

Form **990**

**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)

**2010**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> VITAMIN ANGEL ALLIANCE, INC.		<b>D Employer identification number</b> 77-0485881
	Doing Business As		<b>E Telephone number</b> (805) 564-8400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	111 WEST MICHELTORENA STREET		300
City or town, state or country, and ZIP + 4 SANTA BARBARA, CA 93101		<b>G Gross receipts \$</b> 25,714,160.	
<b>F Name and address of principal officer:</b> HOWARD B. SCHIFFER SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J Website:</b> WWW.VITAMINANGELS.ORG		<b>H(c) Group exemption number</b> ▶	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1998	<b>M State of legal domicile:</b> CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: A LEADING PARTNER FOR GLOBAL ALLEVIATION OF MICRONUTRIENT DEFICIENCY AMONG AT-RISK POPULATIONS.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 9
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 5
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b> 14
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 18
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 23,977,284. Current Year: 25,705,556.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,906. -2,998.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-98,445. -116,943.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,881,745. 25,585,615.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		871,882. 943,557.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 463,187.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		961,899. 747,349.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,733,796. 22,293,252.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	147,949. 3,292,363.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 4,796,720. End of Year: 8,105,885.
	<b>21</b> Total liabilities (Part X, line 26)	161,913. 178,219.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	4,634,807. 7,927,666.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	HOWARD B. SCHIFFER, PRESIDENT				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name CATHERINE MACAULAY	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ DAMITZ, BROOKS, NIGHTINGALE	Firm's EIN ▶	Firm's address ▶ 200 EAST CARRILLO STREET, SUITE 202 SANTA BARBARA, CA 93101	Phone no. 805-963-1837	

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the 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 \$ 21,310,722. including grants of \$ 20,602,346. ) (Revenue \$ ) THE ORGANIZATION'S PROGRAM SERVICES CONSIST OF PROVIDING: I) ESSENTIAL MICRONUTRIENTS AND HEALTH SUPPLIES IN THE FORM OF VITAMINS (VITAMIN A AND VARIOUS FORMULATIONS OF MULTIVITAMINS), II) ANTI-PARASITIC AGENTS TO QUALIFIED NON-GOVERNMENTAL ORGANIZATIONS (NGOS) OPERATING IN THE UNITED STATES AND SELECTED DEVELOPING COUNTRIES DESIGNATED BY WORLD HEALTH ORGANIZATION (WHO) AS EXPERIENCING MODERATE TO SEVERE MICRONUTRIENT DEFICIENCY, AND III) TECHNICAL ASSISTANCE. LOCAL NGOS DEPLOY MICRONUTRIENTS TO COMMUNITIES AND INDIVIDUALS AT-RISK AND ELIGIBLE FOR UNIVERSAL SUPPLEMENTATION AS DEFINED BY WHO. OUR PRIMARY FOCUS IS TO SUPPORT UNIVERSAL VITAMIN A SUPPLEMENTATION PROGRAMS FOR CHILDREN 6-59 MONTHS OF AGE RESIDING OUTSIDE THE UNITED STATES FOR THE PURPOSE OF REDUCING CHILDHOOD MORTALITY AND MORBIDITY. AN IMPORTANT,

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 21,310,722.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....		
20b			

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ROBERT PARKER - 805-962-6420**  
**111 WEST MICHELTORANA STREET, NO. 300, SANTA BARBARA, CA 93101**

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

Check if Schedule O contains a response to any question in this Part VII [X]

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

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

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b> .....							524,217.	0.	32,407.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							524,217.	0.	32,407.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

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

**2** Total number of independent contractors (including but not limited to those listed above) 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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	515,953.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,189,603.				
	g	Noncash contributions included in lines 1a-1f: \$		23,055,693.				
	h	<b>Total.</b> Add lines 1a-1f		25,705,556.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		592.			592.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)			5,784.	5,784.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			-3,590.		-3,590.
	8 a	Gross income from fundraising events (not including \$ 515,953. of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b	122,727.			
		c	Net income or (loss) from fundraising events			-122,727.		-122,727.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions.			25,585,615.	5,784.	0.	-125,725.	

**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 .....	4,437,616.	4,437,616.		
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 .....	16,164,730.	16,164,730.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	556,623.	189,252.	211,516.	155,855.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	261,616.	88,950.	99,414.	73,252.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....				
10 Payroll taxes .....	125,318.	42,608.	47,621.	35,089.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....	38,110.		38,110.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	171,245.	91,535.	54,243.	25,467.
12 Advertising and promotion .....	40,847.			40,847.
13 Office expenses .....	51,066.	25,533.	10,213.	15,320.
14 Information technology .....	71,399.	35,700.		35,699.
15 Royalties .....				
16 Occupancy .....	66,125.	33,063.	13,225.	19,837.
17 Travel .....	138,576.	72,060.	20,786.	45,730.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	6,687.		6,687.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	25,304.	12,652.	5,061.	7,591.
23 Insurance .....	10,664.	5,332.	2,133.	3,199.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a POSTAGE AND SHIPPING .....	106,011.	95,409.	5,301.	5,301.
b PROGRAM STIPENDS .....	16,282.	16,282.		
c BAD DEBT .....	5,033.		5,033.	
d .....				
e .....				
f All other expenses .....				
25 Total functional expenses. Add lines 1 through 24f .....	22,293,252.	21,310,722.	519,343.	463,187.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	217,073.	<b>1</b>	1,182,295.	
	<b>2</b> Savings and temporary cash investments .....	266,589.	<b>2</b>	8,324.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	69,833.	<b>4</b>	128,885.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	4,185,990.	<b>8</b>	6,740,166.	
	<b>9</b> Prepaid expenses and deferred charges .....	4,394.	<b>9</b>	2,871.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 42,451.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 25,616.	24,637.	<b>10c</b> 16,835.	
	<b>11</b> Investments - publicly traded securities .....	5,853.	<b>11</b>	6,534.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....	18,833.	<b>14</b>	16,472.	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,518.	<b>15</b>	3,503.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,796,720.	<b>16</b>	8,105,885.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	38,787.	<b>17</b>	62,544.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>	35,437.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	123,126.	<b>25</b>	80,238.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	161,913.	<b>26</b>	178,219.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	4,564,974.	<b>27</b>	7,798,781.	
	<b>28</b> Temporarily restricted net assets .....	69,833.	<b>28</b>	128,885.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	4,634,807.	<b>33</b>	7,927,666.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,796,720.	<b>34</b>	8,105,885.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	25,585,615.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	22,293,252.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	3,292,363.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,634,807.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	496.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	7,927,666.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

<b>Name of the organization</b> VITAMIN ANGEL ALLIANCE, INC.	<b>Employer identification number</b> 77-0485881
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box 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 it 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
<b>11g(i)</b> 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? .....		
<b>11g(ii)</b> A family member of a person described in (i) above? .....		
<b>11g(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above? .....		
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization 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	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	31,323,465.	45,599,729.	10,451,304.	23,977,284.	25,705,556.	137,057,338.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	31,323,465.	45,599,729.	10,451,304.	23,977,284.	25,705,556.	137,057,338.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						77,766,467.
<b>6 Public support.</b> Subtract line 5 from line 4.						59,290,871.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	31,323,465.	45,599,729.	10,451,304.	23,977,284.	25,705,556.	137,057,338.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	658.	12,758.	5,152.	9,413.	6,376.	34,357.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			1,087.	-104,229.	-122,727.	-225,869.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						136,865,826.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	43.32 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	40.70 %
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

Employer identification number

VITAMIN ANGEL ALLIANCE, INC.

77-0485881

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)



Name of organization  VITAMIN ANGEL ALLIANCE, INC.	Employer identification number  77-0485881
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FRANCONIA MENNONITE  HARLEYSVILLE, PA 19438	\$ 5,040,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NBTY  RONKONKOMA, NY 11779	\$ 517,868.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PHARMAVITE  MISSION HILLS, CA 91346	\$ 2,152,166.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PROCAPS LABS  HENDERSON, NV 89015	\$ 5,695,435.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	RAINBOW LIGHT  SANTA CRUZ, CA 95060	\$ 798,845.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS . _____ _____	\$ 5,040,000.	12/06/10
2	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS . _____ _____	\$ 517,868.	VARIOUS
3	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS . _____ _____	\$ 2,152,166.	VARIOUS
4	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS . _____ _____	\$ 5,695,435.	12/31/10
5	VARIOUS VITAMINS AND NUTRITION SUPPLEMENTS . _____ _____	\$ 798,845.	VARIOUS
	_____ _____ _____	\$ _____	

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**Name of the organization**

VITAMIN ANGEL ALLIANCE, INC.

**Employer identification number**

77-0485881

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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 education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

Yes  No

9 In Part 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI 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) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		42,451.	25,616.	16,835.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .....				16,835.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) PAYROLL LIABILITIES	80,238.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	80,238.	

**2.** FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,585,615.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,293,252.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,292,363.
4	Net unrealized gains (losses) on investments	4	496.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	496.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,292,859.

**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	25,894,109.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	496.
b	Donated services and use of facilities	2b	181,589.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	182,085.
3	Subtract line 2e from line 1	3	25,712,024.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-126,409.
c	Add lines 4a and 4b	4c	-126,409.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,585,615.

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

1	Total expenses and losses per audited financial statements	1	22,601,250.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	181,589.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	126,409.
e	Add lines 2a through 2d	2e	307,998.
3	Subtract line 2e from line 1	3	22,293,252.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,293,252.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF FASB

ACCOUNTING STANDARD CODIFICATION (ASC) NO. 740, WHICH ADDRESSES THE

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS GUIDANCE ESTABLISHES THE

CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL OF

THE BENEFITS TO BE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND MUST

BE APPLIED TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS

REMAINS OPEN. ONLY TAX POSITIONS THAT MEET THE "MORE-LIKELY-THAN-NOT"

THRESHOLD ARE RECOGNIZED OR CONTINUE TO BE RECOGNIZED. THE ORGANIZATION

**Part XIV** Supplemental Information (continued)

FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN THE STATE OF

CALIFORNIA . THE ORGANIZATION'S FEDERAL TAX RETURNS FROM THE YEAR 2008 TO

THE PRESENT REMAIN OPEN TO EXAMINATION BY THE IRS FOR FEDERAL TAX

PURPOSES, AND THE TAX YEARS FROM 2007 TO THE PRESENT REMAIN SUBJECT TO

EXAMINATION BY THE STATE OF CALIFORNIA. THE ORGANIZATION HAS EVALUATED ITS

TAX POSITIONS FOR ALL YEARS THAT REMAIN SUBJECT TO EXAMINATION BY ITS TAX

JURISDICTIONS, AND HAS DETERMINED THAT THEY ALL MEET THE "MORE LIKELY THAN

NOT" RECOGNITION THRESHOLD.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -122,727.

DISPOSAL OF FIXED ASSETS -3,682.

TOTAL TO SCHEDULE D, PART XII, LINE 4B -126,409.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 122,727.

DISPOSAL OF FIXED ASSETS 3,682.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 126,409.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

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? .....  **Yes**  **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
AFRICA	0	0	PROGRAM SERVICES	NUTRITIONAL	5,636,504.
ASIA	0	0	PROGRAM SERVICES	NUTRITIONAL	5,629,741.
LATIN AMERICA	0	0	PROGRAM SERVICES	NUTRITIONAL	4,898,485.
<b>3 a</b> Sub-total .....	0	0			16,164,730.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			16,164,730.

**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  Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	NUTRITION	0.		1,926,224.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SUB-SAHARAN AFRICA	DEWORMING	0.		3,710,280.	ALBENDAZOLE	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC	NUTRITION	0.		1,631,341.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC	DEWORMING	0.		3,998,400.	ALBENDAZOLE	BOOK- SEE PART V
		SOUTH AMERICA	NUTRITION	0.		3,632,605.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SOUTH AMERICA	DEWORMING	0.		1,265,880.	ALBENDAZOLE	BOOK- SEE PART V

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  63

3 Enter total number of other organizations or entities



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2 - GRANTMAKER'S 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 AND CONDITIONS AS ENUMERATED IN THE VITAMIN

ANGELS MICRONUTRIENT GRANT APPLICATION. THE ORGANIZATION'S TERMS AND

CONDITIONS INCLUDE AN AGREEMENT TO DISTRIBUTE COMMODITY GRANTS TO VITAMIN

ANGELS' TARGET BENEFICIARIES IN ACCORDANCE WITH INTERNATIONAL BEST

PRACTICES FOR THE DISTRIBUTION OF VITAMIN A AND ESSENTIAL MICRONUTRIENTS.

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

"FAIR VALUE" OR "EXIT PRICE." THE ORGANIZATION HAS IDENTIFIED FOUR

CATEGORIES OF GIFT IN KIND PRODUCTS: ANTIPARASITICS, VITAMIN A,

MULTIVITAMINS AND BRANDED PRODUCTS.

ANTIPARASITICS: THE EXIT PRICE THE ORGANIZATION WOULD RECEIVE IN

EXCHANGE FOR SELLING ANTIPARASITICS WOULD BE THE PRICE BETWEEN A

WHOLESALE AND A LOCAL PHARMACY, OR "TRADE LEVEL." THE ORGANIZATION USES

TRADE LEVEL DATA PROVIDED BY IMS USING THE FOLLOWING CRITERIA:

1. EXACT PRODUCT MATCH, INCLUDING FORM AND DOSAGE (I.E. ALBENDAZOLE

400MG TABLET FORM AND MEBENDAZOLE 500MG TABLET FORM).

2. COUNTRIES SELECTED ARE BASED ON THE WHO/UNICEF LIST OF PRIORITY

COUNTRIES FOR VITAMIN A SUPPLEMENTATION, AND ARE ONLY THOSE IN WHICH THE

ORGANIZATION WOULD DISTRIBUTE VITAMIN A (I.E. EXPERIENCE MODERATE OR

SEVERE VITAMIN A DEFICIENCY).

3. DATA REFLECTS VOLUME TRANSACTIONS OF 100,000 STANDARD UNITS OR MORE.

4. MEDIAN PRICE OF FINAL COUNTRIES/PRICES LISTED.

VITAMIN A: IN THE CASE OF VITAMIN A DONATED TO THE ORGANIZATION, THE

PRINCIPAL MARKET FOR THIS CORE GIK PRODUCT IS LIMITED TO THE

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

INTERNATIONAL COMMERCIAL MARKETPLACE WHERE SIMILAR NGOS AND GOVERNMENTS

CAN TRANSACT FOR THESE PRODUCTS. NO BENEFICIARY MARKET EXISTS IN THE US

AS HIGH-DOSE VITAMIN A, AT THE HIGH-DOSE LEVELS THAT ARE INTENDED FOR

INTERNATIONAL USE, AND ARE NON-FDA APPROVED PRODUCTS. THE ONLY

IDENTIFIABLE MARKET IS THAT IN WHICH ORGANIZATIONS LIKE VAA AND

GOVERNMENT MINISTRIES OF HEALTH PROCURE THE PRODUCT FOR DISTRIBUTION TO

BENEFICIARIES. THE ORGANIZATION USES THE INTERNATIONAL DRUG PRICE

INDICATOR (IDPI) USING THE FOLLOWING CRITERIA:

1. EXACT PRODUCT MATCH, INCLUDING FORM AND DOSAGE (I.E. VITAMIN A

100,000 IU AND VITAMIN A 200,000 IU)

2. MEDIAN PRICE OF ALL UNIT PRICES LISTED

MULTIVITAMINS: IN ADDITION TO VITAMIN A AND ANTIPARASITICS, THE

ORGANIZATION RECEIVES MULTIVITAMIN PRODUCTS THAT ARE MANUFACTURED BY US

COMPANIES TO A VAA SPECIFIED FORMULATION AND ARE DISTRIBUTED DOMESTICALLY

AND INTERNATIONALLY. THESE FORMULATIONS ARE BASED ON THE WHO FORMULATION

FOR ESSENTIAL MULTIPLE MICRONUTRIENTS FOR CHILDREN AND FOR PREGNANT AND

LACTATING WOMEN, ARE NON-BRANDED, AND NOT FOR SALE IN THE US. SIMILAR TO

VITAMIN A AND ANTIPARASITICS, THERE IS NO US COMMERCIAL MARKET FOR THESE

PRODUCTS. IF THESE GENERIC WHO FORMULATION ESSENTIAL MICRONUTRIENTS ARE

NOT LISTED IN THE IDPI OR THE S&P-UNICEF/WHO GUIDE, AS A LAST RESORT, THE

WHOLESALE PRICE OF THE MOST SIMILAR PRODUCT FOUND IN REDBOOK WILL BE USED

AS A SUITABLE PRICING REFERENCE. IN ORDER TO DETERMINE THE EXIT PRICE IN

VAA'S PRINCIPAL MARKETPLACE, THE FOLLOWING CRITERIA WAS APPLIED TO

PRICING DATA PROVIDED IN REDBOOK:

1. CLOSEST PRODUCT MATCH

2. EXACT UNIT PRICE

BRANDED PRODUCTS: THE ORGANIZATION OFTEN RECEIVES BRANDED PRODUCTS AS

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

GIK. THESE DONATIONS MAINLY CONSIST OF MULTIVITAMINS FOR CHILDREN AND

MULTIVITAMINS FOR PREGNANT AND LACTATING WOMEN AND CAN BE BOUGHT AND SOLD

IN THE US COMMERCIAL MARKETPLACE. THE VALUE OF BRANDED PRODUCTS DONATED

TO THE ORGANIZATION WILL BE ESTABLISHED BY ESTIMATING THE PRICE THAT THE

ORGANIZATION WOULD RECEIVE IF WE WERE TO SELL THE ASSET. IN ORDER TO

DETERMINE THE EXIT PRICE IN THE ORGANIZATION'S PRINCIPAL MARKETPLACE, THE

FOLLOWING CRITERIA WAS APPLIED TO RETAIL VALUE OF BRANDED PRODUCTS:

1. RESEARCH VALUE OF EXACT PRODUCT DONATED AS LISTED ON DONOR'S WEBSITE.

2. IF EXACT PRODUCT IS NOT LISTED ON DONOR'S WEBSITE, USE AN ALTERNATE

ON-LINE SOURCE.

3. IF EXACT PRODUCT CANNOT BE FOUND ANYWHERE, RESEARCH VALUE OF THE MOST

SIMILAR PRODUCT TO THE PRODUCT DONATED.

4. CALCULATE THE UNIT PRICE BY THE MOST ECONOMICAL PACK SIZE AVAILABLE.

5. TAKE 59% OF RETAIL.

IF THE ORGANIZATION RECEIVES A SPECIAL DISCOUNT FROM THE VENDOR WHEN

PURCHASING PRODUCTS, THE ORGANIZATION RECORDS THE DIFFERENCE BETWEEN THE

EXIT PRICE AND THE PURCHASE PRICE AS A GIK CONTRIBUTION.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CELEB OF ANGELS (event type)	VIT. SHOPPE GOLF (event type)	1 (total number)	
Revenue	<b>1</b> Gross receipts .....	202,728.	308,090.	5,135.	515,953.
	<b>2</b> Less: Charitable contributions .....	202,728.	308,090.	5,135.	515,953.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	57,734.	63,147.	1,846.	122,727.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 122,727 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-122,727.

**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))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**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?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE IN ACTION 8620 WILLIAMSHIRE WEST DR INDIANAPOLIS, IN 46260	20-2480971	501(C)(3)	0.	523,538.	BOOK	VARIOUS NUTRITIONAL SUPPLEMENTS	NUTRITIONAL SUPPLEMENTS
FEED THE HUNGRY 530 EAST IRELAND RD SOUTH BEND, IN 46614	35-1066748	501(C)(3)	0.	335,137.	BOOK	VARIOUS NUTRITIONAL SUPPLEMENTS	NUTRITIONAL SUPPLEMENTS
UTAH FOOD BANK 3150 S 900 W SALT LAKE CITY, UT 84119	87-0212453	501(C)(3)	0.	114,048.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
MISSISSIPPI FOOD NETWORK 440 BEATY STREET JACKSON, MS 39201	64-0676325	501(C)(3)	0.	256,608.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
COMMUNITY FOOD BANK OF CENTRAL ALABAMA - 107 WALTER DAVIS DR - BIRMINGHAM, AL 35209	63-0837956	501(C)(3)	0.	57,024.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HUNTINGTON AREA FOOD BANK 1327 7TH AVE HUNTINGTON, WV 25701	55-0625915	501(C)(3)	0.	57,024.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **22.**
- 3** Enter total number of other organizations ..... ▶

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YUMA COMMUNITY FOOD BANK 2404 EAST 24TH ST #A YUMA, AZ 85365	86-0457836	501(C)(3)	0.	114,048.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FORT MYERS, FL 33901	59-2332120	501(C)(3)	0.	285,120.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVE SHREVEPORT, LA 71103	72-1328890	501(C)(3)	0.	57,024.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
COMMUNITY FOOD BANK OF EAST OKLAHOMA, INC. - 1304 N. KENOSHA AVE - TULSA, OK 74106	73-1184980	501(C)(3)	0.	85,536.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
BAY AREA FOOD BANK OF ALABAMA 5248 MOBILE SOUTH STREET THEODORE, AL 36782	63-0821997	501(C)(3)	0.	171,072.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FOOD BANK OF MIDDLE TENNESSEE 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	62-1049447	501(C)(3)	0.	85,536.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NORTHWEST ARKANSAS FOOD BANK, INC. 1378 JUNE SELF DRIVE BETHEL HEIGHTS, AR 72764	71-0680830	501(C)(3)	0.	57,024.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
FOOD BANK OF CENTRAL FLORIDA 2008 BRENGLE AVENUE ORLANDO, FL 32808	59-2142315	501(C)(3)	0.	114,048.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
REGIONAL FOOD BANK OF OKLAHOMA 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73137	73-1100380	501(C)(3)	0.	228,096.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST COMMUNITY CLINICS 2550 WEST MAIN STREET, SUITE 301 ALHAMBRA, CA 91801	95-2687213	501(C)(3)	0.	25,685.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SECOND HARVEST FOOD BANK SERVING RIVERSIDE AND SAN BERNARDINO COUNTIES - 2950 B JEFFERSON STREET - RIVERSIDE, CA 92504	33-0072922	501(C)(3)	0.	285,120.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NEW ORLEANS MEDICAL MISSION SERVICES - PO BOX 6249 - NEW ORLEANS, LA 70174	72-1502114	501(C)(3)	0.	8,564.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HOSPITAL SISTERS MISSION OUTREACH 4930 LAVERNA RD SPRINGFIELD, IL 62707	35-2271729	501(C)(3)	0.	400,877.	BOOK	VARIOUS NUTRITIONAL SUPPLEMENTS	NUTRITIONAL SUPPLEMENTS
GAIN PO BOX 139020 DALLAS, TX 75313	95-4578963	501(C)(3)	0.	392,592.	BOOK	VARIOUS NUTRITIONAL SUPPLEMENTS	NUTRITIONAL SUPPLEMENTS
OPERATION USA 3617 HAYDEN AVE SUITE A CULVER CITY, CA 90232	95-3504080	501(C)(3)	0.	193,152.	BOOK	VARIOUS NUTRITIONAL SUPPLEMENTS	NUTRITIONAL SUPPLEMENTS
CONVOY OF HOPE 330 SOUTH PATTERSON AVE SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	0.	590,743.	BOOK	VARIOUS NUTRITIONAL SUPPLEMENTS	NUTRITIONAL SUPPLEMENTS

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

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

**Part IV** **Supplemental Information.** 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 GRANTEEES CONFIRMING RECEIPT OF COMMODITY GRANTS. COPIES OF

ORIGINAL SHIPPING DOCUMENTATION RECORDING THE AMOUNTS OF COMMODITY

GRANTS TO DOMESTIC ENTITIES ARE ALSO MAINTAINED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....		
<b>2</b> 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? .....	X	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....		X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....		X
<b>b</b> Any related organization? .....		X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....		X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....		X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....		

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

Schedule J (Form 990) 2010

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

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

**Note.** The sum of columns (B)(i)-(iii) 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) Retirement and other 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 & incentive compensation	(iii) Other reportable compensation				
1 HOWARD B. SCHIFFER	(i)	195,068.	0.	0.	0.	18,906.	213,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
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	0	23,055,693.	BOOK - SEE PART II
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

**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 M, LINE 32B: METHOD OF DETERMINING GIFT IN KIND REVENUES -

THE ORGANIZATION VALUES GIFTS IN KIND (GIK) AT "FAIR VALUE" OR "EXIT

PRICE." THE ORGANIZATION HAS IDENTIFIED FOUR CATEGORIES OF GIFT IN KIND

PRODUCTS: ANTIPARASITICS, VITAMIN A, MULTIVITAMINS AND BRANDED

PRODUCTS.

ANTIPARASITICS: THE EXIT PRICE THE ORGANIZATION WOULD RECEIVE IN

EXCHANGE FOR SELLING ANTIPARASITICS WOULD BE THE PRICE BETWEEN A

WHOLESALE AND A LOCAL PHARMACY, OR "TRADE LEVEL." THE ORGANIZATION

USES TRADE LEVEL DATA PROVIDED BY IMS USING THE FOLLOWING CRITERIA:

1. EXACT PRODUCT MATCH, INCLUDING FORM AND DOSAGE (I.E. ALBENDAZOLE

400MG TABLET FORM AND MEBENDAZOLE 500MG TABLET FORM).

2. COUNTRIES SELECTED ARE BASED ON THE WHO/UNICEF LIST OF PRIORITY

COUNTRIES FOR VITAMIN A SUPPLEMENTATION, AND ARE ONLY THOSE IN WHICH

THE ORGANIZATION WOULD DISTRIBUTE VITAMIN A (I.E. EXPERIENCE MODERATE

OR SEVERE VITAMIN A DEFICIENCY).

3. DATA REFLECTS VOLUME TRANSACTIONS OF 100,000 STANDARD UNITS OR

MORE.

4. MEDIAN PRICE OF FINAL COUNTRIES/PRICES LISTED.

VITAMIN A: IN THE CASE OF VITAMIN A DONATED TO THE ORGANIZATION, THE

PRINCIPAL MARKET FOR THIS CORE GIK PRODUCT IS LIMITED TO THE

INTERNATIONAL COMMERCIAL MARKETPLACE WHERE SIMILAR NGOS AND GOVERNMENTS

CAN TRANSACT FOR THESE PRODUCTS. NO BENEFICIARY MARKET EXISTS IN THE US

AS HIGH-DOSE VITAMIN A, AT THE HIGH-DOSE LEVELS THAT ARE INTENDED FOR

INTERNATIONAL USE, AND ARE NON-FDA APPROVED PRODUCTS. THE ONLY

IDENTIFIABLE MARKET IS THAT IN WHICH ORGANIZATIONS LIKE VAA AND

GOVERNMENT MINISTRIES OF HEALTH PROCURE THE PRODUCT FOR DISTRIBUTION TO

BENEFICIARIES. THE ORGANIZATION USES THE INTERNATIONAL DRUG PRICE

INDICATOR (IDPI) USING THE FOLLOWING CRITERIA:

**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.

1. EXACT PRODUCT MATCH, INCLUDING FORM AND DOSAGE (I.E. VITAMIN A

100,000 IU AND VITAMIN A 200,000 IU)

2. MEDIAN PRICE OF ALL UNIT PRICES LISTED

MULTIVITAMINS: IN ADDITION TO VITAMIN A AND ANTIPARASITICS, THE

ORGANIZATION RECEIVES MULTIVITAMIN PRODUCTS THAT ARE MANUFACTURED BY US

COMPANIES TO A VAA SPECIFIED FORMULATION AND ARE DISTRIBUTED

DOMESTICALLY AND INTERNATIONALLY. THESE FORMULATIONS ARE BASED ON THE

WHO FORMULATION FOR ESSENTIAL MULTIPLE MICRONUTRIENTS FOR CHILDREN AND

FOR PREGNANT AND LACTATING WOMEN, ARE NON-BRANDED, AND NOT FOR SALE IN

THE US. SIMILAR TO VITAMIN A AND ANTIPARASITICS, THERE IS NO US

COMMERCIAL MARKET FOR THESE PRODUCTS. IF THESE GENERIC WHO FORMULATION

ESSENTIAL MICRONUTRIENTS ARE NOT LISTED IN THE IDPI OR THE

S&P-UNICEF/WHO GUIDE, AS A LAST RESORT, THE WHOLESALE PRICE OF THE MOST

SIMILAR PRODUCT FOUND IN REDBOOK WILL BE USED AS A SUITABLE PRICING

REFERENCE. IN ORDER TO DETERMINE THE EXIT PRICE IN VAA'S PRINCIPAL

MARKETPLACE, THE FOLLOWING CRITERIA WAS APPLIED TO PRICING DATA

PROVIDED IN REDBOOK:

1. CLOSEST PRODUCT MATCH

2. EXACT UNIT PRICE

BRANDED PRODUCTS: THE ORGANIZATION OFTEN RECEIVES BRANDED PRODUCTS AS

GIK. THESE DONATIONS MAINLY CONSIST OF MULTIVITAMINS FOR CHILDREN AND

MULTIVITAMINS FOR PREGNANT AND LACTATING WOMEN AND CAN BE BOUGHT AND

SOLD IN THE US COMMERCIAL MARKETPLACE. THE VALUE OF BRANDED PRODUCTS

DONATED TO THE ORGANIZATION WILL BE ESTABLISHED BY ESTIMATING THE PRICE

THAT THE ORGANIZATION WOULD RECEIVE IF WE WERE TO SELL THE ASSET. IN

ORDER TO DETERMINE THE EXIT PRICE IN THE ORGANIZATION'S PRINCIPAL

MARKETPLACE, THE FOLLOWING CRITERIA WAS APPLIED TO RETAIL VALUE OF

BRANDED PRODUCTS:

**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.

1. RESEARCH VALUE OF EXACT PRODUCT DONATED AS LISTED ON DONOR'S

WEBSITE.

2. IF EXACT PRODUCT IS NOT LISTED ON DONOR'S WEBSITE, USE AN ALTERNATE

ON-LINE SOURCE.

3. IF EXACT PRODUCT CANNOT BE FOUND ANYWHERE, RESEARCH VALUE OF THE

MOST SIMILAR PRODUCT TO THE PRODUCT DONATED.

4. CALCULATE THE UNIT PRICE BY THE MOST ECONOMICAL PACK SIZE

AVAILABLE.

5. TAKE 59% OF RETAIL.

IF THE ORGANIZATION RECEIVES A SPECIAL DISCOUNT FROM THE VENDOR WHEN

PURCHASING PRODUCTS, THE ORGANIZATION RECORDS THE DIFFERENCE BETWEEN

THE EXIT PRICE AND THE PURCHASE PRICE AS A GIK CONTRIBUTION.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

VITAMIN ANGEL ALLIANCE, INC.

Employer identification number

77-0485881

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SECONDARY FOCUS OF OUR ORGANIZATION IS PROMOTING COGNITIVE AND PHYSICAL

GROWTH OF INFANTS AND YOUNG CHILDREN THROUGH UNIVERSAL SUPPLEMENTATION

OF INFANTS AND YOUNG CHILDREN AGES 6 TO 59 MONTHS OF AGE, AND PROMOTING

GENERAL HEALTH OF PREGNANT/LACTATING WOMEN WITH MULTIPLE MICRONUTRIENT

SUPPLEMENTS. THE ORGANIZATION ALSO SPONSORS DISTRIBUTION OF

ANTI-PARASITIC AGENT TABLETS IN CONJUNCTION WITH VITAMIN A OR

MULTIVITAMINS (EXCEPT IN THE UNITED STATES) TO MAXIMIZE THE ABSORPTION

OF ESSENTIAL MICRONUTRIENTS.

FORM 990, PART V, LINE 7B

THE ORGANIZATION RECEIVED THE PROCEEDS FROM A GOLF TOURNAMENT HOSTED BY

ONE OF THEIR CONTRIBUTORS. ATTENDEES WERE BUSINESSES WHO USED THIS AS

AN ADVERTISING AND PROMOTIONAL EVENT.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION AMENDED THEIR

CORPORATE BYLAWS IN ORDER TO COMPLY WITH STATE OF CALIFORNIA STATUTES.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS, IN

CONJUNCTION WITH THE AUDIT, WILL AUTHORIZE PREPARATION OF FORM 990. FORM

990 WILL BE PREPARED BY THE CHIEF FINANCIAL OFFICER, CIRCULATED AND

REVIEWED BY ALL THE BOARD MEMBERS BEFORE FILING AND THEN BE REVIEWED AND

SIGNED BY THE PRESIDENT, WHO IS AN OFFICER OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: A PERSONAL OR FINANCIAL INTEREST

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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OR INVOLVEMENT IN ANY CUSTOMER, CLIENT, COMPETITOR, OR SUPPLIER OF THE ORGANIZATION, INCLUDING OUTSIDE EMPLOYMENT OR CONSULTING, IS CONSIDERED A POTENTIAL CONFLICT OF INTEREST. FURTHERMORE, EMPLOYEES MAY NOT GIVE OR ACCEPT GIFTS, LOANS, OR FAVORS FROM PERSONS HAVING BUSINESS RELATIONSHIPS WITH THE ORGANIZATION. THE RECEIPT OR GIVING OF SMALL GIFTS OR CASUAL ENTERTAINING FOR BUSINESS PURPOSES, HOWEVER, IS NOT PROHIBITED. IF AN EMPLOYEE OR ANY OF HIS OR HER CLOSE RELATIVES (SPOUSE, DOMESTIC PARTNER, CHILD, SISTER, BROTHER, PARENT, GRANDPARENT, OR IN-LAWS) HAS, OR IS CONSIDERING HAVING, A PERSONAL OR FINANCIAL INTEREST IN A CUSTOMER, CLIENT, COMPETITOR, OR SUPPLIER OF THE ORGANIZATION, OR REAL ESTATE ADJACENT TO ONE OF THE ORGANIZATION'S LOCATIONS, THE EMPLOYEE MUST DISCLOSE THE INTEREST OR RELATIONSHIP TO THE CHIEF FINANCIAL OFFICER AT THE ORGANIZATION. WHENEVER THESE ISSUES ARISE, THE CHIEF FINANCIAL OFFICER OF THE ORGANIZATION IS CONTACTED TO DISCUSS THE ISSUE. THE ORGANIZATION RESERVES THE RIGHT TO DETERMINE WHETHER ANY RELATIONSHIP REPRESENTS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN VIOLATION OF THIS POLICY. FAILURE TO PROMPTLY DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST TO CHIEF FINANCIAL OFFICER AT THE ORGANIZATION MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING DISMISSAL.

FORM 990, PART VI, SECTION B, LINE 15: WHEN DETERMINING THE ANNUAL COMPENSATION FOR ANY INSIDER, THE ORGANIZATION SHALL ALWAYS UNDERTAKE AND SATISFY ALL THREE PRONGS OF THE REBUTTABLE PRESUMPTION SET FORTH IN THE INTERNAL REVENUE CODE REGARDING INTERMEDIATE SANCTIONS (IRC SECTION 4958).

1. COMPENSATION ARRANGEMENT APPROVED IN ADVANCE BY INDEPENDENT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY (BOARD OF DIRECTORS OR A SUBCOMMITTEE THEREOF) THAT IS COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT.

Name of the organization VITAMIN ANGEL ALLIANCE, INC.	Employer identification number 77-0485881
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2. BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE GOVERNING BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY DATA (COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMPENSATION.

3. GOVERNING BODY CONTEMPORANEOUSLY DOCUMENTS ITS BASIS FOR MAKING A REASONABLE COMPENSATION DETERMINATION, AS FOLLOWS:

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

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

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

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

E. DOCUMENTATION OF THE BASIS FOR THE COMPENSATION DETERMINATION BEFORE THE LATER OF THE NEXT BOARD MEETING OR 60 DAYS AFTER THE FINAL ACTIONS OF THE AUTHORIZED BODY ARE TAKEN

IT IS ESSENTIAL THAT ANY INDIVIDUAL WHOSE COMPENSATION IS BEING DISCUSSED NOT BE PRESENT DURING SUCH DISCUSSIONS. ALL IDENTIFIED PAYMENTS OF UNREASONABLE COMPENSATION TO AN INSIDER SHOULD BE CORRECTED (UNDOING OF THE UNREASONABLE COMPENSATION TO THE EXTENT POSSIBLE) AS SOON AS FEASIBLY POSSIBLE; FOR EXAMPLE, THE INSIDER SHOULD PAY BACK TO THE ORGANIZATION THE UNREASONABLE COMPENSATION AMOUNTS PLUS INTEREST TO PUT THE ORGANIZATION IN A FINANCIAL POSITION NO WORSE THAN THAT IN WHICH IT WOULD BE IF THE INSIDER WERE DEALING UNDER THE HIGHEST FIDUCIARY STANDARDS. THE REASONABLE COMPENSATION DISCUSSION SHOULD BE UNDERTAKEN BY THE BOARD AT LEAST ANNUALLY; THE REASONABLE COMPENSATION BINDER MAINTAINED FOR EACH INSIDER

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

Name of the organization  
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SHALL REFRAIN, WHENEVER POSSIBLE, FROM PAYING CONTINGENT COMPENSATION OR  
COMMISSIONS TO INSIDERS AND ALSO AVOID THE PAYMENT OF GOLDEN PARACHUTE  
PAYMENTS TO INSIDERS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S TAX RETURNS ARE  
AVAILABLE TO THE PUBLIC AT WWW.CHARITYNAVIGATOR.ORG. ADDITIONALLY, THE TAX  
RETURNS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE:  
WWW.VITAMINANGELS.ORG. OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE  
ORGANIZATION'S OFFICE IN SANTA BARBARA.

FORM 990, PART VII, SECTION A, LINE 1A  
AMENDED RETURN TO INCLUDE ADDITIONAL BOARD MEMBER  
THE ORGANIZATION'S 2010 FORM 990 IS BEING AMENDED DUE TO THE FACT THAT  
A BOARD MEMBER WAS INADVERTENTLY OMITTED FROM THE ORIGINAL 990. THE  
BOARD OF DIRECTORS' NOMINATION AND VOTE TO APPROVE TOM TOLWORTHY AS A  
BOARD MEMBER WAS CONTEMPORANEOUSLY DOCUMENTED IN THE ORGANIZATION'S  
JUNE BOARD MINUTES.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED GAINS ON INVESTMENTS: 496.