

Form

990-EZ**Short Form****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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No 1545-1150

2004**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2004 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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

C Name of organization

Vitamin C Foundation

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

Room/suite

15915 N Bend Dr.

City, town, or country

State

ZIP + 4

Houston

TX

77073

D Employer identification number

76-0526361

E Telephone number

281-443-3634

F Group Exemption Number

▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ vitamincfoundation.org**J Organization type** (check only one)— ☐ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ ☒ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 500**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	500
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	0
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 500 of contributions reported on line 1)	6a	0
	6b	Less: direct expenses other than fundraising expenses	6b	0
Expenses	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	0
	8	Other revenue (describe ▶)	8	0
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	500
	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	500
	16	Other expenses (describe ▶)	16	0
	17	Total expenses (add lines 10 through 16)	17	500
	18	Excess or (deficit) for the year (line 9 less line 17)	18	0
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,000
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	1,000

Part II Balance Sheets—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	500	500
23 Land and buildings		

20

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

THE FOUNDATION HAS BEEN ESTABLISHED TO CO

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	ADDRESSING BOTH THE PREVENTION AND TREATMENT OF A WIDE VARIETY OF HEALTH CONDITIONS EDUCATED THE PUBLIC ABOUT A MEANS OF ACHIEVING OPTIMAL HEALTH THROUGH THE USE OF VITAMIN C PROVIDED THE PUBLIC WITH INFORMATION ABOUT THE MANY USES OF VITAMIN C (Grants \$)	28a	
29	FACILITATED PROFESSIONAL INFORMATION EXCHANGES OF VITAMIN C RESEARCH CREATED THE WORLD'S FIRST VITAMIN C RESEARCH INFORMATION CENTER INTENTION TO FUND RESEARCH THROUGH FUND COLLECTION AND FL (Grants \$)	29a	
30	ADMINISTRATIVE RESPONSE CENTER FOR VITAMIN C INQUIRIES SERVING AS A PRIMARY PROPONENT OF VITAMIN C (Grants \$)	30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name Owen R Fonorow Str 2880 Sun Valley Road City Lisle ST IL ZIP 60532	Title Director Hr/WK 15	0	0	0
Name Michael S Till Str 15915 North Bend Drive City Houston ST TX ZIP 77073	Title Director Hr/WK 5	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . .		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		0
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 . . .		0
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		0
41 List the states with which a copy of this return is filed. TX AZ IL		
42 The books are in care of Name Michael Steven Till CPA Business check here [X] Telephone no. 281-443-3634 Located at 15915 N Bend Drive City Houston ST TX ZIP + 4 77073-5444		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here [] and enter the amount of tax-exempt interest received or accrued during the tax year . . .	43	N/A

Please 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 officer) is based on all information of which preparer has any knowledge.	
	Signature of officer Michael S Till Director Type or print name and title	Date 2/15/2005
Paid Preparer's Use Only	Preparer's signature XXXXXXXXXXXXXXXXXX	Date XXXXXXXXXXXXXXXXXX
	Firm's name (or yours if self-employed), address, and ZIP + 4 XXXXXXXXXXXXXXXXXX	Preparer's SSN or PTIN (See Gen. Inst. W) XXXXXXXXXXXXXXXXXX
	EIN XXXXXXXXXXXXXXXXXX	Phone no. XXXXXXXXXXXXXXXXXX

Line 24 (990-EZ) - Other assets

		Beginning	End
1	Computer	500	500
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	500	500