

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.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable:	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) Room/suite 6500 HOLLISTER AVENUE, SUITE 130 City or town, state or province, country, and ZIP or foreign postal code GOLETA, CA 93117	D Employer identification number 77-0485881
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	F Name and address of principal officer: BONNIE FORSELL SAME AS C ABOVE	E Telephone number (805) 564-8400
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.VITAMINANGELS.ORG	G Gross receipts \$ 106,555,150.
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1998	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
M State of legal domicile: CA		

Part I Summary			Prior Year	Current Year
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)	3	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	46	
	6 Total number of volunteers (estimate if necessary)	6	25	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)		135,840,121.	105,137,562.
	9 Program service revenue (Part VIII, line 2g)		0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		189,267.	197,954.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,628.	-25,817.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		136,019,760.	105,309,699.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		99,070,128.	98,710,131.
	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)		4,703,041.	4,941,009.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,831,615.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,736,626.	7,195,921.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		111,509,795.	110,847,061.
19 Revenue less expenses. Subtract line 18 from line 12		24,509,965.	-5,537,362.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		77,071,920.	72,258,733.
	21 Total liabilities (Part X, line 26)		1,318,551.	1,521,796.
	22 Net assets or fund balances. Subtract line 21 from line 20		75,753,369.	70,736,937.

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
VITAMIN ANGELS HELPS AT-RISK POPULATIONS IN NEED, SPECIFICALLY
PREGNANT WOMEN, NEW MOTHERS AND CHILDREN UNDER FIVE, GAIN ACCESS TO
LIFE CHANGING 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 [X] No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 104,837,770. including grants of \$ 98,710,131.) (Revenue \$)
THE ORGANIZATION'S PROGRAM SERVICES, AIMED TO ALLEVIATE UNDERNUTRITION
AMONG MARGINALIZED POPULATIONS, FOCUS ON EVIDENCE-BASED APPROACHES
COMPRIING: I) ESSENTIAL MICRONUTRIENT SUPPLEMENTATION (VITAMIN A AND
VARIOUS FORMULATIONS OF MULTI-MICRONUTRIENT SUPPLEMENTS FOR SPECIFIED
POPULATIONS, II) CONTROL OF CHILDHOOD INFECTIONS (INCLUDING THE
DEPLOYMENT OF ANTI-PARASITIC AGENTS, PRIMARILY ALBENDAZOLE), III)
BEHAVIORAL INTERVENTIONS THAT OPTIMIZE INFANT AND YOUNG CHILD FEEDING
PRACTICES, AND IV) LIMITED SUPPLEMENTARY FEEDING INITIATIVES FOR YOUNG
CHILDREN FROM 3 TO 5 YEARS OF AGE. THE ORGANIZATION ALSO PROVIDES
TECHNICAL ADVISORY SERVICES TO ASSIST PROGRAM PARTNERS TO GAIN
CONSENSUS ON INTRODUCTION OF NEW INTERVENTIONS, AND TECHNICAL
ASSISTANCE TO SUPPORT DEPLOYMENT OF NUTRITION INTERVENTIONS CONSISTENT

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

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

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

4e Total program service expenses 104,837,770.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, federal tax returns, unrelated business income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, CA, CO, CT, FL, GA, IL, KS, KY, AL, MD, MI
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. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 Contractors

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

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

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

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

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			296,801.	0.	116,717.	
(2) CLAYTON AJELLO BOARD MEMBER	20.30	X					145,200.	0.	0.	
(3) DR. ROBERT BLACK BOARD MEMBER	2.00	X					0.	0.	0.	
(4) MICHELLE BROOKS BOARD MEMBER	2.00	X					0.	0.	0.	
(5) MICHELLE GOOLSBY BOARD CHAIR	2.00	X					0.	0.	0.	
(6) BRIAN WOOD BOARD MEMBER	2.00	X					0.	0.	0.	
(7) JIM HAMILTON BOARD MEMBER	2.00	X					0.	0.	0.	
(8) THOMAS MERIAM BOARD MEMBER	2.00	X					0.	0.	0.	
(9) ELIZABETH KIMANI-MURAGE BOARD MEMBER	2.00	X					0.	0.	0.	
(10) BONNIE FORSELL CFO/SECRETARY	40.00			X			171,001.	0.	8,354.	
(11) SCOTT MINGER SVP OF DEVELOPMENT	40.00					X	229,001.	0.	12,918.	
(12) AMY STANFIELD SVP OF OPERATIONS	40.00					X	147,605.	0.	10,972.	
(13) SHANNON BURKE DIRECTOR OF MARKETING	40.00					X	166,001.	0.	10,764.	
(14) MAUREEN BOYLE DIRECTOR OF HUMAN RESOURCES	40.00					X	129,042.	0.	11,305.	
(15) BONNIE GORDON DIRECTOR OF WBA PARTNERSHIP	40.00					X	127,642.	0.	16,649.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							1,412,293.	0.	187,679.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,412,293.	0.	187,679.	

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 **12**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INLEXO, 327 WARREN AVENUE, SUITE A, BALTIMORE, MD 21230	PROGRAM ACTIVITY CONSULTING	145,200.
MAKA LABS 638 HIGHLAND RD, ITHACA, NY 14850	MARKETING AND BRAND CONSULTING	144,167.
ENDEVERAN CORP, 860 BLUE GENTIAN RD SUITE 200, EAGAN, MN 55121	IT CONSULTING	143,231.
BUMPERCROP DESIGN 4817 TONO WAY, CARMICHAEL, CA 95608	MARKETING AND BRAND CONSULTING	128,624.

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 **4**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	222,190.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	104,915,372.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 87,812,209.					
	h Total. Add lines 1a-1f			105,137,562.				
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)			168,068.			168,068.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales expenses	7b	1,143,262.	3,122.		
			c Gain or (loss)	7c	33,008.	-3,122.		
	d Net gain or (loss)			29,886.			29,886.	
	8 a Gross income from fundraising events (not including \$ 222,190. of contributions reported on line 1c). See Part IV, line 18	8a			73,250.			
			b Less: direct expenses	8b	99,067.			
			c Net income or (loss) from fundraising events			-25,817.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				105,309,699.	0.	0.	172,137.	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 ...	2,009,253.	2,009,253.		
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	96,700,878.	96,700,878.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	738,073.	364,414.	148,965.	224,694.
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	3,490,667.	1,031,444.	567,417.	1,891,806.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	137,400.	45,181.	23,449.	68,770.
9 Other employee benefits	254,744.	83,767.	43,475.	127,502.
10 Payroll taxes	320,125.	105,266.	54,633.	160,226.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,897.	7,768.	834.	1,295.
c Accounting	41,578.		41,578.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,217.		35,217.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,350,549.	1,548,360.	24,379.	777,810.
12 Advertising and promotion	933,731.			933,731.
13 Office expenses	1,739,477.	1,587,295.	60,873.	91,309.
14 Information technology	430,908.	301,636.	86,182.	43,090.
15 Royalties				
16 Occupancy	232,379.	116,190.	46,476.	69,713.
17 Travel	1,009,274.	603,092.	12,324.	393,858.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,235.	18,618.	7,447.	11,170.
23 Insurance	122,136.	61,068.	24,427.	36,641.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM DIRECT EXPENSES	253,540.	253,540.		
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	110,847,061.	104,837,770.	1,177,676.	4,831,615.
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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,160,480.	1	4,373,264.
	2 Savings and temporary cash investments	4,124,839.	2	4,370,910.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,356,988.	4	4,464,722.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	62,149,331.	8	54,107,944.
	9 Prepaid expenses and deferred charges	55,347.	9	36,956.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 391,143.		
	b Less: accumulated depreciation	10b 86,655.		
			62,234.	10c 304,488.
	11 Investments - publicly traded securities	3,134,979.	11	4,569,702.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	5,205.	14	0.
15 Other assets. See Part IV, line 11	22,517.	15	30,747.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	77,071,920.	16	72,258,733.	
Liabilities	17 Accounts payable and accrued expenses	1,318,551.	17	1,521,796.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	1,318,551.	26	1,521,796.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	71,246,381.	27	66,209,499.
	28 Net assets with donor restrictions	4,506,988.	28	4,527,438.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	75,753,369.	32	70,736,937.
33 Total liabilities and net assets/fund balances	77,071,920.	33	72,258,733.	

Part XI Reconciliation of Net Assets

Check 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	105,309,699.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,847,061.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,537,362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	75,753,369.
5	Net unrealized gains (losses) on investments	5	520,930.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	70,736,937.

Part XII Financial Statements and Reporting

Check 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		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	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 on Schedule O.	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? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2019

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 [X] 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,926,988.	81,474,739.	89,762,276.	135,840,121.	105,137,562.	482,141,686.
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	69,926,988.	81,474,739.	89,762,276.	135,840,121.	105,137,562.	482,141,686.
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)						343,413,934.
6 Public support. Subtract line 5 from line 4.						138,727,752.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	69,926,988.	81,474,739.	89,762,276.	135,840,121.	105,137,562.	482,141,686.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	29,757.	37,251.	65,907.	140,005.	168,068.	440,988.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
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						482,582,674.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	28.75 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	28.05 %
16a 33 1/3% support test - 2019. 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		<input type="checkbox"/>
b 33 1/3% support test - 2018. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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		<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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.		
11a		
11b		
11c		

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.		
1		
2		

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).		
1		

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.		
1		
2		
3		

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.		Yes	No
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.			
2a			
2b			
3a			
3b			

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).		

Schedule A (Form 990 or 990-EZ) 2019

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 HAD 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. 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

2019

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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
1	<hr/> <hr/> <hr/>	\$ 698,478.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 96,012.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 38,070,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 19,002,169.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 4,034,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 8,611,085.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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		\$ 299,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,603,038.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 81,719.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 6,272,310.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 28,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 51,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 9,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 263,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 18,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 81,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	 <hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	 <hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	 <hr/> <hr/> <hr/>	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	 <hr/> <hr/> <hr/>	\$ 88,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	 <hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	 <hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 11,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 46,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	<hr/> <hr/> <hr/>	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 62,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 25,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 19,197.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 6,105.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 28,388.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 236,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	<hr/> <hr/> <hr/>	\$ 5,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	<hr/> <hr/> <hr/>	\$ 23,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 55,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 64,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 17,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 13,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	<hr/> <hr/> <hr/>	\$ 5,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	<hr/> <hr/> <hr/>	\$ 32,973.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	<hr/> <hr/> <hr/>	\$ 313,631.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 102,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	<hr/> <hr/> <hr/>	\$ 950,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 655,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	<hr/> <hr/> <hr/>	\$ 17,922.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 695,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 13,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	<hr/> <hr/> <hr/>	\$ 6,253.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	<hr/> <hr/> <hr/>	\$ 41,683.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	<hr/> <hr/> <hr/>	\$ 111,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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
133	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	<hr/> <hr/> <hr/>	\$ 9,230,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	<hr/> <hr/> <hr/>	\$ 1,578,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	<hr/> <hr/> <hr/>	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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
139	<hr/> <hr/> <hr/>	\$ 266,634.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<hr/> <hr/> <hr/>	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<hr/> <hr/> <hr/>	\$ 28,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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Part 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
145	<hr/> <hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/> <hr/>	\$ 10,259.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$	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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 518,478.	12/31/19
2	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 96,012.	12/31/19
3	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 38,070,000.	12/31/19
4	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 19,002,169.	12/31/19
5	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 4,034,000.	12/31/19
6	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 8,611,085.	12/31/19

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 293,200.	12/31/19
8	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 10,603,038.	12/31/19
9	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 81,719.	12/31/19
10	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS.	\$ 6,272,310.	12/31/19
108	VARIOUS VITAMINS AND SUPPLEMENTS	\$ 261,425.	12/31/19
146	34 SHARES AAPL STOCK, 2 SHARES POOL STOCK AND 1 SHARE AAON STOCK	\$ 10,259.	12/31/19

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

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

2019

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and questions about monitoring and reporting.

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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	4,419,006.	4,475,742.	4,125,376.	4,036,263.	4,057,632.
b Contributions					
c Net investment earnings, gains, and losses	722,006.	12,839.	364,023.	102,206.	-9,686.
d Grants or scholarships					
e Other expenditures for facilities and programs	127,607.	69,575.	13,657.	13,093.	11,683.
f Administrative expenses					
g End of year balance	5,013,405.	4,419,006.	4,475,742.	4,125,376.	4,036,263.

- 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** Term 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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		150,596.	3,302.	147,294.
d Equipment		240,547.	83,353.	157,194.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				304,488.

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 FASB 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	106,036,635.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	520,930.
b	Donated services and use of facilities	2b	139,034.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	659,964.
3	Subtract line 2e from line 1	3	105,376,671.
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	35,217.
b	Other (Describe in Part XIII.)	4b	-102,189.
c	Add lines 4a and 4b	4c	-66,972.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	105,309,699.

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	111,053,067.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	139,034.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	102,189.
e	Add lines 2a through 2d	2e	241,223.
3	Subtract line 2e from line 1	3	110,811,844.
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	35,217.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	35,217.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	110,847,061.

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 THREE TO 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 2016 TO THE PRESENT REMAIN SUBJECT TO EXAMINATION BY THE IRS

Part XIII Supplemental Information (continued)

FOR FEDERAL TAX PURPOSES, AND THE TAX YEARS FROM 2015 TO THE PRESENT

REMAIN SUBJECT TO EXAMINATION BY THE STATE OF CALIFORNIA.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	-99,067.
LOSS ON FIXED ASSET DISPOSAL	-3,122.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-102,189.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	99,067.
LOSS ON FIXED ASSET DISPOSAL	3,122.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	102,189.

**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

2019

Open to Public
Inspection

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	67,662,181.
ASIA	0	11	PROGRAM SERVICES	NUTRITIONAL	22,839,274.
LATIN AMERICA	0	4	PROGRAM SERVICES	NUTRITIONAL	8,479,851.
CANADA	0	1	PROGRAM SERVICES	NUTRITIONAL	39,814.
UNITED KINGDOM	0	1	PROGRAM SERVICES	NUTRITIONAL	58,543.
3 a Subtotal	0	29			99,079,663.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	29			99,079,663.

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

Schedule F (Form 990) 2019

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.		46,732,904.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SUB-SAHARAN AFRICA	DEWORMING	0.		19,265,487.	ALBENDAZOLE	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC	NUTRITION	0.		12,754,282.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC	DEWORMING	0.		9,119,092.	ALBENDAZOLE	BOOK- SEE PART V
		SOUTH AMERICA	NUTRITION	0.		3,397,818.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SOUTH AMERICA	DEWORMING	0.		4,669,084.	ALBENDAZOLE	BOOK- SEE PART V
		NORTH AMERICA	NUTRITION	0.		32,514.	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 749

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

FORM 990, PART I, LINE 2:

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

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

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

TO THE TERMS AND CONDITIONS AS ENUMERATED IN THE VITAMIN ANGELS

MICRONUTRIENT GRANT APPLICATION. THE ORGANIZATION'S TERMS AND

CONDITIONS INCLUDE AN AGREEMENT TO DISTRIBUTE COMMODITY GRANTS TO

VITAMIN ANGELS' TARGET BENEFICIARIES IN ACCORDANCE WITH INTERNATIONAL

BEST PRACTICES FOR THE DISTRIBUTION OF VITAMIN A AND ESSENTIAL

MICRONUTRIENTS.

FORM 990, PART I, LINE 2:

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

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

MEASUREMENTS AND DISCLOSURES ISSUED BY THE FINANCIAL ACCOUNTING

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

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

TRANSACTION BETWEEN MARKET PARTICIPANTS AT THE MEASUREMENT DATE."

THE 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VITAMIN SHOP GOLF TOURNAMENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	295,440.			295,440.
	2 Less: Contributions	222,190.			222,190.
	3 Gross income (line 1 minus line 2)	73,250.			73,250.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	99,067.			99,067.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				99,067.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-25,817.

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))
		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: _____

**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

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

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 noncash assistance	(h) Purpose of grant or assistance
1ST CHOICE PREGNANCY RESOURCE CENTER - 602 MAIN ST. - TEXARKANA, TX 75501	71-0494180		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
A BETTER CHOICE, INC 3007 E. CENTRAL WICHITA, KS 67214	48-1133128		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
A WOMAN'S CHOICE 1234 E LIME STREET LAKELAND, FL 33801	59-2853796		0.	17,690.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
A WOMEN'S PREGNANCY CENTER 919 W. PENSACOLA STREET TALLAHASSEE, FL 32304	59-2632869		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AGAPE PREGNANCY HELP CENTER DBA LIFE CHOICES MEDICAL CLINIC - 3234 NORTHWESTERN DR. - SAN ANTONIO, TX 78238	74-2808910		0.	7,160.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AGAPE PREGNANCY RESOURCE CENTER 104 E MAIN ST ROUND ROCK, TX 78664	27-0111679		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 109.

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

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

Schedule I (Form 990) (2019)

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
AID TO WOMEN CENTER 1328 EAST APACHE BLVD TEMPE, AZ 85281	86-0528953		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ALTERNATIVES PREGNANCY CENTER 1440 BLAKE ST. STE. 200 DENVER, CO 80202	74-2218129		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AMERICAN HOME FINDING ASSOCIATION 333 CHURCH ST. OTTUMWA, IA 52501	42-0713654		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
AMERICARES US 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595		0.	645,695.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ARK-LA-TEX CRISIS PREGNANCY CENTER DBA CARE PREGNANCY CENTER - 921 SHREVEPORT-BARKSDALE HWY - SHREVEPORT, LA 71105	58-2010775		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ATLANTA WOMEN'S CLINIC 212 EDGEWOOD AVENUE, NE SUITE B ATLANTA, GA 30303	20-0478411		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BAKERSFIELD PREGNANCY CENTER 1801 18TH STREET BAKERSFIELD, CA 93301	77-0024688		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BIRTH CHOICE DALLAS 8610 GREENVILLE AVENUE SUITE 200 DALLAS, TX 75243	26-4478516		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BIRTH CHOICE OF OKLAHOMA, INC. 4701 S WESTERN OKLAHOMA CITY, OK 73109-3833	23-7350798		0.	15,479.	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
CARE NET OF CENTRAL TEXAS 1818 COLUMBUS AVENUE WACO, TX 78701	74-2345781		0.	21,341.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARE NET PREGNANCY CENTER OF MILWAUKEE, INC. - 4957 WEST FOND DU LAC - MILWAUKEE, WI 53216	39-1496868		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARENET PREGNANCY CENTER OF ALBUQUERQUE - 9809 CANDALARI RD. NE - ALBUQUERQUE, NM 87112	85-0312055		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CARENET PREGNANCY CENTER OF HOUSTON - 14530 WUNDERLICH - HOUSTON, TX 77069	76-0338152		0.	13,303.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CENTRAL VALLEY CRISIS PREGNANCY DBA PREGNANCY CARE CENTER - 1127 E. OLIVE AVE - FRESNO, CA 93728	77-0027014		0.	17,690.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CHOICES FOR WOMEN RESOURCE CENTER OF JEFFERSON COUNTY DBA LIFE CHOICES CLIN - 220 CLIFTY DRIVE, SUITE H - MADISON, IN 47250	27-1458458		0.	13,268.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CHOICES PREGNANCY CENTER FOR GREATER PHOENIX - 4494 W. PEORIA AVE. #115 - GLENDALE, AZ 85302	86-0536082		0.	39,803.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CITY OF LAREDO HEALTH DEPARTMENT 2600 CEDAR AVE LAREDO, TX 78040	74-6001573		0.	13,268.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
COASTAL FAMILY HEALTH CENTER, INC. 1046 DIVISION ST. BILOXI, MN 39530	64-0592416		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
COMMUNITY IN ACTION 131 KODIAK LANE GREENVILLE, GA 30222	47-1889247		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
COMPLETECARE HEALTH NETWORK 484 SOUTH BREWSTER ROAD VINELAND, NJ 08361	22-2763588		0.	8,330.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CONNECT US HEALTH 601 BENTON AVE. NASHVILLE, TN 37204	62-1438461		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CORE HEALTHCARE FOR WOMEN OF CENTRAL GA - 1044 WASHINGTON AVENUE SUITE 102 - MACON, GA 31201	58-1589744		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CURA WOMEN'S CARE CLINIC (TX) DBA GRAPEVINE WOMEN'S CLINIC - 2401 IRA E WOODS AVE #300 - GRAPEVINE, TX 76051	26-4099950		0.	13,268.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
DAYBREAK MINISTRY 1601 SAINT JULIAN PLACE COLUMBIA, SC 29204	57-0760670		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
DOVE MEDICAL 487 EAST 11TH AVENUE EUGENE, OR 97405	93-0882559		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
EDUCATION FOR LIFE DBA WOMEN'S PREGNANCY CENTER - 1701 E. SILVER SPRINGS BLVD. - OCALA, FL 34470	59-2017427		0.	19,902.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ELKHART COUNTY HEALTH DEPARTMENT 1400 HUDSON ST. ELKHART, IN 46516	35-6000142		0.	5,897.	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
EMERGENCY FOOD PANTRY 1101 4TH AVE N FARGO, ND 58102	51-0138107		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ESSENTIAL PREGNANCY SERVICES 6220 MAPLE ST OMAHA, NE 68104	23-7300162		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		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FAMILY VALUES RESOURCE INSTITUTE 7515 SCENIC HWY BATON ROUGE, LA 70807	72-1415039		0.	15,479.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FAMILY VALUES RESOURCE INSTITUTE DBA LOUISIANA ALLIANCE FOR LIFE - 7515 SCENIC HIGHWAY - BATON ROUGE, LA 70807	72-1415039		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FAYETTE PREGNANCY RESOURCE CENTER 360 EAST LANIER AVE. FAYETTEVILLE, GA 30214	58-2037105		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FIRST LIFE CENTER FOR PREGNANCY 3125 BRUTON BLVD. SUITE B ORLANDO, FL 32805	59-0696287		0.	24,324.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FORT WORTH PREGNANCY CENTER FORT WORTH PREGNANCY CENTER 3221 CLEBURNE ROAD - FORT WORTH, TX 76119	75-2548774		0.	19,902.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HANDS OF HOPE PREGNANCY RESOURCE CENTER - 5240 EAST KNIGHT DRIVE SUITE 122 - TUCSON, AZ 85712	94-2750922		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.)

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HEALTH IMPERATIVES 123 CAMELOT DRIVE PLYMOUTH, MS 02360	04-2609177		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HEARTBEAT OF TOLEDO 4041 W. SYLVANIA AVENUE SUITE LL4 TOLEDO, OH 43623	23-7404777		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HOPE PREGNANCY CENTERS OF BRAZOS VALLEY - 205 BRENTWOOD DR E - COLLEGE STATION, TX 77840	74-2352717		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HOPE PREGNANCY CENTERS, INC. 1211 FLORENCE ROAD KILLEEN, TX 76541	74-2129002		0.	17,690.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HOPE WOMEN'S RESOURCE CLINIC 3740 LAUREL AVENUE BEAUMONT, TX 77707	76-0548301		0.	6,599.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HOUSTON PREGNANCY HELP CENTER 743 SHOTWELL ST HOUSTON, TX 77020	41-2110179		0.	28,747.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HUMAN COALITION DBA THE WOMEN'S CARE CLINIC OF RALEIGH - 4237 LOUISBURG RD - RALEIGH, NC 27604	26-4099950		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HUNTSVILLE PREGNANCY RESOURCE CENTER - 220 RANDS AVENUE - HUNTSVILLE, AL 35801	63-0825378		0.	15,479.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LIFE CHOICES WOMEN'S CLINIC 9303 N. 7TH SUITE 4 PHOENIX, AZ 85020	86-0840424		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.)

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LIFE LINE PREGNANCY CENTER INC. 4522 FOUNTAIN DR. WILMINGTON, NC 28403	16-1634141		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LIFE NETWORK, DBA COLORADO SPRINGS PREGNANCY CENTER - 3700 GALLEY RD - COLORADO SPRINGS, CO 80909	84-0970592		0.	15,479.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
LITTLE WAY PREGNANCY RESOURCE CENTER - 515 WEST OAK ST. - LOUISVILLE, KY 40203	61-1055060		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
METROPLEX WOMEN'S CLINIC 2810 NORTH WEST GREEN OAKS BLVD. ARLINGTON, TX 76012	75-1987614		0.	17,690.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MID-CITIES WOMEN'S CLINIC 201 WESTPARK WAY EULESS, TX 76040	75-2770452		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MISSOULA NUTRITION RESOURCES 301 W ALDER, 1ST FLOOR MISSOULA, MT 59802	81-0543225		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MOSES LAKE COMMUNITY HEALTH CENTER 605 COOLIDGE ST. MOSES LAKE, WA 98837	91-1537371		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NEW LIFE SOLUTIONS DBA A WOMAN'S PLACE MEDICAL CLINIC - 1910 EAST BAY DR. - LARGO, FL 33771	59-2588366		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NORTHSHORE HEALTH CENTERS 2490 CENTRAL AVENUE LAKE STATION, IN 46405	35-2028588		0.	19,902.	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
NORTHWEST ARKANSAS WOMEN'S RESOURCES, INC. DBA LOVING CHOICES - 3610 WEST SOUTHERN HILLS BOULEVARD - ROGERS, AR 72758	58-1813130		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
OBRIA MEDICAL CLINICS 1215 E. CHAPMAN AVE. ORANGE, CA 92866	33-0150193		0.	6,599.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
OPTIONS360 PREGNANCY CLINIC 1706 W. MAIN STREET STE. 115 BATTLE GROUND, WA 98604	27-0059405		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
OSCEOLA PREGNANCY CENTER 1340 W. COLUMBIA AVE. KISSIMMEE, FL 34741	27-2714007		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PIEDMONT WOMEN'S CENTER 1143 GROVE ROAD GREENVILLE, SC 29605	57-0932285		0.	33,170.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PLANNED PARENTHOOD OF THE PACIFIC SOUTHWEST - 1075 CAMINO DEL RIO SOUTH 3RD FLOOR - SAN DIEGO, CA 92108	95-6111785		0.	44,226.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PLANNED PARENTHOOD OF WISCONSIN 302 NORTH JACKSON STREET MILWAUKEE, WI 53202	39-0863391		0.	15,479.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PLANNED PARENTHOOD PASADENA & SAN GABRIEL VALLEY, INC. - 1045 N LAKE AVE - PASADENA, CA 91104	95-1916050		0.	19,785.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PLANNED PARENTHOOD ST. LOUIS REGION AND SOUTHWEST MO - 4251 FOREST PARK AVENUE - SAINT LOUIS, MO 63108	43-0652666		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 AID CLINIC 531 FOREST PARKWAY FOREST PARK, GA 30297	58-1592562		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY CARE CENTER OF CHANDLER 590 N ALMA SCHOOL RD #20 CHANDLER, AZ 85224	20-3820132		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY CENTER OF THE COASTAL BEND - 4730 EVERHART RD - CORPUS CRISTI, TX 78411	74-2541210		0.	28,747.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY DECISION HEALTH CENTERS 665 E DUBLIN GRANVILLE RD COLUMBUS, OH 43229	31-1002913		0.	17,690.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY HELP4U 425 KELLER PARKWAY KELLER, TX 76248	45-2442701		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCE CENTER OF CHARLOTTE - 1505 EAST 4TH ST. - CHARLOTTE, NC 28204	56-1340549		0.	24,324.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCE CENTER OF SLC 644 SOUTH 900 EAST SALT LAKE CITY, UT 84102	87-0423659		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCE MEDICAL CENTER OF FORT BEND COUNTY - 4411 AVENUE N - ROSENBERG, TX 77471	76-0013804		0.	5,253.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY RESOURCES AND MEDICAL CLINIC OF NORTH TEXAS DBA NEXTSTEP WOMEN'S - 250 NW TARRANT AVE - BURLESON, TX 76028	75-2199472		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

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(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 3136 MANCHESTER RD. AKRON, OH 44319	34-1830073		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
PREGNANCY SUPPORT CLINIC OF VALDOSTA, INC. DBA OPTIONS NOW - 214 WEST PARK AVENUE - VALDOSTA, GA 31602	58-2013835		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
RACHEL HOUSE PREGNANCY RESOURCE CENTERS, INC. - 1260 NE WINDSOR DRIVE - LEE'S SUMMIT, MO 64086	43-1808105		0.	19,902.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
REAL OPTIONS 1671 THE ALAMEDA #101 SAN JOSE, CA 95126	94-2820673		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SACRAMENTO LIFE CENTER 2316 BELL EXECUTIVE LANE SACRAMENTO, CA 95825	23-7182685		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SARASOTA MEDICAL PREGNANCY CENTER, INC - 1762 HAWTHORNE ST. SUITE 5 - SARASOTA, FL 34239	05-0533818		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SAV-A-LIFE TROY, INC. WOMEN'S LIFE CENTER - 523 S. THREE NOTCH ST. - TROY, AL 36081	63-0926089		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SOUTH TEXAS FAMILY PLANNING & HEALTH CORPORATION - 4455 SOUTH PADRE ISLAND DR. SUITE #29 - CORPUS CHRISTI, TX 78411	74-1728621		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SPRING BRANCH COMMUNITY HEALTH 1615 HILLEDAHL, SUITE 100 HOUSTON, TX 77055	30-0198705		0.	11,057.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

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SUNRISE COMMUNITY HEALTH 2930 11TH AVENUE EVANS, CO 80620	84-0613289		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
TARRANT AREA FOOD BANK 2600 CULLEN STREET FORT WORTH, TX 76107	75-1822473		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
THE GORMAN FAMILY LIFE CENTER D/B/A A CENTER FOR WOMEN - 315 N WYMORE RD - WINTER PARK, FL 32789	59-2933541		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
THE WOMEN'S CLINIC OF TUCKER 3983 LAVISTA RD #108 TUCKER, GA 30084	26-4099950		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
THRIVE WOMEN'S CLINIC, DALLAS LIFE INC. - 6500 GREENVILLE AVE. SUITE 600 - DALLAS, TX 75206	75-1853520		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
TRUE LIFE CHOICE DBA CHOICES WOMEN'S CLINIC - 1851 W COLONIAL DR - ORLANDO, FL 32804	59-2343999		0.	15,479.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
UTAH COUNTY HEALTH DEPARTMENT 151 S UNIVERSITY AVE, SUITE 2700 PROVO, UT 84601	87-6000312		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
VIA CARE COMMUNITY HEALTH CENTER 501 S ATLANTIC BLVD. LOS ANGELES, CA 90022	80-0699156		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S CARE CENTER 136 NORTH LA GRANGE ROAD LA GRANGE, IL 60525	35-1609945		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

Schedule I (Form 990)

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WOMEN'S CARE CENTER 40 S RICHLAND AVE YORK, PA 17404	23-2608350		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S CARE CENTER (HQ) 360 NORTH NOTRE DAME AVENUE SOUTH BEND, IN 46617	35-1609945		0.	199,017.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S CLINIC OF THE ANTELOPE VALLEY - 1334 E. PALMDALE BLVD, STE E - PALMDALE, CA 93550	95-2645805		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S HOPE MEDICAL CLINIC 832 STAGE ROAD AUBURN, AL 36830	63-0841475		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S RESOURCE CENTER 718 DOWNTOWNER LOOP W MOBILE, AL 36609	63-0892496		0.	15,479.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WOMEN'S RESOURCE MEDICAL CENTERS OF SOUTHERN NEVADA - 2915 WEST CHARLESTON BLVD. STE. #1 - LAS VEGAS, NV 89102	94-2944732		0.	17,690.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
WYANDOTTE PREGNANCY CLINIC 3021 N 54TH ST. KANSAS CITY, KS 66104	20-5048703		0.	6,634.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
YORK COUNTY COMMUNITY ACTION CORP. WIC PROGRAM - 6 SPRUCE ST. - SANFORD, ME 04073	01-6020406		0.	8,845.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

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

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

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

FORM 990, PART I, LINE 2:

GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

VITAMIN ANGELS MAINTAINS INVENTORY REPORTS BY FISCAL YEAR QUARTERS THAT

TRACK COMMODITY GRANTS TO DOMESTIC ENTITIES AND COPIES OF LETTERS OR

EMAILS FROM GRANTEEES CONFIRMING RECEIPT OF COMMODITY GRANTS. COPIES OF

ORIGINAL SHIPPING DOCUMENTATION RECORDING THE AMOUNTS OF COMMODITY

GRANTS TO DOMESTIC ENTITIES ARE ALSO MAINTAINED.

**SCHEDULE J
(Form 990)**

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

2019

Open to Public Inspection

Name of the organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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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 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) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HOWARD B. SCHIFFER PRESIDENT	(i)	296,351.	0.	450.	86,155.	30,562.	413,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BONNIE FORSELL CFO/SECRETARY	(i)	171,001.	0.	0.	2,155.	6,199.	179,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SCOTT MINGER SVP OF DEVELOPMENT	(i)	229,001.	0.	0.	6,870.	6,048.	241,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMY STANFIELD SVP OF OPERATIONS	(i)	147,605.	0.	0.	4,428.	6,544.	158,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHANNON BURKE DIRECTOR OF MARKETING	(i)	166,001.	0.	0.	3,330.	7,434.	176,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part 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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ 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	11,202.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SUPPLEMENTS)	X	11	87,801,007.	BOOK - SEE PART II
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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.		

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 WHOLESAL 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 WHOLESAL 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 WHOLESAL 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 WHOLESAL 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

2019

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:

WITH ACCEPTED BEST PRACTICES. WE PROVIDE PRODUCTS/SERVICES, TECHNICAL

ADVISORY SERVICES AND TECHNICAL ASSISTANCE, GLOBALLY, TO QUALIFIED

PROGRAM PARTNERS (BOTH NON-GOVERNMENTAL ORGANIZATIONS - NGOS, AND

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

PROGRAM PARTNERS DEPLOY NUTRITION SERVICES TO HARD-TO-REACH PREGNANT

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

WITH LIMITED ACCESS TO 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 CHIEF

FINANCIAL OFFICER OF THE ORGANIZATION. ONCE FINAL, THE FORM 990 WILL BE

DISTRIBUTED TO THE ALL REMAINING MEMBERS OF THE BOARD PRIOR TO FILING THE

FORM 990 WITH THE IRS.

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

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

COMPETITOR, OR SUPPLIER OF THE ORGANIZATION, INCLUDING OUTSIDE EMPLOYMENT

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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OR CONSULTING, IS CONSIDERED A POTENTIAL CONFLICT OF INTEREST.

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

PERSONS HAVING BUSINESS RELATIONSHIPS WITH THE ORGANIZATION. THE RECEIPT OR

GIVING OF SMALL GIFTS OR CASUAL ENTERTAINING FOR BUSINESS PURPOSES,

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

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

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

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

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

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

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

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

ISSUE. THE ORGANIZATION RESERVES THE RIGHT TO DETERMINE WHETHER ANY

RELATIONSHIP REPRESENTS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN

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

CONFLICTS OF INTEREST TO THE CHIEF FINANCIAL OFFICER AT THE ORGANIZATION

MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING DISMISSAL.

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

WHEN DETERMINING THE ANNUAL COMPENSATION FOR ANY INSIDER, THE ORGANIZATION

SHALL ALWAYS UNDERTAKE AND SATISFY ALL THREE PRONGS OF THE REBUTTABLE

PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE REGARDING INTERMEDIATE

SANCTIONS (IRC SECTION 4958).

1. COMPENSATION ARRANGEMENT APPROVED IN ADVANCE BY INDEPENDENT MEMBERS

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

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

WITH RESPECT TO THE COMPENSATION ARRANGEMENT.

2. BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE

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

(COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY

SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMPENSATION.

3. GOVERNING BODY CONTEMPORANEOUSLY DOCUMENTS ITS BASIS FOR MAKING A

REASONABLE COMPENSATION DETERMINATION, AS FOLLOWS:

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

BOARD

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

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

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

HOW SUCH DATA WAS OBTAINED

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

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

E. DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMINATION

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

ACTIONS OF THE AUTHORIZED BODY ARE TAKEN

IT IS ESSENTIAL THAT ANY INDIVIDUAL WHOSE COMPENSATION IS BEING DISCUSSED

NOT BE PRESENT DURING SUCH DISCUSSIONS. ALL IDENTIFIED PAYMENTS OF

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

UNREASONABLE COMPENSATION TO THE EXTENT POSSIBLE) AS SOON AS FEASIBLY

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

UNREASONABLE COMPENSATION AMOUNTS PLUS INTEREST TO PUT THE ORGANIZATION IN

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

WERE DEALING UNDER THE HIGHEST FIDUCIARY STANDARDS. THE REASONABLE

COMPENSATION DISCUSSION SHOULD BE UNDERTAKEN BY THE BOARD AT LEAST

ANNUALLY; THE REASONABLE COMPENSATION BINDER MAINTAINED FOR EACH INSIDER

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

SHALL REFRAIN, WHENEVER POSSIBLE, FROM PAYING CONTINGENT COMPENSATION OR

Name of the organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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COMMISSIONS TO INSIDERS AND ALSO AVOID THE PAYMENT OF GOLDEN PARACHUTE

PAYMENTS TO INSIDERS.

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

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

WI, WV, AK, AR, HI, MS, MN, NM, NC, OH

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
VITAMIN ANGELS CANADA - 79-1780323 2200 - 145 KING ST. W TORONTO, ONTARIO, CANADA	TO PREVENT MALNUTRITION IN PREGNANT WOMEN AND CHILDREN UNDER FIVE	CANADA	501(C)(3)		VITAMIN ANGEL ALLIANCE		X
VITAMIN ANGELS UK NO 1 LONDON BRIDGE LONDON, UNITED KINGDOM SE1 9BG	TO PREVENT MALNUTRITION IN PREGNANT WOMEN AND CHILDREN UNDER FIVE	UNITED KINGDOM	501(C)(3)		VITAMIN ANGEL ALLIANCE		X

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

Schedule R (Form 990) 2019

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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)			

