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Form 990-PF

OMB No 1545-0052

Department of	the Treasury
Internat Course	

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

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For	calenda	ar year 2008, d	or tax year begi	nning	0.5	8/0	1 , 2008,	and end	ing			/31 , 20 09
GC	heck al	I that apply	Initial retur	n	Final return	لـــا	Amended	eturn		Address change		Name change
		Name of fou	ndation							A Employer identific	ation nu	mber
Us	e the IRS	s										
_	label.	ATKINS F								54433		
, italiable and office (or i o our name in the control of our								Room/su	ute	B Telephone number (see	page 10 of	the instructions)
,	print or type.											
	e Specific	P O BOX										4-6644
	tructions	City or town	state, and ZIP coo	le						C If exemption applicate pending, check here	tion is	▶∐
										D 1 Foreign organizati	ons, check	here 🕨
JOPLIN, MO 64802-1404 H Check type of organization X Section 501(c)										2 Foreign organizat 85% test, check h		
										computation .		
			nexempt charitable		Other taxable	~				E If private foundation	status was	terminated
		ket value of all			unting method X			rual		under section 507(b)	(1)(A), che	ck here . $ ightharpoonup$
	-	from Part II, col		0	ther (specify)		oach basis		- -	F If the foundation is		
_	2007031				column (d) must be	110	casii basis)			under section 507(b)		sbursements
۲a	Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)			(a) Revenue and		(b) Net inve	stment		(c) Adjusted net		charitable	
	may	y not necessarily	equal the amounts	in	expenses per books		incom	ie		income		ourposes
$\overline{}$	•	. \ /- \	e 11 of the instruct			-					(cas	h basis only)
		, lifthe f	etc , received (attach sch oundation is not requ	iired to	54,92	٠.						
	2 Checi 3 Intere	- attach	Sch B		23	5		235.		<u> </u>		STMT 1
		-	temporary cash inveses est from securities			"		233.				
						_						
			ss)						Г	RECEIV	ED	
اد			sale of assets not on I									181
2	b Gross	s sales price for all is on line 6a							\int_{0}^{2}		กเกร	0
Kevenue			me (from Part IV, li	ne 2) .					10	PL YAK S A	5.010	185
	8 Net	short-term capita	algain						1			_ 4
			5						-	OGDEN	1J1	
11		s sales less retums allowances				_	-					
	b Less	Cost of goods sold	· • L			\dashv						
			(attach schedule)		1 05	_+						O
1			n schedule)		1,95		-	1,875.				STMT 2
\neg			rough 11		57, 11			2,110.				
1			rs, directors, trustees,		NO	NE				•		
an I			ries and wages .			\dashv				···-		
euse 1			oyee benefits			_						
EXP	•	al fees (attach sc	nedule) ach schedule)STM	 т २	2,97	8		1,489.		NONE		1,489.
9 11			ach schedule, 1 191 ees (attach schedul					~, 10J.				-,-02.
≟ ₄		•										
st:			(see page 14 of the inst			1						
≣ ¦		•	schedule) and de		21,50	4.		1,075.				
٠ ا	•	•			16,01	- 1		800.				15,210.
∢ ⁻			and meetings									<u> </u>
ē 2		ting and publical	tions									
[2		-	ach schedule)									
[2		l operating and	administrative ex	penses.								
Operating and Administrative	Add	lines 13 through	1 23		40,49	2.		3,364.		NONE		16,699.
0 2	5 Conf	tributions, gifts,	grants paid		NO.	NE						NON
2	6 Total	expenses and disbur	sements Add lines 2	4 and 25	40,49	2.		3,364.		NONE		16,699.
2		tract line 26 from										
			penses and disburseme		16,61	8.					-	
			ome (if negative, en			-+		-0-				
- 1	c Adiu	usted net income	e (if negative, enter	-0-)	ł	- 1			1	-0-	ŀ	_

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. JSA 8E1410 1 000

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Ē	art I	Balance Sheets description column should be for end-of-year	Beginning of year	<u>En</u>	d of year
_	er c i	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	25, 569.	63,691	63,691.
	3	Accounts receivable		i	
	İ	Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
۰.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			<u> </u>
155		Investments - U S and state government obligations (attach schedule)	······································		
_		Investments - corporate stock (attach schedule)	-		
	I	Investments - corporate bonds (attach schedule)			
	111	Investments - land, buildings,			
		Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)			
		(attach schedule)			
	12				
	13 14	Investments - other (attach schedule)			
	' '	equipment basis			
		Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 468, 552.	412,637.	391,133	3. 202,000.
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	instructions Also, see page 1, item I)	438,206.	454,824	265,691.
	17	Accounts payable and accrued expenses			
	18	Grants payable			_
es	19	Deferred revenue			_
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
_	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here ▶			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24 25 26	Unrestricted	į		
auc	25	Temporarily restricted			
ãã	26	Permanently restricted			
펄	-•	Foundations that do not follow SFAS 117,			
Fund		check here and complete lines 27 through 31.			
<u>~</u>	27 28 29 30	Capital stock, trust principal, or current funds			
ŝ	28	Paid-in or capital surplus, or land, bldg, and equipment fund	438,206.	438,206	
Se	20	Retained earnings, accumulated income, endowment, or other funds	430,200.	16,618	
As	29			10,010	-
ē	30	Total net assets or fund balances (see page 17 of the	420 206	454 004	
z		Instructions)	438, 206.	454,824	'
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	438, 206.	454,824	
_		Analysis of Changes in Net Assets or Fund E			
1		I net assets or fund balances at beginning of year - Part II,			
	end-	of-year figure reported on prior year's return)			
2	Ente	r amount from Part I, line 27a		2	16,618.
3	Othe				
4	Add	lines 1, 2, and 3		4	454,824.
5	Deci			1 -	
6	Tota	eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b)	, line 30 6	454,824.
JS					Form 990-PF (2008)

JSA 8E1420 1 000

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Part IV Capital Gains	and Losses for Tax on Inv	estment Income			
' (a) List and	d describe the kind(s) of property sold (e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
2-story bi	rick warehouse, or common stock, 200	shs MLC Co)	P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
1a					
b					
С		<u> </u>			
_d					
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mine	
а					
b					
С					
d					
е			•		
Complete only for assets sl	howing gain in column (h) and owr	ned by the foundation on 12/31/69	(1)	Gains (Col. (h) q	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any		(k), but not less t Losses (from co	than -0-) or
а					
b			1		-
С				•	
d				• •	
е					
	, (If	gain, also enter in Part I, line 7			
2 Capital gain net income or	(net capital loss) If	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain	or (loss) as defined in sections 12	•			
If gain, also enter in Part I,	line 8, column (c) (see pages 13	and 17 of the instructions).			
If (loss), enter -0- in Part I, I	line 8		3		
Part V Qualification Ur	nder Section 4940(e) for Redu	uced Tax on Net Investment Inc	ome		
(For optional use by domestic	private foundations subject to the	e section 4940(a) tax on net investi	ment inco	me)	
If section 4940(d)(2) applies,	leave this part blank				
				_	, —
		outable amount of any year in the b	ase perio	^{d?} ∟	」Yes <u>X</u> No
	not qualify under section 4940(e).				
(a)	· · · · · · · · · · · · · · · · · · ·	, see page 18 of the instructions be	lore mak	ing any entries.	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2007	15,581.	31,467.			0.495154
2006	8,971.	34,532.			0.259788
2005	9,669.	37, 345.			0.258910
2004	4,941.	71,092.			0.069501
2003	7,760.	125,405.			0.061880
					· · · · · ·
2 Total of line 1, column (d)			2		1.145233
3 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
		than 5 years	3		0.229047
•		,			
4 Enter the net value of non	charitable-use assets for 2008 fro	m Part X line 5	4		53,639.
		m Part X, line 5			33,033.
5 Multiply fine 4 by fine 3			5		12 206
5 Widitiply line 4 by line 5.		• • • • • • • • • • • • • • • • • • • •			12,286.
6 Fator 40/ of act invastors	-4 (40) of Dod Line 27h)	•			
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		
			_		
7 Add lines 5 and 6			7		12,286.
8 Enter qualifying distributio	ns from Part XII, line 4	k in Part VI, line 1b, and complet	8		16,699.
If line 8 is equal to or gi the Part VI instructions on	reater than line /, check the box	k in Paπ Vi, line 1b, and complet	e that pa	artusing a 1%	tax rate. See
the Part VI Instructions on	page 10				

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on

8a Enter the states to which the foundation reports or with which it is registered (see page 19 of the

instructions) ► <u>VA</u>,

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV ...

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Χ

X

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7

8 b

names and addresses

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L'OHHI	990-Pr (2008) 54-6443344		г	aye 🗸
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
•	meaning of section 512(b)(3)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		_x	
	Website address ► N/A			
14	The books are in care of ▶ DAVID JONES Telephone no ▶417-62	4-664	14	
	Located at ▶PO BOX 1404 JOPLIN, MO ZIP+4 ▶ 64802-	1404		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		·	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception, Check "No" if			
	the foundation agreed to make a grant to or to employ the official for a period after			_
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	١	}	١
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1		
	were not corrected before the first day of the tax year beginning in 2008?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2008 did the foundation have any undistributed income (lines 6d and			İ
	be, Part Alli) for tax year(s) beginning before 20087	1		
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	2ь	N/	<u>_</u>
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)		111/	1
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		}	
_	Did the facilities to held a see that a 20% disease as indicated interest in any hypothesis.	1		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	enterprise at any time during the year?	1		
D				
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		3 ь	N/	A
	foundation had excess business holdings in 2008)	-	1	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? • • • • •	. 4b	'	x

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	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requi	red (continued)		
5 a	During the year did the foundation pay or incur any amou	unt to				
	(1) Carry on propaganda, or otherwise attempt to influe(2) Influence the outcome of any specific public election	• •		Yes X No	'	
	directly or indirectly, any voter registration drive?	•	•	Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or ot					
	(4) Provide a grant to an organization other than a char					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes X No	,	
	(5) Provide for any purpose other than religious, charital	ole, scientific, literary, o	or			
	educational purposes, or for the prevention of cruelty	to children or animals	, [,] ,	Yes X No	,	
þ	If any answer is "Yes" to 5a(1)-(5), did any of the transact					
	Regulations section 53 4945 or in a current notice regard				<u>5</u> b	N/A
	Organizations relying on a current notice regarding disas	ter assistance check h	ere	▶□		
С	If the answer is "Yes" to question 5a(4), does the found	•				
	because it maintained expenditure responsibility for the g			AYesNo	•	
	If "Yes," attach the statement required by Regulations sec					
6 a	Did the foundation, during the year, receive any funds, or			m. m.		
	on a personal benefit contract?,				1 1	
þ	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a p	personal benefit contrac	t?	<u>6</u> b	<u> </u>
	If you answered "Yes" to 6b, also file Form 8870					
	At any time during the tax year, was the foundation a pa					
	If yes, did the foundation receive any proceeds or have a time. Information About Officers, Directors					l
	and Contractors					
1	List all officers, directors, trustees, foundation m	nanagers and their (b) Title, and average	(c) Compensation	page 22 of the instru		
	(a) Name and address	hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred compensation	(e) Expens other all	
			3-1			
SEE	STATEMENT 4		NONE	NONE		NONE
	Compensation of five highest-paid employees (ot if none, enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
	If none, enter "NONE."	T		(d) Contributions to		e account
		(b) Title, and average hours per week	luded on line 1 - se	(d) Contributions to employee benefit plans and deferred	ructions). (e) Expens other all	
	If none, enter "NONE."	(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
	If none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e) Expens	
(a	If none, enter "NONE.") Name and address of each employee paid more than \$50,000 NONE	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred	(e) Expens	
(a	If none, enter "NONE.") Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred	(e) Expens	

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	yees,	
3 Five high	est-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Comp	
<u>NONE</u>		-	
Total numb	er of others receiving over \$50,000 for professional services	▶	NONE
Part IX-A	Summary of Direct Charitable Activities		
List the foun	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number ons and other beneficiaries served, conferences convened, research papers produced, etc.	Ехре	nses
1_N/A_			
2			·
^			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 23 of the instructions)	<u> </u>	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amo	ount
1 NONE			
2			
	·		
All other pro	gram-related investments See page 24 of the instructions		
3 NONE			
Total. Add	ines 1 through 3		NON
		Form 990	-PF (2008)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions)	n foundations	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	47,327.
	Average of monthly cash balances	1 b	7,129.
С	Fair market value of all other assets (see page 24 of the instructions)	1 c	NONE
	Total (add lines 1a, b, and c)	1 d	54, 456.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	54,456.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	817.
5	of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	53,639.
6	Minimum investment return. Enter 5% of line 5	6	2,682.
	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) prival	te operating	
	foundations and certain foreign organizations check here > and do not complete this p	art)	
1	Minimum investment return from Part X, line 6	1	2,682.
	Tax on investment income for 2008 from Part VI, line 5 2a NONE		
b	Income tax for 2008 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	NONE
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,682.
4	Recoveries of amounts treated as qualifying distributions	4	75.
5	Add lines 3 and 4	5	2,757.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,757.
		<u> </u>	
Pa	Irt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	16,699.
b	Program-related investments - total from Part IX-B	1b	NONE
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3 b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	16,699.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		·
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,699.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the foun	
	qualifies for the section 4940(e) reduction of tax in those years.		

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Pa	rt XIV Private Oper	rating Foundations (see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has foundation, and the ruling	•			1	
ь	Check box to indicate wh	=		ation described in section	• • ———	j)(3) or 4942(j)(5)
		Tax year	<u></u>	Prior 3 years	`	
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a					
C	Qualifying distributions from Part					
d	XII line 4 for each year listed . Amounts included in line 2c not			· · ·		
_	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line					
3	2d from line 2c Complete 3a b or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets(2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
.,	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter			-		
	(1) Total support other than gross investment income (interest dividends, rents					
	payments on secuntes loans (section 512(a)(5)),					
	or royalties) (2) Support from general			· · · · · · · · · · · · · · · · · · ·		
	public and 5 or more exempt organizations as provided in section 4942					
	(3) Largest amount of support from an exempt					
	organization					
Dэ	(4) Gross investment income. rt XV Supplement	ary Information (C	omplete this part of	nly if the foundatio	n had \$5 000 or me	ore in assets at any
	time during	the year - see page	27 of the instruction			assets at any
1	Information Regarding					
а	List any managers of before the close of any	the foundation who have tax year (but only if the	ey have contributed more	nore than \$5,000). (Se	ee section 507(d)(2)	ed by the foundation
	PAUL & SAR				-	
b	List any managers of ownership of a partner					<i>i</i> large portion of the
_	N/A	_				
2	Information Regarding	g Contribution, Grant	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if the unsolicited requests for organizations under other contents.	or funds. If the found	dation makes gifts, g	rants, etc (see page	able organizations a 28 of the instruction	and does not accept ons) to individuals or
a	The name, address, a	nd telephone number	of the person to whom	applications should be	e addressed	
b	The form in which appl	lications should be sut	omitted and information	n and materials they s	should include	
С	Any submission deadli	nes				
d	Any restrictions or lifactors	mitations on awards,	such as by geogra	phical areas, charitat	ole fields, kinds of	institutions, or other

Form 990-P# (2008) Page **11** 54-6443344 Part XV Supplementary Information (continued) 'Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation status of recipient Recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year NONE NONE NONE **b** Approved for future payment NONE NONE

NONE

▶ 3b

	D-PÉ (2008)			54-	6443344	Page 1 2
Part 2	VI-A Analysis of Income-Produ	icing Acti	vities	·		
Ent è r gr	oss amounts unless otherwise indicated	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of
-	ram service revenue	- Desiriess cool	Amount	Excusion code	,	the instructions)
a .		<u> </u>		 		
b						
c		<u> </u>		-		
ď				<u> </u>		
e f			· · · · · · · · · · · · · · · · · ·	-		
•	Fees and contracts from government agencies					
_	bership dues and assessments					
	est on savings and temporary cash investments					
	dends and interest from securities			14	235.	
	rental income or (loss) from real estate				•	
а	Debt-financed property					
	Not debt-financed property					
6 Net i	ental income or (loss) from personal property .			ļ		
7 Oth	er investment income				<u> </u>	
8 Gain	or (loss) from sales of assets other than inventory					
9 Net	income or (loss) from special events			<u> </u>		•
10 Gro	ss profit or (loss) from sales of inventory			_		
	er revenue a		<u> </u>	 	1.050	
	SEE STATEMENT 5			 	1,950.	
С				 		
d		-	 	ļ.		
e 42 Sub	total Add columns (b), (d), and (e)			 	2,185.	
	al. Add line 12, columns (b), (d), and (e)		<u> </u>			
	orksheet in line 13 instructions on page 28					
	(VI-B Relationship of Activities			empt Purp	oses	
Line N	e. Explain below how each activ	ity for wh	ich income is reporte	d in columi	n (e) of Part XVI-A cor	tributed importantly to
▼	the accomplishment of the fo	oundation's	exempt purposes (o	ther than I	by providing funds for	such purposes). (See
	page 28 of the instructions)				· · · · · · · · · · · · · · · · · · ·	
			·			
			·-··	.		
						
		-				
						·
						
			NOT APPLICABLE	 F		
			NOT AFFEICADE.			
						
			· - · · · · · · · · · · · · · · · · · · 			
		_ ,				
		·				

Pa	rt XVII	Information Exempt Orga		ransfers To ar	nd Transa	ctions a	ind Relationship	s With I	Nonc	harit	able
1	Did th	e organization directly of		age in any of the fo	llowing with	any other	organization described	in section		Yes	No
		of the Code (other than									
a	Transf	fers from the reporting fo	oundation to a no	oncharitable exempt o	rganızatıon of						
	(1) Ca	ash		<i></i>					1a(1)	L	Х
	(2) Ot	ther assets		<i></i>					1a(2)		Х
b	Other	transactions									
	(1) Sa	ales of assets to a nonch	aritable exempt o	rganization					1b(1)	<u> </u>	Х
	(2) Pu	urchases of assets from	a noncharitable e	xempt organization .					1b(2)	-	X
	(3) Re	ental of facilities, equipm	ent, or other asse	ts					1b(3)	ļ	Х
	(4) Re	eimbursement arrangeme	ents						1b(4)	ļ	X
	(5) Lc	oans or loan guarantees							1b(5)	ļ	X
	(6) Pe	erformance of services o	r membership or	fundraising solicitation	ns				1b(6)	<u> </u>	_X_
		ng of facilities, equipmen								<u> </u>	X
d		answer to any of the ab									
	other	assets, or services giver	by the reportin	g foundation if the	foundation re	eceived less	than fair market value	in any trar	nsactio	n or s	haring
	arrang	gement, show in column	(d) the value of th	e goods, other assets	s, or services i	received					
(a) l	ine no	(b) Amount involved	(c) Name of r	noncharitable exempt or	ganization		ription of transfers, transac	tions, and sha	nng arra	angeme	nts
		N/A				N/A					
			<u> </u>			ļ					
						ļ					
											
						<u>.</u>			 -		
			<u> </u>								
											
					 -	 					
						\					
	-	<u> </u>				<u> </u>		-			
-						 					
		<u> </u>				<u> </u>					
						 	···				
2 a		foundation directly or n 501(c) of the Code (oth								es 🔀	, No
b	If "Yes	s," complete the following					/ 1 8				
		(a) Name of organization	<u>n</u>	(b) type of	organization	-	(c) Descrip	tion of relation	snip		
											
				- -							
									<u>-</u>		
	Under belief,	penalties of perjury, I declit is true, correct, and com	are that I have explete Declaration of	amined this return, incl of preparer (other than	luding accomp taxpayer or fid	anying sched uciary) is bas	ules and statements, and sed on all information of the second sec	to the best of which prepare	of my kerhas a	nowled	ige and wiedge
ارو	S	gnature of officer or trustee	-			Date	Title				
Sign Here		Preparer's	/	0	Date 4	3-/0	Check if self-employed	Preparer's (See Signat instructions	ure on	fying n page 3	umber 0 of the
S	Paid eparer's se Only	signature /	men K / tayso	٠٧٤	F = 3			P00745			
	Paid Preparer's Use Only	Firm's name (or yours if self-employed), address	ERNST 190 CA	& YOUNG U.S. ARONDELET PLA	LLP ZA, SUIT	E 1300	EIN ▶	34-6565 <u>:</u>	<u> 596</u>		

Phone no 314-290-1000

63105

and ZIP code

CLAYTON, MO

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME		235.	235.	
REVENUE	AND	EXPENSES	PER BOOKS	!!!!!!!!	235.	235.	
						TOTAL	
			DESCRIPTION		CITI BANK		

STATEMENT

FORM 990PF, PART I - OTHER INCOME

NET I NVESTMENT I NCOME	1,875.	1,875.
REVENUE AND EXPENSES PER BOOKS	1,875.	1,950.
		TOTALS
DESCRIPTION	RENT - WEST IVY PROPERTY RETURN OF PRIOR YEAR DONATION	

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STATEMENT

Atkins Family Trust Foundation - Form 990PF EIN 54-6443344 Year Ended 7/31/2009

Depreciation schedule to support Part 1, line 19 and Part 11, line 14

Property description	<u>Date</u> Acquired	Basis	Tax Prior Depreciation	Method of Computation	Life	Current <u>Year</u> Depreciation	<u>Tax</u> End Depreciation	Tax Net N Book Value
	11/1/2005	\$376,160	\$ 26,524	straight line	39 yr	\$ 9,645	\$ 36,169	9 \$ 339,991
² urniture/fixtures	11/1/2005		17,451	straight line	7 yr	6,346	23,797	
Furniture/fixtures	7/1/2006	18,877	7,867	straight line	7 yr	3,776	11,64	3 7,234
Grounds/landscape	11/1/2005	13,550	2,511	straight line	15 yr	903	3,41	_
Grounds/landscape	7/31/2006	10,925	1,456	straight line	15 yr	728	2,18	
Grounds/landscape	5/16/2007	1,590	106	straight line	15 yr	106	212	
	1/10/2001	15,722					•	15,722
		\$468,552	\$468,552 \$ 55.915			\$ 21,504	\$ 77,419	9 \$391,133

I - ACCOUNTING FEES FORM 990PF, PART I

CHARI TABLE PURPOSES		1,489.	
ADJUSTED NET I NCOME	1 1 1 1		NON ======
NET I NVESTMENT I NCOME			1,489.
REVENUE AND EXPENSES PER BOOKS			2,978.
			TOTALS
DESCRIPTION	\$ 1	ERNST & YOUNG LLP	

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FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

IS EXPENSE ACCT AND OTHER IS ALLOWANCES	NONE	JE NONE	IE NONE	IE NONE	IE NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 1.	TRUSTEE 1.	TRUSTEE 1.	TRUSTEE 1.	GRAND TOTALS
NAME AND ADDRESS	HAROLD ATKINS 10 COMMERCIAL WHARF WEST, APT. 402 BOSTON, MA 02110	PAUL ATKINS 4713 ROCK SPRING ROAD ARLINGTON, VA 22207	ETHELMAE HUMPHREYS P O BOX 1404 JOPLIN, MO 64802-1404	SARAH HUMPHREYS ATKINS 4713 ROCK SPRING ROAD ARLINGTON, VA 22207	

FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE

AMOUNT CODE AMOUNT FUNCTION INCOME	16 1,875. 16 75.		1,950.	1,950.	1,950.	1,950.	1,950.	1,950.	1,950.
BUSINESS CODE AI									
DESCRIPTION	OTHER INCOME - RENT WEST IVY PROPERTY OTHER INCOME - RETURN OF PRIOR YEAR DONATION		TOTALS	TOTALS	TOTALS	TOTALS	TOTALS	TOTALS	TOTALS

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Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue Se		► File a separate application for each return.		İ	
		Automatic 3-Month Extension, complete only Part I and check this	s box		▶ [x]
• If you are fi	iling for ai te Part II u	n Additional (Not Automatic) 3-Month Extension, complete only Par nless you have already been granted an automatic 3-month extensio	rt II (on page 2 on on on a previous	of this form). By filed Form	8868.
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies nee	eded).		
		o file Form 990-T and requesting an automatic 6-month extension - o		nd complete	
•	•				▶ 📖
All other corpo		including 1120-C filers), partnerships, REMICs, and trusts must us turns	se Form 7004	to request	an extension of
Electronic Filir one of the ret electronically returns, or a co	n g <i>(e-file).</i> turns not f (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3- ed below (6 months for a corporation required to file Form 990- want the additional (not automatic) 3-month extension or (2) you or consolidated From 990-T Instead, you must submit the fully com- on the electronic filing of this form, visit www irs gov/efile and click or	-T). However, y file Forms 990 npleted and sigi	ou cannot -BL, 6069, ned page 2	file Form 8868 or 8870, group (Part II) of Form
Type or	Name of	Exempt Organization	Em	ployer identi	fication number
print	AT'F	INS FAMILY TRUST FOUNDATION	1 ,	54-64433	44
File by the		street, and room or suite no. If a P.O. box, see instructions			
due date for	PC	BOX 1404			
filing your return See	City, tow	n or post office, state, and ZIP code. For a foreign address, see instructions			
instructions	JOE	LIN, MO 64802-1404			
Check type of	f return t	o be filed (file a separate application for each return)			
Form 990)	Form 990-T (corporation)	Form 47	'20	
Form 990	-BL	Form 990-T (sec 401(a) or 408(a) trust)	Form 52		
Form 990		Form 990-T (trust other than above)	Form 60		
X Form 990	-PF	Form 1041-A	Form 88	370	
 If the organ If this is for for the whole gnames and Elf 1 I reques until for the or X 	nization de a Group, che Ns of all n st an a ganizatio calendar tax year	beginning 08/01, 2008, and ending	and all and all all all all all all all all all al	ttach a list v 990-T) externed above	. If this is with the ension of time. The extension is
					counting period
		is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tendits. See instructions.	native tax, less	any 3a	t 27
		is for Form 990-PF or 990-T, enter any refundable credits and estin	mated tax navm		\$ 27.
		prior year overpayment allowed as a credit		3 b	\$ _ 7.
		tract line 3b from line 3a. Include your payment with this form, or,	ıf required, dei		, , , , , , , , , , , , , , , , , , ,
		or, if required, by using EFTPS (Electronic Federal Tax Payr			
instructio	•	,	- , -	3 c	\$ 20.
		g to make an electronic fund withdrawal with this Form 8868, see Fo	rm 8453-FO an		
for payment in:					·
		perwork Reduction Act Notice, see Instructions.		Form 8	8868 (Rev 4-2009)

Form 88	58 (Rev 4-2009)				Page 2
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this bo	<u> </u>		
	Only complete Part II if you have already been granted an automatic 3-month ex				
	our are filing for an Automatic 3-Month Extension, complete only Part I (on page		u . o	0000	
	Additional (Not Automatic) 3-Month Extension of Time. Only		pies	neede	<u></u>
	Name of Exempt Organization	Employer identi			
Type	ATKINS FAMILY TRUST FOUNDATION	54-64433	ΛΔ		
print	Number street and seem or suite no. If a R.O. hay not instructions	. For IRS use only			
File by t	d D O BOY 1404	, ,			
due dat	6 101	· ,			
return S	See	p.			1
	type of return to be filed (File a separate application for each return)				
	Form 990 X Form 990-PF	Form 1041-A	Г	For	m 6069
\vdash	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720		i	m 8870
H	Form 990-EZ Form 990-T (trust other than above)	Form 5227	<u> </u>		
STOP	Do not complete Part II if you were not already granted an automatic 3-more		ously	filed F	orm 8868.
	books are in the care of ▶ DAVID JONES	·			
	ephone No ► 417 624-6644 FAX No. ►			_	
	e organization does not have an office or place of business in the United States, of	heck this box		_	
	is is for a Group Return, enter the organization's four digit Group Exemption Numb				• • • •
	e whole group, check this box				
	th the names and EINs of all members the extension is for				
	request an additional 3-month extension of time until 06/15/2010				
	or calendar year, or other tax year beginning 08/01/2008	and ending 07/31/	2009		
		-, 		accoun	ting period
	State in detail why you need the extension		•		J .
	DDITIONAL TIME IS NEEDED TO COLLECT ALL THE INFORMATION	N NECESSARY TO			
	ILE A COMPLETE AND ACCURATE RETURN.				
•					
8a	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax, less any	T		
<u>!</u>	nonrefundable credits. See instructions		8 a	\$	27.
b i	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits and estimated			
1	ax payments made include any prior year overpayment allowed as a credit	and any amount paid	•		
j	previously with Form 8868.		8 b	\$	27.
c i	Balance Due. Subtract line 8b from line 8a Include your payment with this form	or, if required, deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ystem). See instructions	8 c	\$	NONE
	Signature and Verification	1			
	penalties of perjury, I declare that I have examined this form, including accompanying schedules ar	d statements, and to the best	of my	knowled	ge and belief,
it is true	e, correct, and complete, and that I am authorized to prepare this form				
	(1) rula Francis				
Signatu	re ▶ Title ▶ PREPAR	ER P00448291 Date	<u>► 0</u>	3/09/	/2010
	ERNST & YOUNG U.S. LLP		Form	8868	(Rev 4-2009)
	190 CARONDELET DIAZA SULTE 1300				

CLAYTON, MO 63105