

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to salisfy state reporting requirements. Department of the Treasury Internal Revenue Service 2009, and ending For calendar year 2009, or tax year beginning Initial return of a former public charity G Check all that apply Initial return Final return Amended return Address change Name change Name of foundation A Employer identification number Use the IRS 26-6688178 label. THE JANE ELIZABETH COHEN FOUNDATION Otherwise. Room/suite Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number (see page 10 of the instructions) print or type. (301) 365-1530 P.O. BOX 34835 See Specific If exemption application is pending, check here City or town, state, and ZIP code Instructions. 1. Foreign organizations, check here BETHESDA, MD 20827 2. Foreign organizations meeting the 85% test, check here and attach H Check type of organization: | X | Section 501(c)(3) exempt private foundation computation . . . . . . Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation F If private foundation status was terminated J Accounting method X Cash Fair market value of all assets at end under section 507(b)(1)(A), check here . Other (specify) of year (from Part II, col. (c), line If the foundation is in a 60-month termination 7,311. (Part I, column (d) must be on cash basis.) 16) > \$ under section 507(b)(1)(B), check here . > (d) Disbursements Part Analysis of Revenue and Expenses (The (a) Revenue and total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net for charitable expenses per may not necessarily equal the amounts in income income purposes books column (a) (see page 11 of the instructions).) (cash basis only) 16,667 Contributions, gifts, grants, etc., received (attach schedule)

If the foundation is not required to 2 Check ▶ attach Sch. B. . . . . . . . . . Interest on savings and temporary cash investments ٠,٠,٠ Dividends and interest from securities Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain . . . . . . . . . Income modifications RECEIVED Gross sales less returns and allowances · · · b Less Cost of goods sold . 8 c Gross profit or (loss) (attach schedule) Other income (attach schedule) 16,667 Total. Add lines 1 through 11 . OGDEN ก 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . . . . Expenses Pension plans, employee benefits . . 15 ō 0 4,168. 4,168 16a Legal fees (attach schedule) ATCH 1 4,181. 0. σ. 4,181. Accounting fees (attach schedule) [2] Operating and Administrative Other professional fees (attach schedule). . . 18 Taxes (attach schedule) (see page 14 of the instructions) 19 Depreciation (attach schedule) and depletion. 20 80 80. Travel, conferences, and meetings . . . . . 21 22 Printing and publications . . . . . 927. 927 Other expenses (attach schedule) [3]... 23 24 Total operating and administrative expenses. 0 0 9,356. 9,356 Add lines 13 through 23 . . . . . . . . . . . 25 Contributions, gifts, grants paid . . . . . . 9,356 Ô. 9,356. Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: 7,311 a Excess of revenue over expenses and disbursements -0b Net investment income (if negative, enter -0-)

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.  $^{9E1410\,1\,000}\,5AQ1KA\,\,0000\,\,05/04/10\,\,\,\,\,\,4:53:55\,\,$  PM  $\,\,$  V  $\,09-5.1$ 

c Adjusted net income (if negative, enter -0-).

JSA 04571 Form 990-PF (2009)

-0-

E	art I	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	Enc	of year
	,	Dalatice Sheets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	] i	Cash - non-interest-bear	ing		7,311	. 7,311
	2		1 *			
	3	Accounts receivable				
		Less: allowance for dou	btful accounts ▶			
	4	Pledges receivable				•
		Less, allowance for dou				
	5					
i	6		fficers, directors, trustees, and other			
	ľ		ach schedule) (see page 16 of the instructions)			
			receivable (attach schedule)			
	7					
į			btful accounts			<del>                                     </del>
ž	8	Inventories for sale or us				
Assets	9		eferred charges			
⋖	1		e government obligations (attach schedule)			
			stock (attach schedule)			
	11 °	Investments - land, buildings			<del></del> -	
		Less accumulated deprecia (attach schedule)	ation		<u></u>	
	12	Investments - mortgage	loans			
	13	Investments - other (atta	ach schedule)			
	14	Land, buildings, and				
		Less accumulated deprecia	tion			
	15	Other assets (describe	<b>&gt;</b> )			
- 1	16		pleted by all filers - see the			
				0.	7,311	. 7,311
$\dashv$	17					
	18		· •			1
_	19					7
Liabilities	20					╡
						-
Ē.	21		tes payable (attach schedule)			,
_	22	Other liabilities (describe	, ▶)			4
- 1				١		,
4	23		s 17 through 22)	0.		,
			ow SFAS 117, check here ▶ X			
		and complete lines 2	24 through 26 and lines 30 and 31.			•
ဗ္ဗ	24	Unrestricted	not follow SFAS 117, plete lines 27 through 31.  cipal, or current funds land, bldg., and equipment fund lated income, endowment, or other funds I balances (see page 17 of the		7,311	<u>.</u>
티	25	Temporarily restricted .				
Ba	26	Permanently restricted				] ',
힑		Foundations that do	not follow SFAS 117.			
휜		check here and com	plete lines 27 through 31. ▶			,
히	27	Capital stock, trust princ	cipal, or current funds			ľ
2	28	Paid-in or capital surplus, or	land, bldg., and equipment fund			Ī
8	29	Retained earnings accumul	elated income, endowment, or other funds			7
∛	30	Total not assets or fund	I halances (see page 17 of the			=
텕	30	instructions)	balances (see page 17 of the		7,311	.]
اح	31	Tetal liabilities and not	assets/fund balances (see page 17			4
	Ψ.	Total habilities and het	assessitiona balances (see page 1)	0.1	7,311	1
			ungos in Not Assets or Fund B		,,511	<u>'l</u>
_			inges in Net Assets or Fund B			<del></del>
Ī			lances at beginning of year - Part II,			1
	end-	of-year figure reported	I on prior year's return)			2 211
2	Ente	r amount from Part I, I	ine 27a		2	7,311
3	Othe	r increases not include	. d :_ li 0 /di\ .		1 2	
		lines 1, 2, and 3			4	7,311
5	Decr	eases not included in l	line 2 (itemize) ▶		5	
3_	Total	net assets or fund ba	lances at end of year (line 4 minus lin	ne 5) - Part II, column (b)	, line 30 6	7,311

	s and Losses for Tax on Inv		(b) How	(c) Date	<del></del>
• • •	d describe the kind(s) of property sold (	. •	acquired P-Purchase	acquired (mo., day, yr.)	(d) Date sold (mo., day, yr)
2-story b	orick warehouse; or common stock, 200	Shs. MLC Co.)	D-Donation	(110., day, yr.)	
b			ļ <del></del>		
C					
d					
е			I		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_a	<u> </u>				
b					
<u>c</u>			<u> </u>	<del></del> -	
<u>d</u>			<del> </del>	<del></del>	<del></del>
Complete apply for constant	h	- d h. the ferradation on 12/24/60	<del> </del>		<del> </del>
Complete only for assets s		ned by the foundation on 12/31/69		Gains (Col. (h) g (k), but not less	
(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		Losses (from co	
a			ļ		· · · · · · · · · · · · · · · · · · ·
<u>b</u>					<del></del>
<u>c</u>					
<u>d</u>			<del> </del>		
<u>e</u>	c If	gain, also enter in Part I, line 7	<del> </del>		<del></del>
2 Capital gain net income or	(not capital loce)	(loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain	יי ) or (loss) as defined in sections 12	•			······
	line 8, column (c) (see pages 13		1 1		
-	line 8	4	3		
Part V Qualification Ur	nder Section 4940(e) for Redu	uced Tax on Net Investment Inc	ome		
	the section 4942 tax on the distrib	outable amount of any year in the b	ase period	d? 🗀	Yes X No
	not qualify under section 4940(e).		-forol		
1 Enter the appropriate amo		; see page 18 of the instructions be	etore mak	ing any entries.	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution in (col (b) divided by	col (c))
2008	0.	0.			0.000000
2007					
2006			ļ	<del></del>	
2005 2004	· · · · · · · · · · · · · · · · · · ·				
		l		· · · · · · · · · · · · · · · · · · ·	
2 Total of line 1, column (d)			2		0.000000
	for the 5-year base period - divide	the total on line 2 by 5, or by the	<del>-</del> - -		
_	•	s than 5 years	3		0.000000
4 Enter the net value of non	charitable-use assets for 2009 fro	m Part X, line 5	4		2,229.
5 Multiply line 4 by line 3			5		0.
			6		
			7		0.
					0 35C
Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	ns from Part XII, line 4	n Part VI, line 1b, and complete t	8   hat part	using a 1% ta	9,356. x rate See the

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			-		
•	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.		
	here X and enter 1% of Part I, line 27b					
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					
	of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2					
3	Add lines 1 and 2			0.		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.		
5	Tax based on Investment income. Subtract line 4 from line 3. If zero or less, enter -0			0.		
6	Credits/Payments:					
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a					
ь	Exempt foreign organizations-tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.					
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	_		0.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11	Enter the amount of line 10 to be. Credited to 2010 estimated tax ▶ Refunded ▶ 11					
Par	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No_		
	participate or intervene in any political campaign?	1 a		X		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19					
	of the instructions for definition)?	1 b		_X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities.		ŀ			
C	Did the foundation file Form 1120-POL for this year?	1 c		X		
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		_X_		
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X		
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		X		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X		
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or		l			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		,			
	conflict with the state law remain in the governing instrument?	6	X			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV.	7	^			
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) $\triangleright^{MD}$		,			
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV	9		<u> </u>		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10	х			

Х

Form 990-PF (2009)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Compensation of five highest-paid employees (other than those included on line 1 - see page 23 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 .				▶

Part VIII	Information About Officers, Directors, Trustees, Foundation Manand Contractors (continued)	nagers, Highly Paid Emplo		<u>ggo .</u>
3 Five high	est-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NONE."	14
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensat	
NONE				
		į		
Total number	er of others receiving over \$50,000 for professional services		▶ NO	ONE
Part IX-A	Summary of Direct Charitable Activities			
List the found	lation's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the number	_	
	ons and other beneficiaries served, conferences convened, research papers produced, etc		Expenses	
1 N/A				
2				
3				
3				
	<del></del>			
4				
<b>*</b> -				
Down IV D	Commence of December 1 Deleted Investments (100 and 100 and 10	A		
Part IX-B	Summary of Program-Related Investments (see page 23 of the insitivo largest program-related investments made by the foundation during the tax year on lines 1 are		Amount	
	two rangest program-related investments made by the loundation during the tax year on lines i a	10 2.	Alliount	
1 NONE				
2				
	ram-related investments See page 24 of the instructions			
3 NONE				
Total. Add I	nes 1 through 3			_

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundations	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	2,263.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	2,263.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,263.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	34.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,229.
6	Minimum investment return. Enter 5% of line 5	6	111.
Pa	To Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ □ and do not complete this privation is the complete that the private is the complete that the private is the complete that the private is the private in the private in the private is the private in the private in the private is the private in the priv		
1	Minimum investment return from Part X, line 6	1	111.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	111.
4	Recoveries of amounts treated as qualifying distributions	4	
5		5	111.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	111.
	rt XII Qualifying Distributions (see page 25 of the instructions)		
1_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	_	9,356.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9,330.
ь	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	<del></del>
2	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	9,356.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0 256
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	9,356.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating we qualifies for the section 4940(e) reduction of tax in those years	vhether the found	lation

LΡ	art XIII Undistributed Income (see page	26 of the instruction	ns)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				111.
2	Undistributed income, if any, as of the end of 2009			<del></del>	
a	_				
ь	- 07 06 05 1	<del></del>			
3	Excess distributions carryover, if any, to 2009			<del> </del>	<del>                                     </del>
-	r 2004				
b	E 000F				
c	Ero 2006				
d	E 0007				
_	C 2009				
	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII.	<del></del>			<del> </del>
	line 4: ▶ \$ 9,356.				
а	Applied to 2008, but not more than line 2a				ļ
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				111.
	Remaining amount distributed out of corpus	9,245.			
5	Excess distributions carryover applied to 2009				
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	9,245.			
b	Prior years' undistributed income. Subtract				
С	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				
d	Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions				,
е	Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions	·			
_	Undistributed income for 2009 Subtract lines				
T	4d and 5 from line 1. This amount must be distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions)				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	9,245.			ļ
10	Analysis of line 9:				
	Excess from 2005				
b	Excess from 2006				
C	Excess from 2007				
d	Excess from 2008				
	Excess from 2009 9,245.				

Pa	art XIV · Private Oper	rating Foundations	(see page 27 of the	e instructions and Pa	art VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has				rating	
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling	)	. ▶	
b	Check box to indicate wh				n 4942(j	)(3) or 4942(j)(5)
2 ~	Fatos the January of the set	Tax year		Prior 3 years		
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment		<del></del>	<del>                                     </del>	<del> </del>	
	return from Part X for each year listed					
		<del></del>		<del> </del>	<del></del>	<del> </del>
D	85% of line 2a			<del> </del>	+	<del> </del>
С	Qualifying distributions from Part					
_	XII, line 4 for each year listed .		·		ļ	<u> </u>
a	Amounts included in line 2c not used directly for active conduct				j	j
	of exempt activities				<u> </u>	
е	Qualifying distributions made					
	directly for active conduct of				İ	
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the	<del></del>				
_	alternative test relied upon					
а	"Assets" alternative test - enter					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>			<del> </del>	<del> </del>	<del> </del>
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-	<del></del>	<del></del>	<del> </del>	<del> </del>	<del>  </del>
U	enter 2/3 of minimum invest-				}	
	ment return shown in Part X,					
	tine 6 for each year listed				<del> </del>	<del> </del>
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,				1	
	payments on securities					
	loans (section 512(a)(5)), or royalties)			}		
	(2) Support from general				<del> </del>	<del> </del>
	public and 5 or more				1	
	exempt organizations as provided in section 4942					
	(j)(3)(B)(w)		<del></del>	<del> </del>		<del> </del>
	(3) Largest amount of sup- port from an exempt					
	organization			<u> </u>		<del> </del>
	(4) Gross investment income			1		1
Pa					lation had \$5,000	or more in assets
		luring the year - see		istructions.)		
1	Information Regarding					
а	List any managers of					ed by the foundation
	before the close of any	tax year (but only if th	ley have contributed	more (nan \$5,000). (S	see section 507(d)(z) )	
	JANE E. COP	HEN				
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equally	large portion of the
	ownership of a partner					<b>.</b>
	. ,	•		Ţ		
	N/A					
2	Information Regarding	Contribution, Grant	Gift, Loan, Scholars	hip, etc., Programs:		<del></del>
_		•	•	- · · ·	table argenizations o	and door not populat
	Check here ► X if the unsolicited requests for	ne foundation only n	nakes contributions	to preselected char	nable organizations a	no ques not accept
	organizations under oth				s 20 of the manach	Tio, to individuals of
					<del></del>	<del> </del>
а	The name, address, ar	nd telephone number	of the person to who	m applications should t	oe addressed:	
		<del></del>				
b	The form in which appl	ications should be sub	omitted and informati	on and materials they	should include.	
		<del></del>				
C	Any submission deadling	nes <sup>-</sup>				
d	Any restrictions or lin	mitations on awards.	such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other
	factors:			•		

Pai	t XV Supplementary Information (co	ontinued)			·
_3	Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
_	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	<b>-</b>
a	Paid during the year	İ			
_	Tale daming the year		l	i	
			ŀ		
			1		
			}		ı
			İ		
		ļ			
		ļ	Į.		
			ļ		
			1		
			i		
		1	ļ		,
			ļ		
			ļ		
			1		
		j	]		
			1		i
			}		
			ĺ		
			ì		
			[		
				<u> </u>	
	Total	<u> </u>	<u></u>	▶ 3a	
b	Approved for future payment				
			ļ		ļ
			[		
			]		
			1		İ
			j	j	
			ļ		
			]		
			[	1	
			[	1	
			}		
		L		D 2h	<del> </del>

Form 990-PF	(2009)			26-	-6688178	Page <b>12</b>
Part XVI	-A Analysis of Income-Produ	cing Acti	vities			
Enter gross	amounts unless otherwise indicated.		ated business income	Excluded b	y section 512, 513, or 514	(e)
_	n service revenue	(a) Business code	(b)	(c) Exclusion code	(d)	(e) Related or exempt function income (See page 28 of the instructions)
a						
b				<u>                                      </u>		
c	· · · · · · · · · · · · · · · · · · ·					
d				ļ		
е				ļ <u>.</u>		
f						
_	s and contracts from government agencies			<del>-</del>		
	ship dues and assessments		<del></del>	<del></del>		<u> </u>
	on savings and temporary cash investments					
	ds and interest from securities			<del> </del>		
	tal income or (loss) from real estate					
	t-financed property			<del> </del> -		
	if income or (loss) from personal property			<del> </del> -		
	vestment income			<del> </del>		
	loss) from sales of assets other than inventory					
-	ome or (loss) from special events			<del> </del>		<del></del>
	rofit or (loss) from sales of inventory.					
	venue a					
_						
d				ļ		
е						
	l. Add columns (b), (d), and (e)			<u> </u>		
	dd line 12, columns (b), (d), and (e)			• • • • •	<sup>13</sup>	
	heet in line 13 instructions on page 28 t			omnt Burn		<del></del>
	Relationship of Activities  Explain below how each activities					
Line No.	the accomplishment of the fo page 29 of the instructions.)					
					<del> </del>	<del></del>
		<del> </del>				
			<del></del>	<del></del>	<del></del>	
					······································	
		<del></del>				
			NOT APPLICABLE	E		
					<u> </u>	
						<u> </u>
	L					5 000 DE 105-
						Form 990-PF (2009)

Form	990-PF	(2009)				26	6-66881	.78		Pa	ge 13
Pa	rt XVII	Information Exempt Orga		Transfers To and	ransact	ions a	nd Rela	tionships Wit	h Nonc		
1	in sec	ction 501(c) of the C	ode (other than	engage in any of the n section 501(c)(3) orga	nizations) d					Yes	No
а				oncharitable exempt organi							
	(1) Ca	ish					<i></i> .		1a(1)	4	X
	(2) Ot	(2) Other assets									X
b	Other	transactions.							Ì	1 1	
	(1) Sa	les of assets to a noncl	naritable exempt o	organization					1b(1)	<u> </u>	X
				exempt organization						1 1	X
				ets							X
										1	X
				· · · · · · · · · · · · · · · · · · ·						7	X
				fundraising solicitations						1 1	X
_				-						4 1	$\overline{x}$
		-	-	ther assets, or paid employe						<del></del>	
a				Yes," complete the foll							
		-		nces given by the repo	_						
	value	in any transaction or	r sharing arran	gement, show in colum	n (d) the	value of	f the goo	ds, other assets,	or servic	es rec	eived.
(a) L	ine no.	(b) Amount involved	(c) Name of	noncharitable exempt organiza	ition	(d) Descri	ption of trans	sfers, transactions, and	shanng am	angemer	nts
		N/A				N/A					
	1										
-		·						. <u> </u>			
		<del></del>	ļ								
		<del></del>	<u> </u>					<del></del>			
			<del> </del>	<del></del>							
		<del></del>	<del></del>				<del></del> -			<del></del>	
								<del></del>			
		<u></u> -	<u> </u>								
	l										
2a	ls the	foundation directly or	indirectly affilia	ted with, or related to, o	one or mor	re tax-exe	empt organ	izations described	ın		<del></del>
	section	n 501(c) of the Code (oth	er than section 5	501(c)(3)) or in section 527	' <sup>?</sup>		<i></i> .		. ШҮ	es 🔼	No No
b	If "Yes	," complete the following	schedule								
		(a) Name of organization	1	(b) Type of organ	ızatıon			(c) Description of rela	tionship		
								· · · · · · · · · · · · · · · · · · ·			
					<u>-</u>						
<del></del>	Undor e	condition of popular I doubt	are that I have av	amined this return, including	20000000000	no schodul	os and state	ments and to the he	et of my k	nowled	ne and
	belief, i	t is true, correct, and comp	plete Declaration o	of preparer (other than taxpay	er or fiducia	iry) is base	d on all info	rmation of which pre	parer has a	ny knov	wledge
- 1		4	SIS		1	5/10	110	The do	1		
a	<u> </u>	nature of officer of trustee	cuf	<del>-</del>		Date	<del></del>	Title			<del></del>
Sign Here		mature or officer or trustee						<del></del>	er's identif	fvino	
エー				12-	Date		Check if	numbe	r (See Sign	ature or	n
<u>6</u>	ર્ટ ≥ે	Preparer's		H//	-1/	1.	self-emplo	yed ► X page 30	of the inst	ructions)	)
<u>v</u>	Paid epare	signature	1 ~	5-		69		T	95094		
- [1		Firm's name (or yours if	RUSSEI			PLLC		EIN ► 54-13	41318		
	اد	self-employed), address,		ERNDON PARKWAY,	SUITE				. – -		
		and ZIP code	HERNDO	ON, VA		2017	70-4467	Phone no. 703	<u>-478-0</u>		
									Form <b>9</b> 9	30-PF	(2009)

#### 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.

OMB No 1545-0047

2009

Name of the organization Employer identification number THE JANE ELIZABETH COHEN FOUNDATION 26-6688178 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Schedule B (Form 990, 990-EZ, or 990-PF) (2009) For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990, 990-EZ, or 990-PF.

Name	of organization	

THE JANE ELIZABETH COHEN FOUNDATION

Employer identification number 26-6688178

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	JANE E. COHEN PO BOX 34835	\$16,667.	Person X Payroll Noncash (Complete Part II if there is
	BETHESDA, MD 20827	_	a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		   \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )

I	_
l	E
١	Ż
١	Ξ
1	Z
1	
	Ā

ATTACHMENT 1

FEES
ACCOUNTING
-
H
PART
990PF,
FORM

CHARITABLE PURPOSES	4,181.	4,181.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		• 0
REVENUE AND EXPENSES PER BOOKS	4,181.	4,181.
DESCRIPTION	RUSSELL, EVANS & THOMPSON	TOTALS

4:53:55 PM V 09-5.1

ATTACHMENT

OTHER EXPENSES ı PART I FORM 990PF, REVENUE AND

EXPENSES PER BOOKS

FORM 1023 FILING

US TREASURY -DESCRIPTION

크크ュ

POSTAGE P.O BOX RENTAL MISCELLANEOUS EXPENSES

750. 26. 120. 31.

CHARITABLE PURPOSES 750. 26. 120. 31.

927.

TOTALS

927.

ATTACHMENT

m

26-6688178

THE JANE ELIZABETH COHEN FOUNDATION

ATTACHMENT

16,667.

16,667.

SUPPORT PUBLIC DIRECT

04571

ATTACHMENT 5

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

ACCT HER	Ö		Ö	· o	0.
EXPENSE ACCT AND OTHER ALLOWANCES					
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	Ö		Ö	Ó	0.
COMPENSATION	Ċ	Ö	Ö	0. LAW EES . SEE	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE 2.00	ADVISOR TRUSTEE 1.00	ADVISOR TRUSTEE .50	SHEILA RABB WEIDENFELD  P.O. BOX 34835  BETHESDA, MD 20827  SHEILA RABB WEIDENFELD IS THE SPOUSE OF A MEMBER OF THE WEIDENFELD LAW FIRM. THE FIRM PROVIDES LEGAL SERVICES FOR THE FOUNDATION. THE FEES CHARGED ARE REASONABLE AND COMMENSURATE WITH THE SERVICES PROVIDED. S ATTACHMENT 1.	GRAND TOTALS
NAME AND ADDRESS	JANE ELIZABETH COHEN P.O. BOX 34835 BETHESDA, MD 20827	JANET R. MILLER P.O. BOX 34835 BETHESDA, MD 20827	CATHERIN MICK P.O. BOX 34835 BETHESDA, MD 20827	SHEILA RABB WEIDENFELD P.O. BOX 34835 BETHESDA, MD 20827 SHEILA RABB WEIDENFELD IS THE SPOUSE OF FIRM. THE FIRM PROVIDES LEGAL SERVICES CHARGED ARE REASONABLE AND COMMENSURATE ATTACHMENT 1.	

# Form 8868

(Rev. April 2009)

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

OMB No. 1545-1709

Internal Revenue S		► File a separate application for each return.	j		
<ul> <li>If you are f</li> </ul>	iling for a	Automatic 3-Month Extension, complete only Part I and check this box			X
• If you are f	iling for a	Additional (Not Automatic) 3-Month Extension, complete only Part II (on page			
Do not comple	te Part II u	nless you have already been granted an automatic 3-month extension on a prev	iously file	ed Form 8868.	
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed).			
		o file Form 990-T and requesting an automatic 6-month extension - check this b	ox and ∞	mplete	
					· [_]
All other corn	orations (	including 1120-C filers), partnerships, REMICs, and trusts must use Form 70	004 to re	eauest an exten	sion of
time to file inco			, , , , , , , , ,		J. J. J.
one of the ret electronically i returns, or a co 8868. For more	turns note f (1) you omposite e details c	Generally, you can electronically file Form 8868 if you want a 3-month autoed below (6 months for a corporation required to file Form 990-T). However, want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for C	er, you o 990-BL, I signed p harities &	annot file Form 6069, or 8870, page 2 (Part II) o Nonprofits.	9868 group of Form
Type or		Exempt Organization		er identification nu	mber
print		I JANE ELIZABETH COHEN FOUNDATION	26-	6688178	
File by the		street, and room or suite no. If a P.O. box, see instructions			
due date for filing your		). BOX 34835			
return. See instructions.		n or post office, state, and ZIP code. For a foreign address, see instructions.			
		'HESDA, MD 20827	<del></del>		
Form 990		b be filed (file a separate application for each return) Form 990-T (corporation) Form	m 4720		
Form 990-		in the second se	m 5227		
Form 990-			m 6069		
X Form 990-		'	m 8870		
<ul> <li>If the organ</li> <li>If this is for for the whole g names and EIN</li> </ul>	nization do a Group F group, che ss of all m	es not have an office or place of business in the United States, check this box. Return, enter the organization's four digit Group Exemption Number (GEN) ck this box. If it is for part of the group, check this box. an embers the extension will cover.  tomatic 3-month (6 months for a corporation required to file Form 08/15, 2010, to file the exempt organization return for the organization	nd attach m 990-T	a list with the  or extension of	f time
	ganization	's return for:			
, [V]	colooda-	year 2009 or			
		peginning, and ending			
<b>-</b> []	tax year t	, and ending		- <b>'</b> ——   ·	
2 If this tax	year is fo	r less than 12 months, check reason: Initial return Final return	Chang	e in accounting p	period
3a If this app	plication i	s for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any		
nonrefund	dable cred	its. See instructions.		3a \$	0.
b If this app	olication is	for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	ayments		<del>_</del>
		prior year overpayment allowed as a credit.		3ь \$	0.
		ract line 3b from line 3a. Include your payment with this form, or, if required,		199246.4	
with FTD	coupon	or, if required, by using EFTPS (Electronic Federal Tax Payment Syste	m). See		_
instruction				3c \$	0.
Caution. If you	are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-E0	) and For	rm 8879-EO	
or payment ins			<del></del>	<del></del>	
Can Delicanic An	t and Da-	enverk Paduction Act Notice see Instructions		From 8868 (Rev	4_2000

SS. 4/28/10 - Dept of the Treasury, IRS Ctr, Ogden, UT 84201-0012 - 7009 2250 0004 1095 7670