

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0052

**2019**

**Open to Public Inspection**

**For calendar year 2019, or tax year beginning 09-01-2019, and ending 08-31-2020**

Name of foundation THE DAVID R AND PATRICIA D ATKINSON FOUNDATION		<b>A Employer identification number</b> 22-3753685	
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 100 OVERLOOK CENTER 2ND FLOOR		<b>B Telephone number</b> (see instructions) (609) 375-2076	
City or town, state or province, country, and ZIP or foreign postal code PRINCETON, NJ 08540		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>110,199,033</u>		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	10,593,000			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	61	61		
	<b>4</b> Dividends and interest from securities	1,976,686	1,976,686		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	12,964,473			
	<b>b</b> Gross sales price for all assets on line 6a	40,928,525			
	<b>7</b> Capital gain net income (from Part IV, line 2)		12,964,473		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)					
<b>12 Total.</b> Add lines 1 through 11	25,534,220	14,941,220			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0	0		0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	4,870	4,870		0
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	50,865	50,865		0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	329,516	329,516		0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	385,251	385,251		0
	<b>25</b> Contributions, gifts, grants paid	3,323,000			3,323,000
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	3,708,251	385,251		3,323,000	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	21,825,969				
<b>b Net investment income</b> (if negative, enter -0-)		14,555,969			
<b>c Adjusted net income</b> (if negative, enter -0-)					

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	4,821,265	7,890,092	7,890,092
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	62,135,059	74,264,206	102,308,941
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	66,956,324	82,154,298	110,199,033	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .			
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .	3,569,538	3,569,538	
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds	63,386,786	78,584,760	
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	66,956,324	82,154,298		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	66,956,324	82,154,298		

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

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	66,956,324
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	21,825,969
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	88,782,293
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	6,627,995
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	82,154,298

**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.)
<b>1 a PUBLICLY TRADED SECURITIES</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b> 40,928,525		27,964,052	12,964,473
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			12,964,473
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	12,964,473
<b>3</b> 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 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 foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see 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))
2018	3,701,314	84,147,626	0.043986
2017	3,062,117	69,157,379	0.044278
2016	2,127,500	56,382,625	0.037733
2015	1,684,500	40,935,402	0.041150
2014	1,741,556	37,004,748	0.047063
<b>2 Total</b> of line 1, column (d)			0.214210
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			0.042842
<b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			97,014,945
<b>5</b> Multiply line 4 by line 3			4,156,314
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)			145,560
<b>7</b> Add lines 5 and 6			4,301,874
<b>8</b> Enter qualifying distributions from Part XII, line 4			3,323,000

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes questions about exempt foundations, tax under section 511, and tax due. Total tax due is 264,498.

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 100 OVERLOOK CENTER 2ND FL PRINCETON NJ ZIP+4 08540

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

<p><b>5a</b> During the year did the foundation pay or incur any amount to:</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> 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</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(5)</b> 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</p> <p><b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> <b>5b</b></p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p><b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i></p> <p><b>6a</b> Did the foundation, 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</p> <p><b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If "Yes" to 6b, file Form 8870.</i></p> <p><b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</b> If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>7b</b></p> <p><b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>Yes</b>	<b>No</b>
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**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 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
DAVID R ATKINSON 100 OVERLOOK CENTER 2ND FL PRINCETON, NJ 08540	TRUSTEE 1.00	0	0	0
PATRICIA D ATKINSON 100 OVERLOOK CENTER 2ND FL PRINCETON, NJ 08540	TRUSTEE 1.00	0	0	0
STEVEN R ATKINSON 100 OVERLOOK CENTER 2ND FL PRINCETON, NJ 08540	TRUSTEE 1.00	0	0	0
PAUL D ATKINSON 100 OVERLOOK CENTER 2ND FL PRINCETON, NJ 08540	TRUSTEE 1.00	0	0	0

**2 Compensation of five highest-paid employees (other than those included on line 1—see 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.  **0**

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

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
TMN ASSOCIATES 100 OVERLOOK CENTER FL 2 PRINCETON, NJ 08540	MANAGEMENT & INVESTING SERVICES	325,000
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**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
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

<b>Part X Minimum Investment Return</b> (All domestic foundations must complete this part. Foreign foundations, see instructions.)		
<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b> 94,892,038
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b> 3,600,292
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b> 0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b> 98,492,330
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b> 0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b> 0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b> 98,492,330
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b> 1,477,385
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b> 97,014,945
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b> 4,850,747

<b>Part XI Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <input type="checkbox"/> and do not complete this part.)		
<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b> 4,850,747
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5. . . . .	<b>2a</b> 291,119
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	<b>2b</b>
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b> 291,119
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b> 4,559,628
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b> 0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b> 4,559,628
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b> 0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b> 4,559,628

<b>Part XII Qualifying Distributions</b> (see instructions)		
<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b> 3,323,000
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b> 0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:	
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b> 3,323,000
<b>5</b>	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 instructions. . . . .	<b>5</b> 0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b> 3,323,000

**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 instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				4,559,628
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			2,768,245	
<b>b</b> Total for prior years: 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> Total of lines 3a through e. . . . .	0			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ <u>3,323,000</u>				
<b>a</b> Applied to 2018, but not more than line 2a			2,768,245	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2019 distributable amount. . . . .				554,755
<b>e</b> Remaining amount distributed out of corpus	0			
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<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	0			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .		0		
<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. . . . .		0		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .				4,004,873
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .	0			
<b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .	0			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2a** 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				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
<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 . . . . .					

**3** Complete 3a, b, or c for the alternative test relied upon:

**a** "Assets" alternative test—enter:

(1) Value of all assets . . . . .

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

**c** "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see 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).) See Additional Data Table

**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.

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**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)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue; 2 Membership dues and assessments; 3 Interest on savings and temporary cash investments; 4 Dividends and interest from securities; 5 Net rental income or (loss) from real estate; 7 Other investment income; 8 Gain or (loss) from sales of assets other than inventory; 12 Subtotal; 13 Total.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d 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 foundation.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge.
Sign Here [Signature] 2021-01-13 [Title]
May the IRS discuss this return with the preparer shown below (see instr.) [x] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name: DAVID J BORTON
Preparer's Signature: [Signature]
Date: [Date]
Check if self-employed: [ ]
PTIN: P01392742
Firm's name: ZWEIG RAMICK & ASSOCIATES
Firm's EIN: 23-1994281
Firm's address: 3466 PROGRESS DR STE 108, BENSALEM, PA 19020
Phone no.: (215) 645-1311

**Form 990PF Part XV Line 1a - 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).**

DAVID R ATKINSON

PATRICIA D ATKINSON

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
ALPHA HOUSE 701 FIFTH AVE NORTH ST PETERSBURG, FL 33701	NONE	501(C)(3)	GENERAL	3,000
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE-FLOOR 17 CHICAGO, IL 60601	NONE	501(C)(3)	GENERAL	25,000
ANCHOR HOUSE 482 CENTRE STREET TRENTON, NJ 08611	NONE	501(C)(3)	GENERAL	15,000
<b>Total . . . . . ▶ 3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
APAWPOBOX 162 PRINCETON JCT, NJ 08550	NONE	501(C)(3)	GENERAL	12,000
BARD PRISON INITIATIVEPOBOX 5000 ANNANDALEONHUDSON, NY 12504	NONE	501(C)(3)	GENERAL	40,000
BOYS AND GIRLS CLUB OF MERCER COUNTY 212 CENTRE STREET TRENTON, NJ 08611	NONE	501(C)(3)	GENERAL	15,000
<b>Total . . . . .</b>				3,323,000

**▶ 3a**



**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
BUCKS COUNTY CHILDREN'S MUSEUM 500 UNION SQUARE DRIVE NEW HOPE, PA 18938	NONE	501(C)(3)	GENERAL	30,000
CANINE PARTNERS FOR LIFEPOBOX 170 COCHRANVILLE, PA 19330	NONE	501(C)(3)	GENERAL	18,000
CAPE MAY CITY VOLUNTEER FIRE DEPT POBOX 375 CAPE MAY, NJ 08204	NONE	501(C)(3)	GENERAL	2,000
<b>Total . . . . . ▶ 3a</b>				3,323,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
<b>a</b> <i>Paid during the year</i>				
CARE151 ELLIS STREET NE ATLANTA, GA 30303	NONE	501(C)(3)	GENERAL	500,000
URBAN PROMISE INTERNATIONAL- CELDI POBOX 156 PENNSAUKEN, NJ 08110	NONE	501(C)(3)	GENERAL	100,000
THE CENTER FOR DISCOVERY POBOX 840 HARRIS, NY 12742	NONE	501(C)(3)	GENERAL	20,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
CENTER FOR INVESTIGATIVE REPORTING 1400 65TH STREET - SUITE 200 EMERVILLE, CA 94608	NONE	501(C)(3)	GENERAL	20,000
CLIMATE CENTRAL ONE PALMER SQUARE - SUITE 330 PRINCETON, NJ 08542	NONE	501(C)(3)	GENERAL	50,000
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH - SUITE 210 STPAUL, MN 55104	NONE	501(C)(3)	GENERAL	125,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
CORNELL UNIVERSITY 1 DAY HALL ITHACA, NY 14850	NONE	501(C)(3)	GENERAL	443,000
DOCTORS WITHOUT BORDERS 40 RECTOR STREET - FLOOR 16 NEW YORK, NY 10006	NONE	501(C)(3)	GENERAL	500,000
DOGS FOR BETTER LIVES 10175 WHEELER ROAD CENTRAL POINT, OR 97502	NONE	501(C)(3)	GENERAL	10,000
<b>Total . . . . .</b>				<b>3,323,000</b>

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
THE WILD FOUNDATION 717 POPLAR AVE BOULDER, CO 80304	NONE	501(C)(3)	GENERAL	50,000
ELIXIR FUNDPOBOX 326 PRINCETON JCT, NJ 08550	NONE	501(C)(3)	GENERAL	20,000
ENVIRONMENTAL DEFENSE FUND 257 PARK AVE SOUTH NEW YORK, NY 10010	NONE	501(C)(3)	GENERAL	175,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
FEEDING AMERICA 35 EAST WACKER DRIVE - SUITE 2000 CHICAGO, IL 60601	NONE	501(C)(3)	GENERAL	250,000
FREE LIBRARY FOUNDATION OF PHILADELPHIA 1901 VINE STREET - SUITE 111 PHILADELPHIA, PA 19103	NONE	501(C)(3)	GENERAL	40,000
FRESH AIR FUND633 THIRD AVENUE NEW YORK, NY 10017	NONE	501(C)(3)	GENERAL	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
FRIENDS OF PRINCETON OPEN SPACE POBOX 374 PRINCETON, NJ 08542	NONE	501(C)(3)	GENERAL	25,000
HABITAT FOR HUMANITY OF BC&GTP 120 JOHN STREET PRINCETON, NJ 08542	NONE	501(C)(3)	GENERAL	20,000
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	NONE	501(C)(3)	GENERAL	20,000
<b>Total . . . . . ▶ 3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
HOMEFRONT1880 PRINCETON AVE LAWRENCEVILLE, NJ 08648	NONE	501(C)(3)	GENERAL	150,000
ISLES10 WOOD STREET TRENTON, NJ 08618	NONE	501(C)(3)	GENERAL	12,000
LAWRENCEVILLE SCHOOL2500 MAIN ST LAWRENCEVILLE, NJ 08648	NONE	501(C)(3)	GENERAL	50,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000



**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
LEARNING ALLY INC 20 ROSZEL ROAD PRINCETON, NJ 08540	NONE	501(C)(3)	GENERAL	9,000
LYMPHOMA RESEARCH FOUNDATION 88 PINE STREET - SUITE 2400 NEW YORK, NY 10005	NONE	501(C)(3)	GENERAL	20,000
MADISON VALLEY HOSPITAL FOUNDATION POBOX 993 ENIS, MT 59729	NONE	501(C)(3)	GENERAL	4,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
MAKE-A-WISH FOUNDATION 5 VALLEY SQUARE - SUITE 210 BLUE BELL, PA 19422	NONE	501(C)(3)	GENERAL	8,000
MCCARTER THEATER 91 UNIVERSITY PLACE PRINCETON, NJ 08540	NONE	501(C)(3)	GENERAL	9,000
MEALS ON WHEELS OF MERCER COUNTY 320 HOLLOWBROOK DRIVE EWING, NJ 08638	NONE	501(C)(3)	GENERAL	25,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
MEMORIAL SLOAN KETTERING CANCER CENTER 885 SECOND AVE - FLOOR 8 NEW YORK, NY 10017	NONE	501(C)(3)	GENERAL	45,000
WILDLIFE CENTER FRIENDSPOBOX 161 TITUSVILLE, NJ 08560	NONE	501(C)(3)	GENERAL	5,000
MIDATLANTIC CENTER FOR THE ARTS (MAC) POBOX 340 CAPE MAY, NJ 08204	NONE	501(C)(3)	GENERAL	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
THE NATURE CONSERVANCY 15 ERIDGE PIKE - SUITE 100 CONSHOHOCKEN, PA 19428	NONE	501(C)(3)	GENERAL	30,000
NEW EGYPT UNITED METHODIST CHURCH TRUSTEES' FUND 38 NORTH MAIN STREET NEW EGYPT, NJ 08533	NONE	501(C)(3)	GENERAL	10,000
NEW HOPE ARTS2 STOCKTON AVE NEW HOPE, PA 18938	NONE	501(C)(3)	GENERAL	9,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
THE FREE LIBRARY OF NEW HOPE AND SOLEBURY 93 WEST FERRY STREET NEW HOPE, PA 18938	NONE	501(C)(3)	GENERAL	5,000
NEW JERSEY AUDUBON SOCIETY 9 HARDSCRABBLE ROAD BERNARDSVILLE, NJ 07924	NONE	501(C)(3)	GENERAL	2,000
THE NEW YORK TIMES NEEDIEST 620 EIGHTH AVENUE NEW YORK, NY 10018	NONE	501(C)(3)	GENERAL	40,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
PRINCETON MEDICAL CENTER FOUNDATION 5 PLAINSBORO ROAD - SUITE 365 PLAINSBORO, NJ 08536	NONE	501(C)(3)	GENERAL	30,000
PROJECT FREEDOM AT HAMILTON 223 HUTCHINSON ROAD ROBBINSVILLE, NJ 08691	NONE	501(C)(3)	GENERAL	5,000
PROPUBLICA 155 AVENUE OF THE AMERICAS - FLOOR 13 NEW YORK, NY 10013	NONE	501(C)(3)	GENERAL	30,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
ROCKY MOUNTAIN INSTITUTE 2490 JUNCTION PLACE - SUITE 200 BOULDER, CO 80302	NONE	501(C)(3)	GENERAL	30,000
THE SALVATION ARMY - NATIONAL DIVISION 615 SLATERS LANE ALEXANDRIA, VA 22314	NONE	501(C)(3)	GENERAL	40,000
SCIENCENTER DISCOVERY MUSEUM 601 FIRST STREET ITHACA, NY 14850	NONE	501(C)(3)	GENERAL	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
THE SEEING EYEPOBOX 375 MORRISTOWN, NJ 07963	NONE	501(C)(3)	GENERAL	12,000
STMARY MEDICAL CENTER FOUNDATION ONE SUMMIT SQUARE - SUITE 300 LANGHORE, PA 19047	NONE	501(C)(3)	GENERAL	30,000
STRIVE 240 EAST 123RD STREET-3RD FLOOR NEW YORK, NY 10035	NONE	501(C)(3)	GENERAL	30,000
<b>Total . . . . .</b> ▶ <b>3a</b>				3,323,000



**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
TRENTON AREA SOUP KITCHEN 72 1/2 ESCHER STREET TRENTON, NJ 08605	NONE	501(C)(3)	GENERAL	25,000
VISITATION HOMEPOBOX 11242 HAMILTON, NJ 08620	NONE	501(C)(3)	GENERAL	12,000
WHYY TV 12150 NORTH SIXTH STREET PHILADELPHIA, PA 19106	NONE	501(C)(3)	GENERAL	50,000
<b>Total . . . . . ▶ 3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<b>a</b> <i>Paid during the year</i>				
YARDLEY-MAKEFIELD EMS 1140 EDGEWOOD ROAD YARDLEY, PA 19067	NONE	501(C)(3)	GENERAL	5,000
YARDLEY-MAKEFIELD FIREPOBOX 221 YARDLEY, PA 19067	NONE	501(C)(3)	GENERAL	3,000
KAKENYA'S DREAM 4250 NORTH FAIRFAX DRIVE ARLINGTON, VA 22203	NONE	501(C)(3)	GENERAL	5,000
<b>Total . . . . . ▶ 3a</b>				3,323,000

**Form 990PF Part XV Line 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)				
<i>a Paid during the year</i>				
AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE 1200 NEW YORK AVENUE NW WASHINGTON, DC 20005	NONE	501(C)(3)	GENERAL	25,000
<b>Total . . . . . ▶ 3a</b>				3,323,000

**TY 2019 Accounting Fees Schedule**

**Name:** THE DAVID R AND PATRICIA D ATKINSON  
FOUNDATION

**EIN:** 22-3753685

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING	4,870	4,870		0

**TY 2019 Investments Corporate Stock Schedule**

**Name:** THE DAVID R AND PATRICIA D ATKINSON  
FOUNDATION

**EIN:** 22-3753685

**Investments Corporation Stock Schedule**

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
PUBLICLY TRADED SECURITIES	74,264,206	102,308,941

**TY 2019 Other Decreases Schedule**

**Name:** THE DAVID R AND PATRICIA D ATKINSON  
FOUNDATION

**EIN:** 22-3753685

Description	Amount
RECLAIMABLE FOREIGN TAX	44,580
BOOK/TAX DIFFERENCE ON SECURITIES RECEIVED	6,583,415

**TY 2019 Other Expenses Schedule**

**Name:** THE DAVID R AND PATRICIA D ATKINSON  
FOUNDATION

**EIN:** 22-3753685

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	185	185		0
ADR & CUSTODY FEES	4,280	4,280		0
BANK FEES	51	51		0
MANAGEMENT FEES	325,000	325,000		0

**TY 2019 Taxes Schedule**

**Name:** THE DAVID R AND PATRICIA D ATKINSON  
FOUNDATION

**EIN:** 22-3753685

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
WITHHELD FOREIGN TAXES	50,865	50,865		0



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2019**

Name of the organization  
THE DAVID R AND PATRICIA D ATKINSON  
FOUNDATION

**Employer identification number**  
22-3753685

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
 THE DAVID R AND PATRICIA D ATKINSON  
 FOUNDATION

Employer identification number  
 22-3753685

**Part I**  
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID R ATKINSON 2111 NORTH CRESCENT BLVD YARDLEY, PA 19067	\$ 1,350,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	PATRICIA D ATKINSON 2111 NORTH CRESCENT BLVD YARDLEY, PA 19067	\$ 150,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
3	DAVID R ATKINSON 2111 NORTH CRESCENT BLVD YARDLEY, PA 19067	\$ 8,183,700	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
4	PATRICIA D ATKINSON 2111 NORTH CRESCENT BLVD YARDLEY, PA 19067	\$ 909,300	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE DAVID R AND PATRICIA D ATKINSON FOUNDATION	<b>Employer identification number</b> 22-3753685
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**Part II Noncash Property**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	90,000 SHS ICF INTERNATIONAL INC	\$ 8,183,700	2020-01-22
4	10,000 SHS ICF INTERNATIONAL INC	\$ 909,300	2020-01-22
-	_____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____
-	_____ _____ _____	\$ _____	_____

Name of organization THE DAVID R AND PATRICIA D ATKINSON FOUNDATION	<b>Employer identification number</b> 22-3753685
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	