

Copy for
Form 990-EZ
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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)

OMB No 1545-1150

2006

Open to Public Inspection

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2006 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
THE VITAMIN C FOUNDATION
Number and street (or P O box, if mail is not delivered to street address) Room/suite
15915 NORTH BEND DRIVE
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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

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

I Website: ► VITAMINCFOUNDATION.ORG

J Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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. ► \$ 1,000

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

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

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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 51 of the instructions.)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,500
23	Land and buildings	2,500
24	Other assets (describe ► COMPUTER)	500
25	Total assets	2,000
26	Total liabilities (describe ►)	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,000

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)**Expenses**

What is the organization's primary exempt purpose? **FOUNDATION PROVIDES VITAMIN C OPPORTUNITY AND**
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.

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

28	ADDRESSING BOTH THE PREVENTION AND TREATMENT OF WIDE VARIETY OF HEALTH CONDITIONS EDUCATE THE PUBLIC ABOUT A MEANS OF ACHIEVING OPTIMAL HEALTH THROUGH THE USE OF C PROVIDE THE PUBLIC WITH INFORMATION ABOUT THE MANY USES OF C AND BEST VIT C AVAILABLE (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 FUND GRANTS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	ADMINISTRATIVE RESPONSE CENTER FOR VITAMIN C INQUIRIES SERVING AS A PRIMARY PROPONENT OF VITAMIN C (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 52 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 FONORO Str 2880 SUN VALLEY RD City LISLE ST IL ZIP 60532	Title DIRECTOR Hr/WK 15.00	0	0	0
Name MICHAEL S TILL Str 15915 NORTH BEND City HOUSTON ST TX ZIP 77073	Title DIRECTOR Hr/WK 15.00	0	0	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			

Part V Other Information (Note the statement requirement in General Instruction V.)

		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?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		
b	Did the organization file Form 1120-POL for this year?		X
38a	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			0
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9.		0
b	Gross receipts, included on line 9, for public use of club facilities.		0

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**40 a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶**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

	Yes	No
40b		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
40e		X

41 List the states with which a copy of this return is filed. ▶ TN**42 a** The books are in care of ▶ Name MICHAEL TILL Telephone no. ▶ (281) 443-1457
Located at ▶ 15915 NORTH BEND DR City HOUSTON ST TX ZIP + 4 ▶ 77073**b** 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)?

	Yes	No
42b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
42c		X

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country: ▶**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

Date 1/15/2007

MICHAEL S TILL
Type or print name and title

DIRECTOR

**Paid
Preparer's
Use Only**Preparer's
signature

Self Prepared Return

Date

XXXXXXXXXXXX

Check if
self-
employed ▶ ☐

Preparer's SSN or PTIN (See Gen Inst X)

XXXXXXXXXXXX

Firm's name (or yours
if self-employed),
address, and ZIP + 4

XXXXXXXXXXXX

EIN

XXXXXXXXXXXX

Phone no

XXXXXXXXXXXX

Line 1 (990-EZ) - Contributions, gifts, grants, and similar amounts received

1	Contributions	1	1,000
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events).	6	0
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	1,000

Line 24 (990-EZ) - Other assets

		500	500
		Beginning	End
1	COMPUTER	500	500
2			
3			
4			
5			
6			
7			
8			
9			
10			