(3) | 0. | 15,479.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| EMERGENCY FOOD PANTRY 1101 4TH AVE N FARGO, ND 58102 | 51-0138107 | 501(C)(3) | 0. | 19,902.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| ESSENTIAL PREGNANCY SERVICES 6220 MAPLE ST OMAHA, NE 68104 | 23-7300162 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| FAMILY LIFE SOLUTIONS INC DBA PREGNANCY HELP CENTER - 7700A CAMP BOWIE WEST - FORT WORTH, TX 76116 | 75-2125380 | 501(C)(3) | 0. | 8,845.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| FAMILY VALUES RESOURCE INSTITUTE 7515 SCENIC HWY BATON ROUGE, LA 70807 | 72-1415039 | 501(C)(3) | 0. | 11,057.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| FIRST CHOICE WOMEN'S RESOURCE CENTERS, INC. - 180 BLOOMFIELD AVENUE - MONTCLAIR, NJ 07042 | 22-2560940 | 501(C)(3) | 0. | 6,634.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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FIRST LIFE CENTER FOR PREGNANCY 3125 BRUTON BLVD. SUITE B ORLANDO, FL 32805 | 59-0696287 | 501(C)(3) | 0. | 39,803.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| FORT WORTH PREGNANCY CTR 3221 CLEBURNE ROAD FORT WORTH, TX 76119 | 75-2548774 | 501(C)(3) | 0. | 11,057.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| FOUNDATION FOR LIFE 10900 NORTHWEST FREEWAY #112 HOUSTON, TX 77092 | 74-1918608 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HEALTH IMPERATIVES 123 CAMELOT DR PLYMOUTH, MA 02360 | 04-2609177 | 501(C)(3) | 0. | 8,845.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HEARTBEAT OF TOLEDO 4041 W. SYLVANIA AVENUE SUITE LL4 TOLEDO, OH 43623 | 23-7404777 | 501(C)(3) | 0. | 8,845.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HEARTBEATS FOR LIFE 336 E MAIN ST NEWARK, OH 43055 | 23-7316671 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HENRY COUNTY CRISIS PREGNANCY CENTER - 3834 JODECO RD - MCDONOUGH, GA 30253 | 58-2060722 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HILLCREST FAMILY SERVICES 220 W 7TH ST DUBUQUE, IA 52001 | 42-0680411 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HOPE PREGNANCY CENTERS OF BRAZOS VALLEY - 205 BRENTWOOD DR E - COLLEGE STATION, TX 77840 | 74-2352717 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |

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 |
| HOPE PREGNANCY CENTERS, INC. 3106 SOUTH W S YOUNG DRIVE KILLEEN, TX 76542 | 74-2129002 | 501(C)(3) | 0. | 13,268. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HOPE WOMEN'S RESOURCE CLINIC 3740 LAUREL AVENUE BEAUMONT, TX 77707 | 76-0548301 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HUMAN COALITION 7800 DALLAS PKWY #150 PLANO, TX 75024 | 26-4099950 | 501(C)(3) | 0. | 8,845. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| HUMAN COALITION DBA THE WOMEN'S CARE CLINIC OF RALEIGH - 4237 LOUISBURG RD - RALEIGH, NC 27604 | 26-4099950 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| IDAHO N. CENTRAL WIC 215 10TH ST LEWISTON, ID 83501 | 82-0335058 | 501(C)(3) | 0. | 8,845. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| INTER TRIBAL COUNCIL OF AZ 2214 NORTH CENTRAL AVE., SUITE 100 PHOENIX, AZ 85004 | 86-0343181 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| JOHNSON COUNTY PUBLIC HEALTH 855 S DUBUQUE ST #127 IOWA CITY, IA 52240 | 42-6004806 | 501(C)(3) | 0. | 13,268. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| LIFE CHOICES WOMEN'S CLINIC 9303 N. 7TH SUITE 4 PHOENIX, AZ 85020 | 86-0840424 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| LIFE LINE PREGNANCY CENTER INC. 4524 FOUNTAIN DR WILMINGTON, NC 28403 | 16-1634141 | 501(C)(3) | 0. | 8,845. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |

| 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 |
| LIFE NETWORK 3700 GALLEY RD COLORADO SPRINGS, CO 80909 | 84-0970592 | 501(C)(3) | 0. | 13,268.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| LITTLE WAY PREGNANCY RESOURCE CENTER - 515 W OAK ST - LOUISVILLE, KY 40203 | 61-1055060 | 501(C)(3) | 0. | 11,057.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| LORETO HOUSE 1100 N BONNIE BRAE ST DENTON, TX 76201 | 26-1395425 | 501(C)(3) | 0. | 19,902.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| MARY'S HOUSE OF LOUISIANA 906 MARGARET PL SHREVEPORT, LA 71101 | 47-2593937 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| METROPLEX WOMEN'S CLINIC 2810 NORTH WEST GREEN OAKS BLVD ARLINGTON, TX 76012 | 75-1987614 | 501(C)(3) | 0. | 17,690.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| MID CITIES PREG CTR 201 WESTPARK WAY EULESS, TX 76040 | 75-2770452 | 501(C)(3) | 0. | 17,690.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624 | 55-0611100 | 501(C)(3) | 0. | 22,113.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| NORTHSHORE HEALTH CENTERS 2490 CENTRAL AVENUE LAKE STATION, IN 46405 | 35-2028588 | 501(C)(3) | 0. | 19,902.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| NORTHWEST ARKANSAS WOMEN'S RESOURCES, INC. - 1556 E ELMWOOD DR - FAYETTEVILLE, AR 72703 | 58-1813130 | 501(C)(3) | 0. | 6,634.BOOK | | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |

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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| OSCEOLA PREGNANCY CENTER 1700 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741 | 27-2714007 | 501(C)(3) | 0. | 11,057. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101 | 95-2319356 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PLANNED PARENTHOOD PASADENA & SAN GABRIEL VALLEY, INC. - 1045 N LAKE AVE - PASADENA, CA 91104 | 95-1916050 | 501(C)(3) | 0. | 19,902. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PREGNANCY AID CLINIC 531 FOREST PKWY FOREST PARK, GA 30297 | 58-1592562 | 501(C)(3) | 0. | 8,845. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PREGNANCY CENTER OF THE COASTAL BEND - 4730 EVERHART RD - CORPUS CHRISTI, TX 78411 | 74-2541210 | 501(C)(3) | 0. | 13,268. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PREGNANCY DECISION HEALTH CENTERS 665 E DUBLIN GRANVILLE RD COLUMBUS, OH 43229 | 31-1002913 | 501(C)(3) | 0. | 17,690. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PREGNANCY HELP4U 425 KELLER PARKWAY KELLER, TX 76248 | 45-2442701 | 501(C)(3) | 0. | 11,057. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PREGNANCY RESOURCE CENTER OF GWINNETT - 337 WEST PIKE ST - LAWRENCEVILLE, GA 30046 | 46-5456475 | 501(C)(3) | 0. | 8,845. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PREGNANCY RESOURCES AND MEDICAL CLINIC OF NORTH TEXAS - 250 NW TARRANT AVE - BURLESON, TX 76028 | 75-2199472 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |

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 SOLUTIONS AND SERVICES (USA OH) - 3136 MANCHESTER RD - AKRON, OH 44319 | 34-1830073 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| PREGNANCY SOLUTIONS, INC. 504 E VENICE AVE VENICE, FL 34285 | 65-1085310 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| RACHEL HOUSE PRC 1260 NE WINDSOR DRIVE LEE'S SUMMIT, MO 64086 | 43-1808105 | 501(C)(3) | 0. | 17,690. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| REAL OPTIONS 1671 THE ALAMEDA #101 SAN JOSE, CA 95126 | 94-2820673 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| REGIONAL FOOD BANK OF OKLAHOMA 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73137-0968 | 73-1100380 | 501(C)(3) | 0. | 39,803. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| RESOURCES FOR WOMEN 641 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114 | 75-2996613 | 501(C)(3) | 0. | 11,057. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| SARASOTA MEDICAL PREGNANCY CENTER, INC. - 1762 HAWTHORNE ST STE 5 - SARASOTA, FL 34239 | 05-0533818 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| SOUTH TEXAS FAMILY PLANNING & HEALTH CORP. - 4455 S PADRE ISLAND DR - CORPUS CHRISTI, TX 78411 | 74-1728621 | 501(C)(3) | 0. | 26,536. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| TARRANT AREA FOOD BANK 2600 CULLEN STREET FORT WORTH, TX 76107 | 75-1822473 | 501(C)(3) | 0. | 8,845. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| THE GORMAN FAMILY LIFE CENTER DBA A CENTER FOR WOMEN - 315 N WYMORE RD. - WINTER PARK, FL 32789 | 59-2933541 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| THE HOPE CENTER 295 MOLLY LANE SUITE 120 WOODSTOCK, GA 30189 | 58-1967056 | 501(C)(3) | 0. | 17,690. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| THRIVE WOMEN'S CLINIC DBA DALLAS LIFE INC. - 6500 GREENVILLE AVE #600 - DALLAS, TX 75206 | 75-1853520 | 501(C)(3) | 0. | 22,113. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| TRUE LIFE CHOICES DBA CHOICES WOMEN'S CLINIC - 2992 EDGEWATER DR - ORLANDO, FL 32804 | 59-2343999 | 501(C)(3) | 0. | 19,902. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| VIA CARE COMMUNITY HEALTH CENTER 501 S ATLANTIC BLVD LOS ANGELES, CA 90022 | 80-0699156 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| WEST PASCO PREGNANCY CENTER 5330 GEORGE ST NEW PORT RICHEY, FL 34652 | 59-2728990 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| WOMEN'S CARE CENTER 285 MAIN ST DAYTON, TN 37321 | 58-1767813 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| WOMEN'S CARE CENTER (PA) 40 S RICHLAND AVE YORK, PA 17404 | 23-2608350 | 501(C)(3) | 0. | 6,634. | BOOK | PRENATAL MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| WOMEN'S CARE CENTER OF INDIAN RIVER CO. - 1986 31ST AVE #100 - VERO BEACH, FL 32960 | 46-0692758 | 501(C)(3) | 0. | 13,268. | 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| WOMEN'S CARE CENTER, INC. 360 N NOTRE DAME AVE SOUTH BEND, IN 46617 | 35-1609945 | 501(C)(3) | 0. | 26,536.BOOK | PRENATAL | MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| WOMEN'S RESOURCE CENTER (USA AL) 718 DOWNTOWNER LOOP W MOBILE, AL 36609 | 630892496 | 501(C)(3) | 0. | 13,268.BOOK | PRENATAL | MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| WYANDOTTE PREGNANCY CLINIC 3021 N 54TH ST KANSAS CITY, KS 66104 | 20-5048703 | 501(C)(3) | 0. | 6,634.BOOK | PRENATAL | MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
| BALTIMORE MEDICAL SYSTEM, INC. 3700 FLEET ST BALTIMORE, MD 21224 | 52-1358241 | 501(C)(3) | 0. | 6,634.BOOK | PRENATAL | MULTIVITAMINS | NUTRITIONAL SUPPLEMENTS |
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Part III

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

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

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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 on 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" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b x

2 x

4a x

4b x

4c x

5a x

5b x

6a x

6b x

7 x

8 x

9

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

Schedule J (Form 990) 2018

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 1A:

A WELLNESS BENEFIT IF AVAILABLE TO ALL ORGANIZATION EMPLOYEES IN THE FORM

OF A REIMBURSEMENT OF UP TO \$1,000. ALL INDIVIDUALS LISTED ON PART II

PARTICIPATED IN THIS BENEFIT. THE REIMBURSEMENT IS INCLUDED IN THE

EMPLOYEES' TAXABLE COMPENSATION.

PART I, LINE 4B:

HOWARD SCHIFFER

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 2 | 11,560 | 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 ▶ (<u>SUPPLEMENTS</u>) | X | 16 | 120,018,418 | BOOK - SEE PART II |
| 26 Other ▶ (<u>CARTON LABELS</u>) | X | 1 | 7,285 | 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 isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) 2018

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:

THE ORGANIZATION RECORDS CONTRIBUTIONS IN THE PERIOD RECEIVED OR
PROMISED AS REVENUE WITHOUT DONOR RESTRICTIONS UNLESS THE DONOR
STIPULATES ANY RESTRICTIONS WHICH ARE NOT MET WITHIN THE YEAR THE
DONATION IS RECEIVED. DONOR RESTRICTED CONTRIBUTIONS WHOSE
RESTRICTIONS ARE MET WITHIN THE SAME YEAR AS RECEIVED ARE REFLECTED AS
CONTRIBUTIONS WITHOUT DONOR RESTRICTIONS IN THE ACCOMPANYING FINANCIAL
STATEMENTS. DONOR RESTRICTED CONTRIBUTIONS WHOSE RESTRICTIONS ARE NOT
MET WITHIN THE SAME YEAR AS RECEIVED ARE RECORDED AS AN INCREASE IN NET
ASSETS WITH DONOR RESTRICTIONS. WHEN A RESTRICTION EXPIRES DUE TO
PURPOSE AND/OR TIME, NET ASSETS WITH DONOR RESTRICTIONS ARE
RECLASSIFIED AS NET ASSETS WITHOUT DONOR RESTRICTIONS.

CONTRIBUTED PRODUCT

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 FAIR VALUE IS DETERMINED BASED ON THE PRINCIPAL MARKET FOR EACH
PRODUCT. THERE IS NO COMMERCIAL MARKET FOR THE PRODUCTS CONTRIBUTED TO
THE ORGANIZATION IN THE UNITED STATES. ACCORDINGLY, THE PRINCIPAL
MARKET FOR THE PRODUCTS CONTRIBUTED ARE LIMITED TO THE INTERNATIONAL
COMMERCIAL MARKETPLACE WHERE NON-GOVERNMENTAL ORGANIZATIONS,
GOVERNMENTS, AND/OR LOCAL PHARMACIES TRANSACT FOR THE PRODUCT. THE

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.

ORGANIZATION USES INDEPENDENT PRICING GUIDES TO DETERMINE THE FAIR

VALUE OF EACH PRODUCT BASED ON EACH PRODUCT'S SPECIFIC FORMULATION. THE

SOURCES OF SUCH PRICING INFORMATION VARY AND MAY INCLUDE IMS HEALTH

DATA, INTERNATIONAL DRUG PRICE INDICATOR (IDPI), "SOURCES AND PRICES OF

SELECTED MEDICINES FOR CHILDREN", AND/OR THE AVERAGE WHOLESALE PRICE

FOUND IN REDBOOK.

IMS HEALTH DATA COMES FROM A COMPANY CALLED IMS HEALTH THAT PROVIDES

MARKET INTELLIGENCE TO PHARMACEUTICAL AND HEALTHCARE INDUSTRIES AND

PROVIDES WHOLESALE PRICING DATA. THE INTERNATIONAL DRUG PRICE INDICATOR

IDPI IS PUBLISHED BY AN INTERNATIONAL NONPROFIT ORGANIZATION BASED ON

PRICES FROM SEVERAL SOURCES INCLUDING PHARMACEUTICAL SUPPLIERS,

INTERNATIONAL DEVELOPMENT ORGANIZATIONS AND GOVERNMENT AGENCIES. THE

"SOURCES AND PRICES OF SELECTED MEDICINES FOR CHILDREN" GUIDE IS

PUBLISHED ANNUALLY BY UNICEF AND THE WORLD HEALTH ORGANIZATION (WHO).

IF THE PRODUCT FORMULATIONS ARE NOT LISTED IN IMS HEALTH DATA, THE IDPI

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

GUIDE, 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.

VALUATIONS TYPICALLY ARE SUBSTANTIALLY LOWER THAN PUBLISHED RETAIL

PRICES. CONTRIBUTED PRODUCTS PROVIDED TO THE ORGANIZATION'S PARTNERS

AROUND THE WORLD ARE RECORDED AS AN EXPENSE AT THE SAME FAIR VALUE AS

THERE WERE RECOGNIZED UPON RECEIPT AS REVENUE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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:

LIMITED NUMBER OF GOVERNMENTS) OPERATING IN THE UNITED STATES, CANADA,

AND THE UNITED KINGDOM; AND SELECTED LOW AND MIDDLE INCOME COUNTRIES

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

EXPERIENCING MODERATE TO SEVERE UNDERNUTRITION OR ANEMIA OR HIDDEN

HUNGER, AND/OR EXPERIENCING A MODERATE TO SEVERE PREVALENCE LEVELS OF

INTESTINAL PARASITES. OUR PARTNERS DEPLOY SUPPLIES, APPROPRIATELY, TO

AT-RISK PREGNANT WOMEN AND YOUNG CHILDREN 6-59 MONTHS OF AGE (MEANING

HARD-TO-REACH WOMEN AND CHILDREN WITH LITTLE TO NO ACCESS TO NATIONAL

HEALTH SERVICES IN THEIR COUNTRY).

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

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

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

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

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

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

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

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

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

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

A PERSONAL OR FINANCIAL INTEREST OR INVOLVEMENT IN ANY CUSTOMER, CLIENT,

COMPETITOR, OR SUPPLIER OF THE ORGANIZATION, INCLUDING OUTSIDE EMPLOYMENT

OR CONSULTING, IS CONSIDERED A POTENTIAL CONFLICT OF INTEREST.

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

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

Schedule O (Form 990 or 990-EZ) (2018)

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

PERSONS HAVING BUSINESS RELATIONSHIPS WITH THE ORGANIZATION. THE RECEIPT OR

GIVING OF SMALL GIFTS OR CASUAL ENTERTAINING FOR BUSINESS PURPOSES,

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

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

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

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

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

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

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

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

ISSUE. THE ORGANIZATION RESERVES THE RIGHT TO DETERMINE WHETHER ANY

RELATIONSHIP REPRESENTS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN

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

CONFLICTS OF INTEREST TO THE CHIEF FINANCIAL OFFICER AT THE ORGANIZATION

MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING DISMISSAL.

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

WHEN DETERMINING THE ANNUAL COMPENSATION FOR ANY INSIDER, THE ORGANIZATION

SHALL ALWAYS UNDERTAKE AND SATISFY ALL THREE PRONGS OF THE REBUTTABLE

PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE REGARDING INTERMEDIATE

SANCTIONS (IRC SECTION 4958).

1. COMPENSATION ARRANGEMENT APPROVED IN ADVANCE BY INDEPENDENT MEMBERS

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

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

WITH RESPECT TO THE COMPENSATION ARRANGEMENT.

2. BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE

GOVERNING BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY DATA

(COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY

Name of the organization

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77-0485881

SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMPENSATION.

3. GOVERNING BODY CONTEMPORANEOUSLY DOCUMENTS ITS BASIS FOR MAKING A

REASONABLE COMPENSATION DETERMINATION, AS FOLLOWS:

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

B. MEMBERS OF THE BOARD PRESENT DURING DEBATE ON THE COMPENSATION
AMOUNT AND THOSE WHO VOTED ON IT AND HOW THEY VOTED ON IT

C. DESCRIPTION OF THE COMPARABILITY DATA OBTAINED AND RELIED UPON AND
HOW SUCH DATA WAS OBTAINED

D. ANY ACTIONS BY A BOARD MEMBER HAVING A CONFLICT OF INTEREST (E.G.,
DISCLOSURE OF THE CONFLICT OF INTEREST; RECUSAL FROM THE DISCUSSION)

E. DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMINATION
BEFORE THE LATER OF THE NEXT BOARD MEETING OR 60 DAYS AFTER THE FINAL
ACTIONS OF THE AUTHORIZED BODY ARE TAKEN
IT IS ESSENTIAL THAT ANY INDIVIDUAL WHOSE COMPENSATION IS BEING DISCUSSED
NOT BE PRESENT DURING SUCH DISCUSSIONS. ALL IDENTIFIED PAYMENTS OF
UNREASONABLE COMPENSATION TO AN INSIDER SHOULD BE CORRECTED (UNDOING OF THE
UNREASONABLE COMPENSATION TO THE EXTENT POSSIBLE) AS SOON AS FEASIBLY
POSSIBLE; FOR EXAMPLE, THE INSIDER SHOULD PAY BACK TO THE ORGANIZATION THE
UNREASONABLE COMPENSATION AMOUNTS PLUS INTEREST TO PUT THE ORGANIZATION IN
A FINANCIAL POSITION NO WORSE THAN THAT IN WHICH IT WOULD BE IF THE INSIDER
WERE DEALING UNDER THE HIGHEST FIDUCIARY STANDARDS. THE REASONABLE
COMPENSATION DISCUSSION SHOULD BE UNDERTAKEN BY THE BOARD AT LEAST
ANNUALLY; THE REASONABLE COMPENSATION BINDER MAINTAINED FOR EACH INSIDER
SHOULD ALSO BE PREPARED, OR AT LEAST UPDATED, ANNUALLY. THE ORGANIZATION
SHALL REFRAIN, WHENEVER POSSIBLE, FROM PAYING CONTINGENT COMPENSATION OR
COMMISSIONS TO INSIDERS AND ALSO AVOID THE PAYMENT OF GOLDEN PARACHUTE
PAYMENTS TO INSIDERS.

Name of the organization

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

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

WA, WI, NC

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

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

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

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

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

GOLETA.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

832163 10-02-18

Schedule R (Form 990) 2018

| | |
|----------|---------------------------|
| Part VII | Supplemental Information. |
|----------|---------------------------|

Provide additional information for responses to questions on Schedule R. See instructions.

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