

**Return of Private Foundation**  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

**2001**

Department of the Treasury  
Internal Revenue Service

Note: The organization may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2001, or tax year beginning , 2001, and ending

G Check all that apply:  Initial return  Final return  Amended return  Address change  Name change

Use the IRS label otherwise, print or type See Specific Instructions

Name of organization: **DR ROBERT C ATKINS FOUNDATION INC.**

Room/suite: \_\_\_\_\_

Number and street (or P O box number if mail is not delivered to street address): **150 EAST 55TH STREET**

City or town, state, and ZIP code: **NEW YORK, NY 10022**

A Employer identification number: **13-4089952**

B Telephone number (see page 10 of the instructions): **(631) 738-7370**

H Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

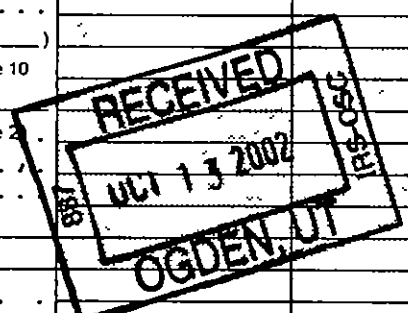
I Fair market value of all assets at end of year (from Part II, col (c), line 16): **1,372,977.**

J Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

E If private foundation status was terminated under section 507(b)(1)(A) check here

F If the foundation is in a 60-month termination under section 507(b)(1)(B) check here

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 10 of the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc. received (attach schedule if the foundation is not required to attach Sch B) <input type="checkbox"/>				
	2 Distributions from split-interest trusts				
	3 Interest on savings and temporary cash investments	36,435	36,435		STMT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b (Net rental income or (loss))				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total Add lines 1 through 11	36,435	36,435			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) STMT 2	19,457	NONE	NONE	NONE
	b Accounting fees (attach schedule) STMT 3	11,186	NONE	NONE	NONE
	c Other professional fees (attach schedule) STMT 4	14,747			
	17 Interest				
	18 Taxes (attach schedule) (see page 14 of the instructions) STMT 5	192			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) STMT 6	340	90		
	24 Total operating and administrative expenses Add lines 13 through 23	45,922	90	NONE	NONE
	25 Contributions, gifts, grants paid	401,614			401,614
26 Total expenses and disbursements. Add lines 24 and 25	447,536	90	NONE	401,614	
27 Subtract line 26 from line 12	-411,101				
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)		36,345			
c Adjusted net income (if negative, enter -0-)					



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	1,787,378.	1,363,677	1,363,677.
	3	Accounts receivable			
		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			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges		9,300.	9,300.
	10 a	Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)				
12	Investments - mortgage loans				
13	Investments - other (attach schedule)				
14	Land, buildings, and equipment basis				
	Less accumulated depreciation (attach schedule)				
15	Other assets (describe)				
16	Total assets (to be completed by all filers - see page 16 of the instructions. Also, see page 1, item I)	1,787,378	1,372,977	1,372,977.	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)				
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Organizations that do not follow SFAS 117, check here and complete lines 27 through 31 <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid in or capital surplus, or land, bldg, and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	1,787,378	1,372,977		
30	Total net assets or fund balances (see page 17 of the instructions)	1,787,378	1,372,977		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,787,378	1,372,977.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,787,378.
2	Enter amount from Part I, line 27a	2	-411,101
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,376,277
5	Decreases not included in line 2 (itemize) <b>SEE STATEMENT 7</b>	5	3,300
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,372,977

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(j) F M V as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) . . . . .	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) 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, line 8	}		3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the organization liable for the section 4942 tax on the distributable amount of any year in the base period? . . .  Yes  No  
If "Yes," the organization does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2000	208,129	950,498	0.21896837237
1999	NONE	82,092.	NONE
1998			
1997			
1996			

2 Total of line 1, column (d) . . . . .	2	0.21896837237
3 Average distribution ratio for the 5-year base period-divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .	3	0.10948418619
4 Enter the net value of noncharitable-use assets for 2001 from Part X, line 5 . . . . .	4	1,557,878
5 Multiply line 4 by line 3 . . . . .	5	170,563.
6 Enter 1% of net investment income (1% of Part I, line 27b) . . . . .	6	363.
7 Add lines 5 and 6 . . . . .	7	170,926
8 Enter qualifying distributions from Part XII, line 4 . . . . .	8	401,614.

If line 8 is equal to or greater than line 7 check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

Table with 11 rows and 2 columns. Row 1: Exempt operating foundations... 363. Row 2: Domestic organizations... 363. Row 3: All other domestic organizations... 363. Row 4: Tax under section 511... NONE. Row 5: Add lines 1 and 2... 363. Row 6: Subtitle A (income) tax... NONE. Row 7: Tax based on investment income... 363. Row 8: Credits/Payments... 400. Row 9: Total credits and payments... 400. Row 10: Tax due... 37. Row 11: Overpayment... 37.

Part VII-A Statements Regarding Activities

Table with 11 rows and 3 columns (Yes, No, and a third column). Row 1a: Did the organization attempt to influence any national, state, or local legislation... X. Row 1b: Did it spend more than \$100 during the year... X. Row 1c: Did the organization file Form 1120-POL for this year... X. Row 2: Has the organization engaged in any activities that have not previously been reported to the IRS... X. Row 3: Has the organization made any changes, not previously reported to the IRS... X. Row 4a: Did the organization have unrelated business gross income of \$1,000 or more during the year... X. Row 4b: If "Yes," has it filed a tax return on Form 990-T for this year... N/A. Row 5: Was there a liquidation, termination, dissolution, or substantial contraction during the year... X. Row 6: Are the requirements of section 508(e) satisfied either... X. Row 7: Did the organization have at least \$5,000 in assets at any time during the year... X. Row 8a: Enter the states to which the foundation reports or with which it is registered... NEW YORK. Row 8b: If the answer is "Yes" to line 7, has the organization furnished a copy of Form 990-PF to the Attorney General... X. Row 9: Is the organization claiming status as a private operating foundation... X. Row 10: Did any persons become substantial contributors during the tax year... X. Row 11: Did the organization comply with the public inspection requirements... X.

Part 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
<b>1 a</b> During the year did the organization (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6) Agree to pay money or property to a government official? (Exception Check "No" if the organization agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 19 of the instructions)? . . . . .		<input checked="" type="checkbox"/>
Organizations relying on a current notice regarding disaster assistance check here . . . . .		<input type="checkbox"/>
<b>c</b> Did the organization engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2001? . . . . .		<input checked="" type="checkbox"/>
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the organization was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
<b>a</b> At the end of tax year 2001, did the organization have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2001? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years ▶ _____		
<b>b</b> Are there any years listed in 2a for which the organization 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) to all years listed, answer "No" and attach statement - see page 19 of the instructions) . . . . .		<input checked="" type="checkbox"/>
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ _____		
<b>3 a</b> Did the organization hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If "Yes," did it have excess business holdings in 2001 as a result of (1) any purchase by the organization or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the 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 organization had excess business holdings in 2001) . . . . .		<input checked="" type="checkbox"/>
<b>4 a</b> Did the organization invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2001? . . . . .		<input checked="" type="checkbox"/>
<b>5 a</b> During the year did the organization pay or incur any amount to		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 20 of the instructions)? . . . . .		<input checked="" type="checkbox"/>
Organizations relying on a current notice regarding disaster assistance check here . . . . .		<input type="checkbox"/>
<b>c</b> If the answer is "Yes" to question 5a(4), does the organization claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . .	N/A <input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," attach the statement required by Regulations section 53.4945-5(d)		
<b>6 a</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<input checked="" type="checkbox"/>
If you answered "Yes" to 6b also file Form 8870		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, foundation managers and their compensation (see page 20 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 and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10		-0-	-0-	-0-

**2** Compensation of five highest-paid employees (other than those included on line 1 - see page 21 of the instructions) If none, enter "NONE"

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 . . . . . NONE

**3** Five highest-paid independent contractors for professional services - (see page 21 of the instructions) If none, enter "NONE"

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . NONE

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see page 21 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NONE</u>	
2	
All other program-related investments See page 22 of the instructions	
3 <u>NONE</u>	
<b>Total</b> Add lines 1 through 3	

**Part X Minimum Investment Return** (All domestic foundations must complete this part Foreign foundations, see page 22 of the instructions)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a Average monthly fair market value of securities	1a	
b Average of monthly cash balances	1b	1,581,602
c Fair market value of all other assets (see page 22 of the instructions)	1c	NONE
d <b>Total</b> (add lines 1a, b, and c)	1d	1,581,602
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2 Acquisition indebtedness applicable to line 1 assets	2	NONE
3 Subtract line 2 from line 1d	3	1,581,602
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 23 of the instructions)	4	23,724
5 <b>Net value of noncharitable-use assets</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,557,878
6 <b>Minimum investment return</b> Enter 5% of line 5	6	77,894

**Part XI Distributable Amount** (see page 23 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part)

1 Minimum investment return from Part X, line 6	1	77,894
2a Tax on investment income for 2001 from Part VI, line 5	2a	363
b Income tax for 2001 (This does not include the tax from Part VI)	2b	
c Add lines 2a and 2b	2c	363
3 <b>Distributable amount before adjustments</b> Subtract line 2c from line 1	3	77,531
4a Recoveries of amounts treated as qualifying distributions	4a	NONE
b Income distributions from section 4947(a)(2) trusts	4b	
c Add lines 4a and 4b	4c	NONE
5 Add lines 3 and 4c	5	77,531
6 Deduction from distributable amount (see page 23 of the instructions)	6	NONE
7 <b>Distributable amount as adjusted</b> Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	77,531

**Part XII Qualifying Distributions** (see page 23 of the instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	401,614
b Program-related investments - Total from Part IX-B	1b	NONE
2 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		
a Suitability test (prior IRS approval required)	3a	NONE
b Cash distribution test (attach the required schedule)	3b	NONE
4 <b>Qualifying distributions</b> Add lines 1a through 3b Enter here and on Part V, line 8 and Part XIII, line 4	4	401,614
5 Organizations 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 24 of the instructions)	5	363
6 <b>Adjusted qualifying distributions</b> Subtract line 5 from line 4	6	401,251

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see page 24 of the instructions)

	(a) Corpus	(b) Years prior to 2000	(c) 2000	(d) 2001
<b>1</b> Distributable amount for 2001 from Part XI, line 7				77,531
<b>2</b> Undistributed income if any as of the end of 2000				
<b>a</b> Enter amount for 2000 only			NONE	
<b>b</b> Total for prior years <u>1999</u>		NONE		
<b>3</b> Excess distributions carryover, if any, to 2001				
<b>a</b> From 1996	NONE			
<b>b</b> From 1997	NONE			
<b>c</b> From 1998	NONE			
<b>d</b> From 1999	NONE			
<b>e</b> From 2000	160,392			
<b>f</b> Total of lines 3a through e	160,392			
<b>4</b> Qualifying distributions for 2001 from Part XII, line 4 <u>401,614</u>				
<b>a</b> Applied to 2000, but not more than line 2a			NONE	
<b>b</b> Applied to undistributed income of prior years (Election required - see page 24 of the instructions)		NONE		
<b>c</b> Treated as distributions out of corpus (Election required - see page 24 of the instructions)	NONE			
<b>d</b> Applied to 2001 distributable amount				77,531
<b>e</b> Remaining amount distributed out of corpus	324,083			
<b>5</b> Excess distributions carryover applied to 2001 (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	484,475			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		NONE		
<b>c</b> Enter the amount of prior years undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
<b>d</b> Subtract line 6c from line 6b Taxable amount - see page 25 of the instructions		NONE		
<b>e</b> Undistributed income for 2000 Subtract line 4a from line 2a Taxable amount - see page 25 of the instructions			NONE	
<b>f</b> Undistributed income for 2001 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2002				NONE
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3) (see page 25 of the instructions)	NONE			
<b>8</b> Excess distributions carryover from 1996 not applied on line 5 or line 7 (see page 25 of the instructions)	NONE			
<b>9</b> Excess distributions carryover to 2002 Subtract lines 7 and 8 from line 6a	484,475			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 1997	NONE			
<b>b</b> Excess from 1998	NONE			
<b>c</b> Excess from 1999	NONE			
<b>d</b> Excess from 2000	160,392			
<b>e</b> Excess from 2001	324,083			



**Part XIV Private Operating Foundations** (see page 25 of the instructions and Part VII-A, question 9) **NOT APPLICABLE**

<b>1 a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2001, enter the date of the ruling . . . . .					
<b>b</b> Check box to indicate whether the organization is a private operating foundation described in section					4942(j)(3) or 4942(j)(5)
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	Tax year	Prior 3 years			
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test - enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - Enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year - see page 26 of the instructions )

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )
- NONE
- 
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
- N/A
- 
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc , Programs.**
- Check here  if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc (see page 26 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d
- a** The name, address, and telephone number of the person to whom applications should be addressed
- SEE STATEMENT 8
- 
- b** The form in which applications should be submitted and information and materials they should include
- NONE
- 
- c** Any submission deadlines
- NONE
- 
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors **MUST BE A 501(C)(3) ORGANIZATION IN FIELDS OF HEALTH AND PHYSIOLOGY**

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p>a <i>Paid during the year</i></p> <p>SEE STATEMENT 9</p>				
<p><b>Total</b> . . . . .</p>			▶ 3a	<b>401,614</b>
<p>b <i>Approved for future payment</i></p>				
<p><b>Total</b> . . . . .</p>			▶ 3b	



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of:		
(1) Cash . . . . .		<b>X</b>
(2) Other assets . . . . .		<b>X</b>
<b>b</b> Other Transactions:		
(1) Sales of assets to a noncharitable exempt organization . . . . .		<b>X</b>
(2) Purchases of assets from a noncharitable exempt organization . . . . .		<b>X</b>
(3) Rental of facilities, equipment, or other assets . . . . .		<b>X</b>
(4) Reimbursement arrangements . . . . .		<b>X</b>
(5) Loans or loan guarantees . . . . .		<b>X</b>
(6) Performance of services or membership or fundraising solicitations . . . . .		<b>X</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .		<b>X</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

including accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. (Signature of preparer has been blurred.)

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

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
-----	-----	-----
INTEREST INCOME	36,435.	36,435.
	-----	-----
TOTAL	36,435.	36,435.
	=====	=====

FORM 990PF, PART I - LEGAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
RUSKIN, MOSCOU, EVANS & FALTISCHEK	19,457.			
TOTALS	19,457.	NONE	NONE	NON

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
DELOITTE & TOUCHE LLP	11,186.			
TOTALS	11,186.	NONE	NONE	NON

FORM 990PF, PART I - OTHER PROFESSIONAL FEES  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----
WILLIAMS, WHITTLE, ROTHSTEIN CONSULTING	2,640.
ABBY BLOCH-SERVICES	10,237.
MWW GROUP-PUBLIC RELATIONS	660.
HERMANN GROUP-HARVARD STUDY	1,210.
TOTALS	----- 14,747. =====



FORM 990PF, PART I - TAXES  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----
IRS TAXES	192.
TOTALS	----- 192. =====

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
NEW YORK STATE FILING FEES	250.	
OTHER MISC	90.	90.
TOTALS	340.	90.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
DELOITTE & TOUCHE OVERPAYMENT	3,300.
	-----
TOTAL	3,300.
	=====

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS  
=====

JOEL SHIFF  
ATKINS NUTRITIONALS, INC  
2002 ORVILLE DRIVE NORTH, SUITE A  
RONKONKOMA, NY 11779

PH: (631)-738-7370

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

SEE ATTACHED

FOR MEDICAL RESEARCH

401,614

501 (C) (3) ORGANIZATIONS

TOTAL CONTRIBUTIONS PAID

401,614

DR. ROBERT C ATKINS FOUNDATION, INC., 12/31/01

EIN 13-4089952

Mailed to

Duke University  
Research Study \$71,158

Dr Eric C Westman, MC, MHS  
Director, Smoky Research Lab (11-C)  
Duke & Durham VA Medical Centers  
508 Fulton Street  
Durham, NC 27705

Ball State University  
Grant \$20,456

Pam Lovis  
Grant Specialist  
Ball State University  
200 University Avenue  
Muncie, IN 47306-0750

Long Island Jewish Medical Center  
Grant \$50,000

Alfie M Truchan  
Assistant Director  
Department of Professional & Public Health Education  
125 Community Drive  
Manhasset, NY 11021

Beth Israel Deaconess Medical Center  
Grant \$260,000

Dr George L Blackburn  
Associate Professor of Surgery & Nutrition  
Harvard Medical School  
Beth Israel Deaconess Medical Center  
1 Autumn Street Kennedy 152  
Boston, MA 02215

F

**DR. ROBERT C ATKINS FOUNDATION, INC.**  
**EIN: 13-4089952**  
**FYE: 12/31/2001**

**12/31/2001**

**PART VIII, INFORMATION ABOUT OFFICERS, DIRECTORS, TRUSTEES, FOUNDATION MANAGERS, AND CONTRACTORS**

**Officers, Directors and Trustees**

Robert C Atkins, M D	Chair	20 Sutton Place South New York, NY 10022
Vernica Atkins	Vice-Chair	20 Sutton Place South New York, NY 10022
Paul Wolff	President	77 Mile Common Easton, CT 06612
Scott W Kabak	Vice-President	25 Hofstra Drive Plainview, NY 11803
Joel Shiff	Treasurer	59 Merrall Drive Lawrence, NY 11559
Janette Payne	Secretary	27 Buttonwood Drive Dix Hills, NY 11746
Paul Puskas	Director	PO Box 901 West Chatam, MA 02669

**ALL OFFICERS LISTED IN THIS STATEMENT SERVE ON A "NEED TO" BASIS AND RECEIVE NO COMPENSATION, CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS, OR EXPENSE ACCOUNTS**

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization <b>DR. ROBERT C. ATKINS FOUNDATION, INC.</b>	Employer identification number <b>13-4089952</b>
	Number, street, and room or suite no. If a PO box, see instructions <b>2002 ORVILLE DRIVE NORTH, SUITE A</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>RONKONKOMA, NY 11779</b>	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- 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 will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2001 or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a 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 \$ 400.00

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 400.00

### Signature and Verification

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 ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_



• 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)

Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: DR ROBERT C ATKINS FOUNDATION INC.
Employer identification number: 13-4089952
Number, street, and room or suite no: 150 EAST 55TH STREET
City, town or post office, state, and ZIP code: NEW YORK, NY 10022

Check type of return to be filed (File a separate application for each return)

Form 990, Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

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

• 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)
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

I request an additional 3-month extension of time until 11/15/2002
For calendar year 2001, or other tax year beginning and ending
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: ADDITIONAL TIME IS REQUIRED TO GATHER INFORMATION IN ORDER TO PREPARE A COMPLETE AND ACCURATE 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 \$
8b 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 \$
8c 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 System) See instructions \$

Signature and Verification

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: [Handwritten Signature] Title: Director Date: 8/05/02

Notice to Applicant - To Be Completed by the IRS

We have approved this application Please attach this form to the organization's return
We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
We cannot consider this application because it was filed after the due date of the return for which an extension was requested
Other

By: Director Date:

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name: DELOITTE & TOUCHE LLP, C/O CATHERINE GALVIN
Number and street (include suite, room, or apt. no) Or a P O box number: 333 LUDLOW STREET, P O. BOX 10098
City or town, province or state, and country (including postal or ZIP code): STAMFORD, CT 06904-2098
EXTENSION APPROVED AUG 27 2002 FIELD DIRECTOR, SUEBEN B. J. JOSEPH OGDEN