

CIS12GGFSP

EXTENDED TO MAY 16, 2016

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990 **2014**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable:
☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **DR. ROBERT C. AND VERONICA ATKINS FOUNDATION**

D Employer identification number **26-0012965**

E Telephone number **561-536-5818**

F Name and address of principal officer: **VERONICA ATKINS**
SAME AS C ABOVE

G Gross receipts **808,864.**

H(a) Is this a group return for subsidiaries? ☐ Yes ☒ No

H(b) Are all subsidiaries included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.ATKINSFOUNDATION.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **2001** **M** State of legal domicile: **PA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **SEE SCHEDULE O**

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 VII, line 3) **RECEIVED DATE JAN 31 2017 OGDEN, UT** **3**

4 Number of independent voting members of the governing body **4**

5 Total number of individuals employed in calendar year **0**

6 Total number of volunteers (estimate if necessary) **3**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0.**

7b Net unrelated business taxable income from Form 990-T, line 34 **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0.	0.
9 Program service revenue (Part VII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	787,305.	808,864.
11 Other revenue (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,500.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	799,805.	808,864.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	461,410.	323,615.
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)	0.	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	393,588.	448,787.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	854,998.	772,402.
19 Revenue less expenses. Subtract line 18 from line 12	<55,193.>	36,462.
20 Total assets (Part X, line 16)	Beginning of Current Year 18,863,256.	End of Year 17,239,192.
21 Total liabilities (Part X, line 26)	5,954,437.	5,326,679.
22 Net assets or fund balances. Subtract line 21 from line 20	12,908,819.	11,912,513.

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. My declaration is based on all information of which preparer has any knowledge.

Sign **VERONICA ATKINS, PRESIDENT, TREASURER (AS OF 7/1/15)** **Date** **May 15, 16**

Preparer **CHRISTOPHER M. PEKULA** **CHRISTOPHER M. PEKULA** **05/12/16** **000734965**

Firm's name **RSN US LLP** **Firm's EIN** **42-0714325**

Firm's address **751 ARBOR WAY, SUITE 200** **Phone no.** **215.641.8600**

BLUE BELL, PA 19422

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

432001 12-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)

SCANNED MAR 14 2017