Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning **and ending**

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

C Name of organization: VITAMIN ANGEL ALLIANCE, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 111 WEST MICHELTORENA STREET — Room/suite: 300

City or town, state or country, and ZIP + 4: SANTA BARBARA, CA 93101

D Employer identification number: 77-0485881

E Telephone number: (805) 564-8400

G Gross receipts $ 17,284,276.

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

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.VITAMINANGELS.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1998 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: A LEADING PARTNER FOR GLOBAL ALLEVIATION OF MICRONUTRIENT DEFICIENCY AMONG AT-RISK POPULATIONS.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	25,705,556.	17,278,255.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,998.	446.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-116,943.	-80,806.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,585,615.	17,197,895.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,602,346.	18,416,121.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	943,557.	1,050,700.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 685,034.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	747,349.	932,801.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,293,252.	20,399,622.
	19	Revenue less expenses. Subtract line 18 from line 12	3,292,363.	-3,201,727.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	8,105,885.	4,886,932.
	21	Total liabilities (Part X, line 26)	178,219.	161,595.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,927,666.	4,725,337.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ HOWARD B. SCHIFFER, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
CATHERINE MACAULAY				P00178796

Firm's name ▶ DAMITZ, BROOKS, NIGHTINGALE — Firm's EIN ▶ 77-0076647

Firm's address ▶ 200 EAST CARRILLO STREET, SUITE 303
SANTA BARBARA, CA 93101 — Phone no. 805-963-1837

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 19,206,251. including grants of $ 18,416,121.) (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** ▶ 19,206,251.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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: X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

[X] Own website [X] Another's website [X] Upon request

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

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

ROBERT PARKER - 805-564-8400

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) THOMAS D. AARTS BOARD MEMBER	2.00	X						0.	0.	0.
(2) ELLIOT BALBERT BOARD MEMBER	2.00	X						0.	0.	0.
(3) CLAYTON AJELLO BOARD MEMBER	40.00	X						72,000.	0.	0.
(4) MICHELLE GOOLSBY CHAIR	2.00	X						0.	0.	0.
(5) PETER VAN STOLK BOARD MEMBER	2.00	X						0.	0.	0.
(6) ROBERT PARKER COO	40.00	X		X				92,543.	0.	9,596.
(7) HOWARD B. SCHIFFER PRESIDENT	40.00	X		X				172,499.	0.	23,604.
(8) JOANNE GRAY BOARD MEMBER	2.00	X						0.	0.	0.
(9) TOM TOLWORTHY BOARD MEMBER	2.00	X						0.	0.	0.
(10) JEFFREY MARKEL SR VICE PRESIDENT	40.00			X				110,410.	0.	10,068.

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 (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-total ▶								447,452.	0.	43,268.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								447,452.	0.	43,268.

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

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

Section B. Independent Contractors

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

(A) Name and business address NONE	(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 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Section	Line	Description	Box	Amount	(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	353,008.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,925,247.				
	g	Noncash contributions included in lines 1a-1f: $ 13,854,885.						
	h	**Total.** Add lines 1a-1f ▶			17,278,255.			
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			330.			330.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents	3,374.					
	b	Less: rental expenses	0.					
	c	Rental income or (loss)	3,374.					
	d	Net rental income or (loss) ▶			3,374.			3,374.
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory	2,317.					
	b	Less: cost or other basis and sales expenses	2,201.					
	c	Gain or (loss)	116.					
	d	Net gain or (loss) ▶			116.			116.
	8 a	Gross income from fundraising events (not including $ 353,008. of contributions reported on line 1c). See Part IV, line 18	a	0.				
	b	Less: direct expenses	b	84,180.				
	c	Net income or (loss) from fundraising events ▶			-84,180.			-84,180.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions. ▶			17,197,895.	0.	0.	-80,360.

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,809,351.	3,809,351.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	14,606,770.	14,606,770.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	490,720.	166,844.	186,474.	137,402.
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	414,791.	141,029.	157,621.	116,141.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	145,189.	49,365.	55,171.	40,653.
11 Fees for services (non-employees):				
a Management				
b Legal	14,151.	7,075.	7,076.	
c Accounting	27,177.		27,177.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	106,619.	72,000.	500.	34,119.
12 Advertising and promotion	202,216.			202,216.
13 Office expenses	69,924.	34,962.	13,985.	20,977.
14 Information technology	5,557.	2,779.	1,111.	1,667.
15 Royalties				
16 Occupancy	61,843.	30,922.	12,368.	18,553.
17 Travel	313,768.	179,231.	29,721.	104,816.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,897.		9,897.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,358.	8,679.	3,472.	5,207.
23 Insurance	10,943.	5,471.	2,189.	3,283.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND SHIPPING	76,801.	75,226.	1,575.	
b PROGRAM DIRECT EXPENSES	16,547.	16,547.		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	20,399,622.	19,206,251.	508,337.	685,034.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,182,295.	1	1,656,820.
	2	Savings and temporary cash investments	8,324.	2	108,986.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	128,885.	4	208,207.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,740,166.	8	2,864,604.
	9	Prepaid expenses and deferred charges	2,871.	9	4,482.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 40,470.			
	b	Less: accumulated depreciation 10b 13,543.	16,835.	10c	26,927.
	11	Investments - publicly traded securities	6,534.	11	6,150.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	16,472.	14	5,139.
	15	Other assets. See Part IV, line 11	3,503.	15	5,617.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	8,105,885.	16	4,886,932.
Liabilities	17	Accounts payable and accrued expenses	62,544.	17	76,133.
	18	Grants payable		18	
	19	Deferred revenue	35,437.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	80,238.	25	85,462.
	26	**Total liabilities.** Add lines 17 through 25	178,219.	26	161,595.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	7,798,781.	27	4,517,130.
	28	Temporarily restricted net assets	128,885.	28	208,207.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,927,666.	33	4,725,337.
	34	Total liabilities and net assets/fund balances	8,105,885.	34	4,886,932.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,197,895.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,399,622.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,201,727.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,927,666.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-602.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,725,337.

Part XII Financial Statements and Reporting

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

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

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
2011
Open to Public Inspection

Name of the organization
VITAMIN ANGEL ALLIANCE, INC.

Employer identification number
77-0485881

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

The organization is not a private foundation because it is: (For lines 1 through 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
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45,599,729.	10,451,304.	23,977,284.	25,705,556.	17,278,255.	123,012,128.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	45,599,729.	10,451,304.	23,977,284.	25,705,556.	17,278,255.	123,012,128.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						67,292,378.
6 **Public support.** Subtract line 5 from line 4.						55,719,750.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	45,599,729.	10,451,304.	23,977,284.	25,705,556.	17,278,255.	123,012,128.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,758.	5,152.	9,413.	6,376.	3,704.	37,403.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1,087.	-104,229.	-122,727.	-160,919.	-386,788.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						122,662,743.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 45.43 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 ..... 15 | 43.32 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

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

(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2011
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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		40,470.	13,543.	26,927.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				26,927.

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)		
Total. (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)		
Total. (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)	
Total. *(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) Book value
(1) Federal income taxes	
(2) ACCRUED LIABILITIES	85,462.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	85,462.

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	17,197,895.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,399,622.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-3,201,727.
4	Net unrealized gains (losses) on investments	4	-602.
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	-602.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-3,202,329.

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	17,695,899.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-602.		
b	Donated services and use of facilities	2b	414,426.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	413,824.
3	Subtract line **2e** from line **1**			3	17,282,075.
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	-84,180.		
c	Add lines **4a** and **4b**			4c	-84,180.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	17,197,895.

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

1	Total expenses and losses per audited financial statements			1	20,898,228.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	414,426.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	84,180.		
e	Add lines **2a** through **2d**			2e	498,606.
3	Subtract line **2e** from line **1**			3	20,399,622.
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	20,399,622.

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 FINANCIAL ACCOUNTING STANDARDS BOARD'S ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, PRESCRIBES A THRESHOLD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION FILES TAX RETURNS IN THE UNITED STATES FEDERAL JURISDICTION AND IN THE STATE OF CALIFORNIA. THE ORGANIZATION'S TAX RETURNS FROM THE YEAR 2008 TO THE PRESENT REMAIN SUBJECT 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

Part XIV Supplemental Information *(continued)*

OF CALIFORNIA. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS FOR ALL JURISDICTIONS IN WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN AND HAS DETERMINED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE ORGANIZATION HAD NO UNRECOGNIZED TAX BENEFITS RELATED TO TAX POSITIONS TAKEN DURING THE YEAR ENDED DECEMBER 31, 2011 OR FOR PRIOR PERIODS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES -84,180.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES 84,180.

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
2011
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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
AFRICA	0	0	PROGRAM SERVICES	NUTRITIONAL	5,140,901.
ASIA	0	0	PROGRAM SERVICES	NUTRITIONAL	5,051,543.
LATIN AMERICA	0	0	PROGRAM SERVICES	NUTRITIONAL	4,414,326.
3 a Sub-total	0	0			14,606,770.
b Total from continuation sheets to Part I	0	0			0.
c **Totals** (add lines 3a and 3b)	0	0			14,606,770.

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 - ANGOLA,	NUTRITION	0.		2,077,121.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SUB-SAHARAN AFRICA - ANGOLA,	DEWORMING	0.		3,063,780.	ALBENDAZOLE	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC -	NUTRITION	0.		2,116,643.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		EAST ASIA AND THE PACIFIC -	DEWORMING	0.		2,934,900.	ALBENDAZOLE	BOOK- SEE PART V
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	NUTRITION	0.		2,182,446.	VITAMIN A AND/OR MULTIVITAMINS	BOOK- SEE PART V
		SOUTH AMERICA - ARGENTINA, BOLIVIA,	DEWORMING	0.		2,231,880.	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 ▶ 113
3 Enter total number of other organizations or entities ▶

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Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ..... ☐ Yes ☒ No

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

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

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

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ..... ☐ 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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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 WHOLESALER 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.

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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, 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:

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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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:

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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open To Public Inspection

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

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

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

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" 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 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	323,700.			323,700.
	2 Less: Charitable contributions	323,700.			323,700.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	70,038.			70,038.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(70,038)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-70,038.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine 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
2011
Open to Public Inspection

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

Part I — General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

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 ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE IN ACTION 8620 WILLIAMSHIRE WEST DR INDIANAPOLIS, IN 46260	20-2480971	501(C)(3)	0.	371,461.	BOOK	VARIOUS NUTRITIONAL SUPPLEMENTS	NUTRITIONAL SUPPLEMENTS
FEED THE HUNGRY 530 EAST IRELAND RD SOUTH BEND, IN 46614	35-1066748	501(C)(3)	0.	2,333,514.	BOOK	VARIOUS NUTRITIONAL SUPPLEMENTS	NUTRITIONAL SUPPLEMENTS
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVE SHREVEPORT, LA 71103	72-1328890	501(C)(3)	0.	61,056.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HARRY CHAPIN FOOD BANK 3760 FOWLER STREET FORT MYERS, FL 33901	59-2332120	501(C)(3)	0.	207,068.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
HUNTINGTON AREA FOOD BANK 1327 7TH AVE HUNTINGTON, WV 25701	55-0625915	501(C)(3)	0.	47,520.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
IDAHO NORTH CENTRAL DISTRICT WIC 215 10TH STREET LEWISTON, ID 83501	82-0335058	501(C)(3)	0.	42,408.	BOOK	CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 12.

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

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
MISSISSIPPI FOOD NETWORK 440 BEATTY STREET JACKSON, MS 39201	64-0676325	501(C)(3)	0.	213,840.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
NORTHEAST COMMUNITY CLINICS 2550 WEST MAIN STREET, SUITE 301 ALHAMBRA, CA 91801	95-2687213	501(C)(3)	0.	51,732.	BOOK	PRENATAL AND CHILDREN'S MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
REGIONAL FOOD BANK OF OKLAHOMA 3355 SOUTH PURDUE OKLAHOMA CITY, OK 73137	73-1100380	501(C)(3)	0.	190,080.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
SERVE THE PEOPLE 1206 E 17TH STREET, SUITE 101 SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	30,618.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
ASSOCIATION OF ARIZONA FOOD BANKS, INC. - 2100 N. CENTRAL AVE., STE 230 - PHOENIX, AZ 85004	86-0507679	501(C)(3)	0.	237,600.	BOOK	PRENATAL MULTIVITAMINS	NUTRITIONAL SUPPLEMENTS
CORPUS CHRISTI PREGNANCY RESOURCE CENTER - 4730 EVERHART RD - CORPUS CHRISTI, TX 78411	74-2541210	501(C)(3)	0.	22,453.	BOOK	PRENATAL MULTIVITAMINS	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 GRANTEES CONFIRMING RECEIPT OF COMMODITY GRANTS. COPIES OF ORIGINAL SHIPPING DOCUMENTATION RECORDING THE AMOUNTS OF COMMODITY GRANTS TO DOMESTIC ENTITIES ARE ALSO MAINTAINED.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: VITAMIN ANGEL ALLIANCE, INC.

Employer identification number: 77-0485881

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation: (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
1 HOWARD B. SCHIFFER	(i)	172,499.	0.	0.	0.	23,604.	196,103.	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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: VITAMIN ANGEL ALLIANCE, INC.

Employer identification number 77-0485881

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions 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	36	13,854,885.	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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

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

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

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 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

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

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.

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
2011
Open to Public Inspection

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

Name of the organization: VITAMIN ANGEL ALLIANCE, INC.

Employer identification number: 77-0485881

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.

2. BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE GOVERNING BODY (OR SUBCOMMITTEE THEREOF) RELIED UPON COMPARABILITY DATA (COMPARABILITY DATA INCLUDES COMPENSATION PAID BY COMPARABLE AND SIMILARLY

Name of the organization: VITAMIN ANGEL ALLIANCE, INC.

Employer identification number: 77-0485881

SITUATED ENTITIES) IN DECIDING WHETHER TO APPROVE THE COMPENSATION.

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

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

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

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

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

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

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

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

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 XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -602.

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

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

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

- The books are in the care of ▶ ROBERT PARKER
111 WEST MICHELTORENA STREET, NO. 300 - SANTA BARBARA, CA 93101
Telephone No. ▶ 805-564-8400 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2012.

5 For calendar year 2011, or other tax year beginning ______, and ending ______.

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ Title ▶ CPA Date ▶

123842
01-06-12

TAXABLE YEAR **2011**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2011 or fiscal year beginning month day year , and ending month day year .

Corporation/Organization name	California corporation number
VITAMIN ANGEL ALLIANCE, INC.	C2105540
Address (suite, room, or PMB no.) 111 WEST MICHELTORENA STREET, NO. 300	FEIN 77-0485881
City SANTA BARBARA / State CA / ZIP Code 93101	

A First Return ☐ Yes ☒ No

B Amended Return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1)trust ☐ Yes ☒ No

D Final Return ☐ Yes ☒ No

● ☐ Dissolved ● ☐ Surrendered (Withdrawn)

● ☐ Merged/Reorganized Enter date: ●

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

F Federal return filed? (1)● ☐ 990T (2)● ☐ 990(PF) (3)● ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? ● ☐ Yes ☒ No
If "Yes," attach a roster. See instructions

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

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ● ☐ Yes ☒ No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ● ☐ Yes ☒ No
If "Yes," complete and attach form FTB 3509.

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

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ● ☒

M Is the organization a Limited Liability Company? ● ☐ Yes ☒ No

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

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

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

Section	Line	Description		Line	Amount
Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	6,021. 00
	2	Gross dues and assessments from members and affiliates	●	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	●	3	17,278,255. 00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 **This line must be completed.** If the result is less than $25,000, see General Instruction B	●	4	17,284,276. 00
	5	Cost of goods sold	● 5: 00		
	6	Cost or other basis, and sales expenses of assets sold	● 6: 2,201. 00		
	7	Total costs. Add line 5 and line 6		7	2,201. 00
	8	Total gross income. Subtract line 7 from line 4	●	8	17,282,075. 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	●	9	20,483,802. 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	-3,201,727. 00
Filing Fee	11	Filing fee $10 or $25. See General Instruction F		11	N/A 00
	12	Total payments		12	00
	13	Penalties and Interest. See General Instruction J		13	00
	14	Use tax. See General Instruction K	●	14	00
	15	**Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result		15	00

Sign Here

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

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

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ ☐ | ● PTIN P00178796

Firm's name (or yours, if self-employed) and address ▶ DAMITZ, BROOKS, NIGHTINGALE | ● FEIN 77-0076647

200 EAST CARRILLO STREET, SUITE 303

SANTA BARBARA, CA 93101 | ● Telephone 805-963-1837

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

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

128951 12-08-11

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00
	2	Interest	2	132. 00
	3	Dividends	3	198. 00
	4	Gross rents	4	3,374. 00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions) SEE STATEMENT 3	6	2,317. 00
	7	Other income	7	00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	6,021. 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	18,416,121. 00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	490,720. 00
	12	Other salaries and wages	12	414,791. 00
	13	Interest	13	00
	14	Taxes	14	145,189. 00
	15	Rents	15	61,843. 00
	16	Depreciation and depletion (See instructions)	16	17,358. 00
	17	Other Expenses and Disbursements SEE STATEMENT 5	17	937,780. 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	20,483,802. 00

Schedule L Balance Sheets

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		1,190,619.		1,765,806.
2 Net accounts receivable		128,885.		208,207.
3 Net notes receivable				
4 Inventories		6,740,166.		2,864,604.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 6		6,534.		6,150.
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	42,451.		40,470.	
b Less accumulated depreciation	(25,616.)	16,835.	(13,543.)	26,927.
11 Land				
12 Other assets STMT 7		22,846.		15,238.
13 Total assets		8,105,885.		4,886,932.
Liabilities and net worth				
14 Accounts payable		62,544.		76,133.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 8		115,675.		85,462.
19 Capital stock or principle fund		7,927,666.		4,725,337.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		8,105,885.		4,886,932.

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

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

1 Net income per books	-3,202,329.	7 Income recorded on books this year not included in this return	
2 Federal income tax			
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year		8 Deductions in this return not charged against book income this year	
5 Expenses recorded on books this year not deducted in this return STMT 9	602.	9 Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5	-3,201,727.	10 Net income per return. Subtract line 9 from line 6	-3,201,727.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
		VARIOUS	VARIOUS	PURCHASED

	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	2,201.	0.	0.	2,317.
TOTAL TO FORM 199, PAGE 2, LN 6	2,201.	0.	0.	2,317.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
THOMAS D. AARTS 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
ELLIOT BALBERT 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
CLAYTON AJELLO 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 40.00	72,000.
MICHELLE GOOLSBY 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	CHAIR 2.00	0.
PETER VAN STOLK 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
ROBERT PARKER 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	COO 40.00	102,139.
HOWARD B. SCHIFFER 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	PRESIDENT 40.00	196,103.

JOANNE GRAY 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
TOM TOLWORTHY 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.
JEFFREY MARKEL 111 WEST MICHELTORENA STREET, NO. 300 SANTA BARBARA, CA 93101	SR VICE PRESIDENT 40.00	120,478.
TOTAL TO FORM 199, PART II, LINE 11		490,720.

FORM 199 OTHER EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
POSTAGE AND SHIPPING	76,801.
PROGRAM DIRECT EXPENSES	16,547.
DIRECT EXPENSES OF FUNDRAISING EVENTS	84,180.
LEGAL FEES	14,151.
ACCOUNTING FEES	27,177.
OTHER PROFESSIONAL FEES	106,619.
ADVERTISING AND PROMOTION	202,216.
OFFICE EXPENSES	69,924.
INFORMATION TECHNOLOGY	5,557.
TRAVEL	313,768.
CONFERENCES AND CONVENTIONS	9,897.
INSURANCE	10,943.
TOTAL TO FORM 199, PART II, LINE 17	937,780.

FORM 199 INVESTMENTS IN STOCK STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	6,534.	6,150.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	6,534.	6,150.

FORM 199 OTHER ASSETS STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	2,871.	4,482.
INTANGIBLE ASSETS	16,472.	5,139.
SECURITY DEPOSITS	3,503.	5,617.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	22,846.	15,238.

FORM 199 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED LIABILITIES	80,238.	85,462.
DEFERRED REVENUE	35,437.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	115,675.	85,462.

FORM 199 EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN STATEMENT 9

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	602.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	602.

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

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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: **CT** 112083

VITAMIN ANGEL ALLIANCE, INC.
Name of Organization

111 WEST MICHELTORENA STREET, NO. 300
Address (Number and Street)

SANTA BARBARA, CA 93101
City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. C2105540

Federal Employer I.D. No. 77-0485881

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

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2011 **ending** 12/31/2011 **) list:**
Gross annual revenue $ 17,197,895. **Total assets $** 4,886,932.

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

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

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

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

Organization's e-mail address

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

Signature of authorized officer	Printed Name	Title	Date
	HOWARD B. SCHIFFER	PRESIDENT	

129291
05-01-11

RRF-1 (3-05)