Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific Instructions.

C VITAMIN ANGEL ALLIANCE, INC.
915 DE LA VINA STREET
SANTA BARBARA, CA 93101

D Employer Identification Number: 77-0485881

E Telephone number: (805) 564-8400

G Gross receipts $ 10,545,488.

F Name and address of principal officer: HOWARD B. SCHIFFER
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c) (3)◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J **Website:** ► WWW.VITAMINANGELS.ORG

H(c) Group exemption number ►

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation: 1998

M State of legal domicile:

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OUR ORGANIZATION IS A LEADING PARTNER FOR GLOBAL ELIMINATION OF DEATH AND DISEASE ASSOCIATED WITH MICRONUTRIENT DEFICIENCY, ESPECIALLY VITAMIN A DEFICIENCY, AMONG NEONATES, INFANTS AND CHILDREN.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of employees (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	45,599,729.	10,451,304.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,758.	4,856.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,087.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,612,487.	10,457,247.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,901.	9,339,279.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	268,035.	608,411.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,986.	
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 199,398.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	40,982,689.	646,780.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	41,295,611.	10,594,470.
	19	Revenue less expenses. Subtract line 18 from line 12	4,316,876.	-137,223.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,668,204.	4,566,652.
	21	Total liabilities (Part X, line 26)	44,609.	81,521.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,623,595.	4,485,131.

Part II Signature Block

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

Sign Here

► Signature of officer — Date

► Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► CATHERINE H. MACAULAY — Date — Check if self-employed ► ☐ — Preparer's identifying number (see instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4 ► DAMITZ, BROOKS & NIGHTINGALE
200 E. CARRILLO ST., STE. 202
SANTA BARBARA, CA 93101

EIN ► N/A

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 (see instructions)

1 Briefly describe the organization's mission:

OUR MISSION IS TO MOBILIZE AND DEPLOY PRIVATE SECTOR RESOURCES TO ADVANCE AVAILABILITY, ACCESS AND USE OF MICRONUTRIENTS, ESPECIALLY VITAMIN A, BY NEWBORNS, INFANTS AND CHILDREN IN NEED.

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 10,136,669. including grants of $ 9,339,279.) (Revenue $)

THE ORGANIZATION'S PROGRAM SERVICES CONSIST OF PROVIDING VITAL NUTRITION AND HEALTH SUPPLIES IN THE FORM OF VITAMINS, ANTI-PARASITICS AND SUPPLEMENTS TO DEVELOPING COUNTRIES, COMMUNITIES AND INDIVIDUALS IN NEED. THE ORGANIZATION HAS A PRIMARY FOCUS ON THE REDUCTION OF CHILDHOOD MORTALITY AND MORBIDITY THROUGH UNIVERSAL DISTRIBUTION OF VITAMIN A TO CHILDREN AND PREGNANT/LACTATING WOMEN OF AT-RISK POPULATIONS. IN ADDITION, THE ORGANIZATION SPONSORS DISTRIBUTION OF MULTIVITAMINS; AND DISTRIBUTION OF ANTI-PARASITIC TABLETS IN CONJUNCTION WITH VITAMIN A SUPPLEMENTS AND MULTIVITAMINS TO MAXIMIZE THEIR ABSORPTION.

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► $ 10,136,669. *(Must equal Part IX, Line 25, column (B).)*

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)? *If 'Yes,' complete Schedule A*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	**2**	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	**3**		X
4	**Section 501(c)(3) organizations**. Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	**4**		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	**5**		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	**6**		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	**8**		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	**9**		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	**10**		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	**11**	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	**12**	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	**14a**		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If 'Yes,' complete Schedule F, Part I*	**14b**	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	**15**	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	**16**		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	**17**		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	**18**	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	**19**		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	**20**		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	**21**	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	**22**		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	**23**	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	**25a**		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I*	**25b**		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	**27**		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	21		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	13		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b If 'Yes,' enter the name of the foreign country: ►				
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a Did the organization solicit any contributions that were not tax deductible?		6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from other members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body — **1a** 10			
b	Enter the number of voting members that are independent — **1b** 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	**2**		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	**4**		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	**5**		X
6	Does the organization have members or stockholders?	**6**		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	**7a**		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	**7b**		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	**8a**	X	
b	Each committee with authority to act on behalf of the governing body?	**8b**	X	
9a	Does the organization have local chapters, branches, or affiliates?	**9a**		X
b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	**9b**		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	**10**	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	**11**		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	**12a**		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	**12c**		X
13	Does the organization have a written whistleblower policy?	**13**		X
14	Does the organization have a written document retention and destruction policy?	**14**		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	**15a**	X	
b	Other officers of key employees of the organization? SEE SCHEDULE O	**15b**	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		X
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☐ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► JEFFREY MARKEL 915 DE LA VINA STREET SANTA BARBARA CA 93101 805-962-6420

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
THOMAS D. AARTS BOARD MEMBER	2	X						0.	0.	0.
ELLIOT BALBERT BOARD MEMBER	2	X						0.	0.	0.
YVON BASTIEN BOARD MEMBER	1	X						0.	0.	0.
BARCLAY HOPE BOARD MEMBER	2	X						0.	0.	0.
WILLIAM B. SECHREST BOARD MEMBER	2	X						0.	0.	0.
MEHBS REMTULLA BOARD MEMBER	2	X						0.	0.	0.
PETER VAN STOLK BOARD MEMBER	2	X						0.	0.	0.
ANTHONY ZOLEZZI BOARD MEMBER	2	X						0.	0.	0.
HOWARD B. SCHIFFER PRESIDENT	40	X		X				167,800.	0.	11,762.
JEFFREY MARKEL MGR/SEC/TREAS	40	X		X				77,497.	0.	7,266.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ►								245,297.	0.	19,028.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 1

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		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? If 'Yes' complete Schedule J for such individual	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		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.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ► 0

Part VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	124,525.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,326,779.				
	g	Noncash contribns included in lns 1a-1f:	$	8,981,976.				
	h	**Total.** Add lines 1a-1f			10,451,304.			
PROGRAM SERVICE REVENUE			Business Code					
	2a							
	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)			5,152.			5,152.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,532.					
	b	Less: cost or other basis and sales expenses	1,828.					
	c	Gain or (loss)	-296.					
	d	Net gain or (loss)			-296.			-296.
	8a	Gross income from fundraising events (not including $ 124,525. of contributions reported on line 1c). See Part IV, line 18	a	87,500.				
	b	Less: direct expenses	b	86,413.				
	c	Net income or (loss) from fundraising events			1,087.			1,087.
	9a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
		Miscellaneous Revenue	Business Code					
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d						
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			10,457,247.	0.	0.	5,943.

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,777,415.	1,777,415.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	7,561,864.	7,561,864.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	264,325.	166,525.	48,900.	48,900.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	302,826.	190,780.	56,023.	56,023.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	41,260.	25,994.	7,633.	7,633.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	78,373.		78,373.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	75,257.	49,900.	13,354.	12,003.
12 Advertising and promotion	173,374.	135,358.		38,016.
13 Office expenses	70,220.	27,517.	28,479.	14,224.
14 Information technology	11,464.	6,476.	1,205.	3,783.
15 Royalties				
16 Occupancy	34,586.	21,790.	6,398.	6,398.
17 Travel	70,494.	70,494.		
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	3,246.	2,044.	601.	601.
23 Insurance	46,726.	29,438.	8,644.	8,644.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a POSTAGE AND SHIPPING	63,468.	57,122.	3,173.	3,173.
b PROGRAM STIPENDS	13,519.	13,519.		
c REPAIRS AND MAINTENANCE	4,250.		4,250.	
d MISCELLANEOUS	1,803.	433.	1,370.	
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	10,594,470.	10,136,669.	258,403.	199,398.
26 **Joint Costs.** Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing	41,912.	1	14,775.
	2	Savings and temporary cash investments	346,629.	2	524,642.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,235.	4	42,185.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,254,651.	8	3,948,724.
	9	Prepaid expenses and deferred charges	778.	9	5,483.
	10a	Land, buildings, and equipment: cost basis — 10a: 28,118.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D — 10b: 4,836.	6,783.	10c	23,282.
	11	Investments — publicly-traded securities	5,216.	11	3,598.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	3,963.
	16	**Total assets**. Add lines 1 through 15 (must equal line 34)	4,668,204.	16	4,566,652.
LIABILITIES	17	Accounts payable and accrued expenses	40,380.	17	35,466.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	4,229.	25	46,055.
	26	**Total liabilities.** Add lines 17 through 25	44,609.	26	81,521.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	4,623,595.	27	4,485,131.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	**Total net assets or fund balances.**	4,623,595.	33	4,485,131.
	34	Total liabilities and net assets/fund balances	4,668,204.	34	4,566,652.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to 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?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No. 1545-0047

2008

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: (Please check only **one** organization.)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

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 organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III — Functionally integrated **d** [ ] Type III— Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . . . [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the organizations the organization supports.

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	2,310,342.	6,484,819.	31323465.	45599729.	10451304.	96,169,659.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1-3	2,310,342.	6,484,819.	31323465.	45599729.	10451304.	96,169,659.
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)						55,462,048.
6 **Public support.** Subtract line 5 from line 4						40,707,611.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,310,342.	6,484,819.	31323465.	45599729.	10451304.	96,169,659.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	42.	94.	658.	12,758.	5,152.	18,704.
9 Net income form unrelated business activities, whether or not the business is regularly carried on					1,087.	1,087.
10 Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
11 **Total support.** Add lines 7 through 10						96,189,450.

12 Gross receipts from related activities, etc. (see instructions) . . . 12 | 0.

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 . . . ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) . . . 14 | 42.3 %

15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f . . . 15 | 51.2 %

16a **33-1/3 support test — 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ► ☒

b **33-1/3 support test — 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ► ☐

17a **10%-facts-and-circumstances test — 2008.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . ► ☐

b **10%-facts-and-circumstances test — 2007.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ► ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV.)						
13 **Total support.** (add lns 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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests — 2008.** 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 — 2007.** If the organization did not check a box on line 14 or 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X ► $

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

a Revenues included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

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

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

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIV 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? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► ______ %
b Permanent endowment ► ______ %
c Term endowment ► ______ %

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		28,118.	4,836.	23,282.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				23,282.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.) ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col.(B), line 15) ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYROLL LIABILITIES	46,055.
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ►	46,055.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. SEE PART XIV

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	10,457,247.
2	Total expenses (Form 990, Part IX, column (A), line 25)	10,594,470.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-137,223.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	-1,241.
9	Total adjustments (net). Add lines 4-8	-1,241.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-138,464.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	10,542,419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	86,259.		
e	Add lines **2a** through **2d**			2e	86,259.
3	Subtract line **2e** from line **1**			3	10,456,160.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV) SEE PART XIV	4b	1,087.		
c	Add lines **4a** and **4b**			4c	1,087.
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	10,457,247.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,680,883.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	86,413.		
e	Add lines **2a** through **2d**			2e	86,413.
3	Subtract line **2e** from line **1**			3	10,594,470.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c** (This should equal Form 990, Part I, line 18.)			5	10,594,470.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS AND THEREFORE DID NOT INCLUDE A FIN 48 FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS.

Part XIV **Supplemental Information** *(continued)*

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENT	$	-1,241.
TOTAL	$	-1,241.

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

SPECIAL EVENT REVENUE	$	87,500.
UNREALIZED LOSS ON MARKETABLE SECURITIES		-1,241.
TOTAL	$	86,259.

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

SPECIAL EVENT NET INCOME	$	1,087.
TOTAL	$	1,087.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

SPECIAL EVENT EXPENSES	$	86,413.
TOTAL	$	86,413.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.**

OMB No. 1545-0047

2008

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' to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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? . . . . [X] **Yes** [ ] **No**

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees or agents in region	**(d)** Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures in region
CENTRAL AMERICA	0	0	PROGRAM SERVICES	NUTRITIONAL	1,075,186.
EAST ASIA	0	0	PROGRAM SERVICES	NUTRITIONAL	14,745.
NORTH AMERICA	0	0	PROGRAM SERVICES	NUTRITIONAL	1,980.
SOUTH AMERICA	0	0	PROGRAM SERVICES	NUTRITIONAL	895.
SOUTH ASIA	0	0	PROGRAM SERVICES	NUTRITIONAL	5,239,264.
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICES	NUTRITIONAL	1,229,794.
Totals . . . . ►	0	0			7,561,864.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000. . ► ☐ Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMER	ANTIPARASITIC			7,718.	ALBENDAZOLE	BOOK
		CENTRAL AMER	NUTRITIONAL			13,440.	DIGEST TABS	BOOK
		CENTRAL AMER	NUTRITIONAL			13,824.	MULTI VIT	BOOK
		CENTRAL AMER	NUTRITIONAL			13,824.	MULTI VIT	BOOK
		CENTRAL AMER	NUTRITIONAL			18,800.	VITAMIN A	BOOK
		CENTRAL AMER	NUTRITIONAL			41,234.	MULTI VIT	BOOK
		CENTRAL AMER	NUTRITIONAL			57,816.	PRENATAL	BOOK
		CENTRAL AMER	NUTRITIONAL			6,204.	MULTI VIT	BOOK
		CENTRAL AMER	NUTRITIONAL	2,400.	CHECK	265,434.	MULTI VIT	BOOK
		CENTRAL AMER	NUTRITIONAL	2,400.	CHECK	597,287.	MULTI VIT	BOOK
		EAST ASIA	ANTIPARASITIC			5,600.	ALBENDAZOLE	BOOK
		SOUTH ASIA	ANTIPARASITIC			1,315,116.	ALBENDAZOLE	BOOK
		SOUTH ASIA	ANTIPARASITIC			15,400.	ALBENDAZOLE	BOOK
		SOUTH ASIA	ANTIPARASITIC			21,350.	ALBENDAZOLE	BOOK
		SOUTH ASIA	ANTIPARASITIC			3,246,792.	ALBENDAZOLE	BOOK
		SOUTH ASIA	ANTIPARASITIC			5,828.	ALBENDAZOLE	BOOK

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ► 60

3 Enter total number of other organizations or entities. . . . . ► 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US

FOREIGN-BASED GRANTEES MUST MEET VITAMIN ANGELS' CRITERIA, INCLUDING REGISTRATION AS A NON-PROFIT ORGANIZATION IN THE COUNTRY OF OPERATION, AND MUST AGREE TO THE TERMS & CONDITIONS AS ENUMERATED IN THE VITAMIN ANGELS MICRONUTRIENT GRANT APPLICATION. OUR TERMS & 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.

ADDITIONAL SUPPLEMENTAL INFORMATION

METHOD OF VALUATION - CONTRIBUTED INVENTORY RECEIVED AS GIFTS IN-KIND (GIK), IS VALUED AT THE WHOLESALE PRICE IN THE UNITED STATES OF AMERICA (USA) ON THE DATE RECEIVED, OR THE DATE TITLE TRANSFERS TO THE ORGANIZATION. THE SOURCE FOR THE USA WHOLESALE PRICE USED BY THE ORGANIZATION IS THE AVERAGE WHOLESALE PRICE (AWP), PUBLISHED BY THOMSON HEALTHCARE'S REDBOOK™ (REDBOOK). IF DONATED HEALTH SUPPLIES ARE NOT FOUND IN THE REDBOOK BUT OTHER SIMILAR HEALTH SUPPLIES ARE, THE ORGANIZATION USES A CALCULATED AVERAGE OF THE SIMILAR HEALTH SUPPLIES' AWPS FROM THE REDBOOK TO VALUE THE DONATION. IN-KIND CONTRIBUTIONS OF NUTRITIONAL AND MEDICAL SUPPLIES WHERE A PUBLISHED WHOLESALE VALUE IS NOT AVAILABLE ARE VALUED BASED ON AN ESTIMATE OF WHOLESALE VALUE AS A PERCENTAGE OF RETAIL VALUE (WHEN A RETAIL VALUE IS AVAILABLE), OR A JUDGMENTALLY DETERMINED VALUE BASED ON DONOR COST. WHILE RETAIL VALUES MAY BE SIGNIFICANTLY HIGHER, THE ORGANIZATION TRADITIONALLY HAS CHOSEN TO USE THE MORE CONSERVATIVE VALUE OF THE AWP TO VALUE PHARMACEUTICAL PRODUCTS THAT ARE CONTRIBUTED. PURCHASED INVENTORY IS CARRIED AT THE VENDOR'S AVERAGE WHOLESALE VALUE. IF THE ORGANIZATION RECEIVES A SPECIAL DISCOUNT FROM THE VENDOR, THE ORGANIZATION RECORDS THE DIFFERENCE BETWEEN THE VENDOR'S WHOLESALE PRICE AND THE PURCHASE PRICE AS A GIK CONTRIBUTION.

Part II **Continuation of Grants and Other Assistance or Entities Outside the United States.** (Schedule F (Form 990), Part II)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	NUTRITIONAL	8,409.		619,135.	VITAMIN A	BOOK
		SUB SAHARAN	ANTIPARASITIC			12,600.	ALBENDAZOLE	BOOK
		SUB SAHARAN	ANTIPARASITIC			157,972.	ALBENDAZOLE	BOOK
		SUB SAHARAN	NUTRITIONAL			140,940.	VITAMINS	BOOK
		SUB SAHARAN	NUTRITIONAL			412,718.	PRENATAL	BOOK
		SUB SAHARAN	NUTRITIONAL			441,651.	PRENATAL	BOOK
		SUB SAHARAN	NUTRITIONAL			54,547.	MULTI VIT	BOOK

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: VITAMIN ANGEL ALLIANCE, INC.

Employer identification number: 77-0485881

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- [ ] Mail solicitations
- [ ] Email solicitations
- [ ] Phone solicitations
- [ ] In-person solicitations
- [ ] Solicitation of non-government grants
- [ ] Solicitation of government grants
- [ ] Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . [ ] **Yes** [X] **No**

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col.(i)	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . ►						0.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

CA WA

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 CELEB OF ANGEL (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	212,025.			212,025.
	2 Less: Charitable contributions	124,525.			124,525.
	3 Gross revenue (line 1 minus line 2)	87,500.			87,500.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	47,144.			47,144.
	7 Other direct expenses	39,269.			39,269.
	8 Direct expense summary. Add lines 4- through 7 in column (d) ►				86,413.
	9 Net income summary. Combine lines 3 and 8 in column (d) ►				1,087.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ►				

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities: ____			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' Explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' Explain:			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			YES	NO
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	**13a**	%		
b An outside facility	**13b**	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name: ►				
Address: ►				
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?		**15a**		
b If 'Yes,' enter the amount of gaming revenue received by the organization $ ______ and the amount of gaming revenue retained by the third party $ ______.				
c If 'Yes,' enter name and address:				
Name: ►				
Address: ►				
16 Gaming manager information				
Name: ►				
Gaming manager compensation ► $				
Description of services provided: ►				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► $				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► **Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.**
► **Attatch to Form 990.**

OMB No. 1545-0047

2008

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? . . . . . . X **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . . ► ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF ARIZONA FOOD BANKS 2100 NORTH CENTRAL AVE, STE 230 PHOENIX, AZ 85004	86-0507679	501(C)(3)	0.	163,523.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTATION
FEED THE HUNGRY 520 E IRELAND RD SOUTH BEND, IN 46614	43-2023368	501(C)(3)	0.	587,009.	BOOK	SUPPLEMENTS / VITAMINS	NUTRITIONAL SUPPLEMENTATION
GLOBAL AID NETWORK PO BOX 139020 DALLAS, TX 75313	95-4578963	501(C)(3)	0.	65,163.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTATION
HOPE IN ACTION 8620 WILLIAMSHIRE WEST DR INDIANAPOLIS, IN 46260	20-3507567	501(C)(3)	0.	592,912.	BOOK	SUPPLEMENTS / VITAMINS	NUTRITIONAL SUPPLEMENTATION
NATIONAL ASSOCIATION OF FREE CLINICS 1800 DIAGONAL ROAD, STE 600 ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	0.	342,697.	BOOK	PRENATAL & MULTIVITAMINS	NUTRITIONAL SUPPLEMENTATION
SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	20-4374795	501(C)(3)	0.	25,575.	BOOK	CALCIUM CHEWS	NUTRITIONAL SUPPLEMENTATION

2 Enter total number of section 501(c)(3) and government organizations . . . . . . ► 6

3 Enter total number of other organizations . . . . . . ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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 GRANTEES 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

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: VITAMIN ANGEL ALLIANCE, INC.

Employer identification number: 77-0485881

Part I Questions Regarding Compensation

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

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (e.g., maid, chauffeur, chef)

		Yes	No
b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	

3 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- [X] Compensation committee
- [ ] Independent compensation consultant
- [X] Form 990 of other organizations
- [ ] Written employment contract
- [X] Compensation survey or study
- [X] Approval by the board or compensation committee

		Yes	No
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a Receive a severance payment or change of control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		X
If 'Yes' to line 5a or 5b, describe in Part III.			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		X
b Any related organization?	6b		X
If 'Yes' to line 6a or 6b, describe in Part III.			
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation				
HOWARD B. SCHIFF	(i)	165,100.	0.	2,700.	0.	11,762.	179,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SUPPLEMENTS)	X	63	8,981,976.	BOOK
26 Other ► ( )		0		(SEE SCH O)
27 Other ► ( )				
28 Other ► ( )				

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

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

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

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

FORM 990, PART V, LINE 1C

THE ORGANIZATION COMPLIED WITH BACKUP WITHHOLDING RULES AND NO BACKUP WITHHOLDING WAS REQUIRED DURING THE YEAR.

FORM 990, PART VI, LINE 12

ALTHOUGH THE BOARD HAD NOT EXECUTED A FORMAL CONFLICT OF INTEREST POLICY BEFORE DECEMBER 31, 2008, IT IS IN THE PROCESS OF DRAFTING THIS POLICY AND PLAN TO HAVE IT IN PLACE BEFORE DECEMBER 31, 2009. THE BOARD IS ALSO DRAFTING AN ANNUAL QUESTIONNAIRE TO BE COMPLETED BY ALL BOARD MEMBERS TO IDENTIFY AND RESOLVE ANY POTENTIAL CONFLICT OF INTERESTS.

FORM 990, PART VI, LINE 13

ALTHOUGH THE BOARD HAD NOT EXECUTED A FORMAL WHISTLE BLOWER POLICY BEFORE DECEMBER 31, 2008, IT IS IN THE PROCESS OF DRAFTING THIS POLICY AND PLAN TO HAVE IT IN PLACE BEFORE DECEMBER 31, 2009.

FORM 990, PART VI, LINE 14

ALTHOUGH THE BOARD HAD NOT EXECUTED A FORMAL DOCUMENT RETENTION AND DESTRUCTION POLICY BEFORE DECEMBER 31, 2008, IT IS IN THE PROCESS OF DRAFTING THIS POLICY AND PLAN TO HAVE IT IN PLACE BEFORE DECEMBER 31, 2009.

FORM 990, PART V, LINE 7H

THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES, AND NO FORMS 1098-C WERE REQUIRED TO BE FILED DURING THE YEAR.

SCHEDULE M, PART I, LINE 31

DUE TO THE FACT THAT THE ORGANIZATION HAS NOT SOLICITED OR RECEIVED ANY NON-STANDARD GIFTS, THE BOARD HAS NOT FELT THE NEED FOR A FORMAL GIFT ACCEPTANCE POLICY. ALTHOUGH THE BOARD HAD NOT EXECUTED A FORMAL NON-STANDARD GIFT ACCEPTANCE POLICY BEFORE DECEMBER 31, 2008, IT IS IN THE PROCESS OF DRAFTING THIS POLICY AND PLAN TO HAVE IT IN PLACE BEFORE DECEMBER 31, 2009.

Name of the organization: VITAMIN ANGEL ALLIANCE, INC.

Employer identification number: 77-0485881

(CONTINUED)

FORM 990, PART VIII, LINE 1H

ONE OF THE ORGANIZATION'S BOARD MEMBERS IS A PRINCIPAL OWNER OF A COMPANY THAT MAKES CASH CONTRIBUTIONS TO THE ORGANIZATION. CASH CONTRIBUTIONS FROM THIS COMPANY TO THE ORGANIZATION TOTALED APPROXIMATELY $6,000 FOR THE YEAR ENDED DECEMBER 31, 2008.

SCHEDULE M, PART I, LINE 25

METHOD OF DETERMINING REVENUES = CONTRIBUTED INVENTORY RECEIVED AS GIFTS IN-KIND (GIK), IS VALUED AT THE WHOLESALE PRICE IN THE UNITED STATES OF AMERICA (USA) ON THE DATE RECEIVED, OR THE DATE TITLE TRANSFERS TO THE ORGANIZATION. THE SOURCE FOR THE USA WHOLESALE PRICE USED BY THE ORGANIZATION IS THE AVERAGE WHOLESALE PRICE (AWP), PUBLISHED BY THOMSON HEALTHCARE'S REDBOOK™ (REDBOOK). IF DONATED HEALTH SUPPLIES ARE NOT FOUND IN THE REDBOOK BUT OTHER SIMILAR HEALTH SUPPLIES ARE, THE ORGANIZATION USES A CALCULATED AVERAGE OF THE SIMILAR HEALTH SUPPLIES' AWPS FROM THE REDBOOK TO VALUE THE DONATION. IN=KIND CONTRIBUTIONS OF NUTRITIONAL AND MEDICAL SUPPLIES WHERE A PUBLISHED WHOLESALE VALUE IS NOT AVAILABLE ARE VALUED BASED ON AN ESTIMATE OF WHOLESALE VALUE AS A PERCENTAGE OF RETAIL VALUE (WHEN A RETAIL VALUE IS AVAILABLE), OR A JUDGMENTALLY DETERMINED VALUE BASED ON DONOR COST. WHILE RETAIL VALUES MAY BE SIGNIFICANTLY HIGHER, THE ORGANIZATION TRADITIONALLY HAS CHOSEN TO USE THE MORE CONSERVATIVE VALUE OF THE AWP TO VALUE PHARMACEUTICAL PRODUCTS THAT ARE CONTRIBUTED. PURCHASED INVENTORY IS CARRIED AT THE VENDOR'S AVERAGE WHOLESALE VALUE. IF THE ORGANIZATION RECEIVES A SPECIAL DISCOUNT FROM THE VENDOR, THE ORGANIZATION RECORDS THE DIFFERENCE BETWEEN THE VENDOR'S WHOLESALE PRICE AND THE PURCHASE PRICE AS A GIK CONTRIBUTION.

SCHEDULE A, PART I, LINE 7,

CHANGE TO SCHEDULE A PUBLIC SUPPORT TEST - DURING PREPARATION OF THE 2008 TAX RETURN, IT WAS DISCOVERED THAT IN PRIOR YEARS THE ORGANIZATION HAD BEEN INCORRECTLY CHECKING BOX 9 AND COMPLETING THE PUBLIC SUPPORT TEST IN PART III. AFTER CAREFUL

Name of the organization: VITAMIN ANGEL ALLIANCE, INC.

Employer identification number: 77-0485881

(CONTINUED)
REVIEW OF THE ORGANIZATION'S DETERMINATION LETTER, THE BOARD HAS CONCLUDED THAT THE ORGANIZATION SHOULD CORRECTLY CHECK BOX 7 AND COMPLETE THE PUBLIC SUPPORT TEST IN PART II.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

THE FORM 990 IS CIRCULATED TO EACH BOARD MEMBER FOR REVIEW AND THEN IS PRESENTED AND APPROVED AT A BOARD MEETING.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE BOARD HAS AUTHORIZED THE NOMINATING AND COMPENSATION COMMITTEE TO DETERMINE HOWARD SCHIFFER'S AND JEFFREY MARKEL'S COMPENSATION. COMPENSATION FOR OFFICERS IS THEN PRESENTED AND APPROVED BY THE INDEPENDENT MEMBERS OF THE BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

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.COM. OTHER DOCUMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S OFFICE IN SANTA BARBARA.

TAXABLE YEAR **2008**

California Exempt Organization Annual Information Return

FORM **199**

Calendar year 2008 or fiscal year beginning month ___ day ___ year ___, and ending month ___ day ___ year ___

A First Return Filed? [ ] Yes [X] No

B Type of organization Exempt under Section 23701 D (insert letter)
IRC Section 4947(a)(1) trust [ ]

CORP # C2105540

Corporation/Organization Name: VITAMIN ANGEL ALLIANCE, INC.

FEIN: 77-0485881

Address: 915 DE LA VINA STREET

City / State / ZIP Code: SANTA BARBARA, CA 93101

C Amended Return? ● [ ] Yes [X] No
D Are you a subordinate/affiliate in a group exemption? [ ] Yes [X] No
a Is this a group filing for affiliates? See General Instruction L ● [ ] Yes [X] No
b If 'Yes,' enter the number of affiliates
c Are all affiliates included? [X] Yes [ ] No
(If 'No,' attach a list. See instructions.)
d Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No
e Federal Group Exemption Number
f Is a roster of subordinates attached? [ ] Yes [X] No
E Final return?
● [ ] Dissolved ● [ ] Surrendered (Withdrawn)
● [ ] Merged/Reorganized (attach explanation)
If a box is checked, enter date ●
F Check the box if the organization filed: 1● [ ] 990T 2● [ ] 990PF 3● [ ] 990H
G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required ● [X]

H Accounting method used. 1 [ ] Cash 2 [X] Accrual 3 [ ] Other
I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If 'Yes,' complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations ● [ ] Yes [X] No
J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If 'Yes,' complete an explanation and attach copies of revised documents ● [ ] Yes [X] No
K Is the organization exempt under R&TC Section 23701g? ● [ ] Yes [X] No
If 'Yes,' enter amount of gross receipts from nonmember sources $
L Is the organization under audit by the IRS or has the IRS audited in a prior year? ● [ ] Yes [X] No
M Is the organization a Limited Liability Corporation? ● [ ] Yes [X] No
N Did the organization file Form 100 or Form 109 to report taxable income? ● [ ] Yes [X] No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8			● 1	94,184.
	2	Gross dues and assessments from members and affiliates			● 2	
	3	Gross contributions, gifts, grants, and similar amounts received SEE SCH. B			● 3	10,451,304.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $25,000, see General Instruction C			● 4	10,545,488.
	5	Cost of goods sold	● 5			
	6	Cost or other basis, and sales expenses of assets sold	● 6	1,828.		
	7	Total costs. Add line 5 and line 6			7	1,828.
	8	Total gross income. Subtract line 7 from line 4			● 8	10,543,660.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18			● 9	10,680,883.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			● 10	-137,223.
Filing Fee	11	Filing fee $10 or $25. See General Instruction F			11	
	12	Total Payments			12	
	13	Penalties and Interest. See General Instruction J			13	
	14	Use tax. See General Instruction K			● 14	
	15	**Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result			15	

Sign Here

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

Signature of officer ▶ | Title | Date | ● Telephone (805) 564-8400

Paid Preparer's Use Only

Preparer's signature ▶ CATHERINE H. MACAULAY | Date | Check if self-employed ▶ [ ] | ● Preparer's SSN/PTIN P00178796

Firm's name (or yours, if self-employed) and address ▶ DAMITZ, BROOKS & NIGHTINGALE, 200 E. CARRILLO ST., STE. 202, SANTA BARBARA, CA 93101 | ● FEIN 77-0076647 | ● Telephone (805) 963-1837

May the FTB discuss this return with the preparer shown above? See instructions ● [X] Yes [ ] No

Part II **Organizations with gross receipts of more than $25,000 and private foundations regardless of amount of gross receipts— complete Part II or furnish substitute information. See Specific Line Instructions.**

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	● 1	
	2 Interest	● 2	
	3 Dividends	● 3	5,152.
	4 Gross rents	● 4	
	5 Gross royalties	● 5	
	6 Gross amount received from sale of assets (See Instructions)	● 6	1,532.
	7 Other income. Attach schedule SEE STATEMENT 1	● 7	87,500.
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	94,184.
Expenses and Disbursements	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9	9,339,279.
	10 Disbursements to or for members	● 10	
	11 Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 2	● 11	264,325.
	12 Other salaries and wages	● 12	302,826.
	13 Interest	● 13	
	14 Taxes	● 14	41,260.
	15 Rents	● 15	34,586.
	16 Depreciation and depletion (See Instructions)	● 16	3,246.
	17 Other. Attach schedule SEE STATEMENT 3	● 17	695,361.
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	10,680,883.

Schedule L Balance Sheets

	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
Assets				
1 Cash		388,541.		● 539,417.
2 Net accounts receivable		12,235.		● 42,185.
3 Net notes receivable. Attach schedule				●
4 Inventories		4,254,651.		● 3,948,724.
5 Federal and state government obligations				●
6 Investments in other bonds. Attach sch				●
7 Investments in stock. Attach schedule STMT 4		5,216.		● 3,598.
8 Mortgage loans (number of loans ______)				●
9 Other investments. Attach schedule				●
10a Depreciable assets	8,373.		28,118.	
b Less accumulated depreciation	1,590.	6,783.	4,836.	23,282.
11 Land				●
12 Other assets. Attach schedule STM 5		778.		● 9,446.
13 Total assets		4,668,204.		4,566,652.
Liabilities and net worth				
14 Accounts payable		40,380.		● 35,466.
15 Contributions, gifts, or grants payable				●
16 Bonds and notes payable. Attach schedule				●
17 Mortgages payable				●
18 Other liabilities. Attach schedule STM 6		4,229.		46,055.
19 Capital stock or principle fund		4,623,595.		● 4,485,131.
20 Paid-in or capital surplus. Attach reconciliation				●
21 Retained earnings or income fund				●
22 Total liabilities and net worth		4,668,204.		4,566,652.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $25,000

1 Net income per books	● -137,223.	7 Income recorded on books this year not included in this return. Attach schedule	●
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	●
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return. Subtract line 9 from line 6	-137,223.
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		
6 Total. Add line 1 through line 5	-137,223.		

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS	$ 87,500.
TOTAL	$ 87,500.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, AND TRUSTEES

CURRENT OFFICERS:

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN-SATION	CONTRI-BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THOMAS D. AARTS C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	$ 0.	$ 0.	$ 0.
ELLIOT BALBERT C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.	0.	0.
YVON BASTIEN C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	BOARD MEMBER 1.00	0.	0.	0.
BARCLAY HOPE C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.	0.	0.
WILLIAM B. SECHREST C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.	0.	0.
MEHBS REMTULLA C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.	0.	0.
PETER VAN STOLK C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.	0.	0.
ANTHONY ZOLEZZI C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.	0.	0.
HOWARD B. SCHIFFER C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	PRESIDENT 40.00	165,100.	0.	0.
JEFFREY MARKEL C/O 915 DE LA VINA STREET SANTA BARBARA, CA 93101	MGR/SEC/TREAS 40.00	77,497.	0.	0.
	TOTAL	$ 242,597.	$ 0.	$ 0.

STATEMENT 3
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES	$ 78,373.
ADVERTISING AND PROMOTION	173,374.
INFORMATION TECHNOLOGY	11,464.
INSURANCE	46,726.
MISCELLANEOUS	1,803.
OFFICER EXPENSES	70,220.
OTHER FEES	75,257.
POSTAGE AND SHIPPING	63,468.
PROGRAM STIPENDS	13,519.
REPAIRS AND MAINTENANCE	4,250.
SPECIAL EVENT EXPENSES	86,413.
TRAVEL	70,494.
TOTAL	$ 695,361.

STATEMENT 4
FORM 199, SCHEDULE L, LINE 7
INVESTMENTS IN STOCKS

MERRILL LYNCH #245-04032	$ 3,598.
TOTAL	$ 3,598.

STATEMENT 5
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES	5,483.
SECURITY DEPOSITS	3,963.
TOTAL	$ 9,446.

STATEMENT 6
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

PAYROLL LIABILITIES	46,055.
TOTAL	$ 46,055.

IN

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

WEBSITE ADDRESS:
http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

OFFICE OF THE ATTORNEY GENERAL · CALIFORNIA DEPARTMENT OF JUSTICE · liberty and justice under law

State Charity Registration Number 112083

VITAMIN ANGEL ALLIANCE, INC.
Name of Organization

915 DE LA VINA STREET
Address (Number and Street)

SANTA BARBARA, CA 93101
City or Town State ZIP Code

Check if:
☐ **Change of address**
☐ **Amended report**

Corporate or Organization No. C2105540

Federal Employer ID No. 77-0485881

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A — ACTIVITIES

For your most recent full accounting period (beginning 1/01/08 **ending** 12/31/08 **) list:**
Gross annual revenue $ 10,457,247. **Total assets** $ 4,566,652.

PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

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

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

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

Organization's e-mail address

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

Signature of authorized officer Printed Name Title Date