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Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

Treated as a Private Foundation

OMB No 1545-0052

**2009**

Note.

The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning 01-01-2009 , and ending 12-31-2009

G

Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

|                                                                                                                                                                                                                                                  |                                                                                                                        |                                                                                                                                                                                          |                                                                                                                                                                                                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Use the IRS label. Otherwise, print or type. See Specific Instructions.                                                                                                                                                                          | Name of foundation<br>The Cohen Charitable Foundation Inc                                                              |                                                                                                                                                                                          | A Employer identification number<br>58-1817525                                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                  | Number and street (or P O box number if mail is not delivered to street address) Room/suite<br>310 Lighthouse Point NW |                                                                                                                                                                                          | B Telephone number (see page 10 of the instructions)<br>(404) 256-2666                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                  | City or town, state, and ZIP code<br>Sandy Springs, GA 30328                                                           |                                                                                                                                                                                          | C If exemption application is pending, check here <input type="checkbox"/><br>D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |  |
| H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |                                                                                                                        |                                                                                                                                                                                          | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/><br>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                          |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 167,315                                                                                                                                                    |                                                                                                                        | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify)<br>(Part I, column (d) must be on cash basis.) |                                                                                                                                                                                                                                                            |  |

| Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions) )</i> |                                                                                             | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                                                   | 1 Contributions, gifts, grants, etc , received (attach schedule)                            | 54,396                             |                           |                         |                                                             |
|                                                                                                                                                                                           | 2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B   |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 3 Interest on savings and temporary cash investments                                        | 60                                 | 60                        | 60                      |                                                             |
|                                                                                                                                                                                           | 4 Dividends and interest from securities. . . . .                                           | 2,913                              | 2,913                     | 2,913                   |                                                             |
|                                                                                                                                                                                           | 5a Gross rents . . . . .                                                                    |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | b Net rental income or (loss) _____                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 6a Net gain or (loss) from sale of assets not on line 10                                    | 9,831                              |                           |                         |                                                             |
|                                                                                                                                                                                           | b Gross sales price for all assets on line 6a _____ 91,427                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 7 Capital gain net income (from Part IV, line 2) . . .                                      |                                    | 9,831                     |                         |                                                             |
|                                                                                                                                                                                           | 8 Net short-term capital gain . . . . .                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 9 Income modifications . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 10a Gross sales less returns and allowances                                                 |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                                                     | b Less Cost of goods sold . . . . .                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | c Gross profit or (loss) (attach schedule) . . . . .                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 11 Other income (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 12 <b>Total.</b> Add lines 1 through 11 . . . . .                                           | 67,200                             | 12,804                    | 2,973                   |                                                             |
|                                                                                                                                                                                           | 13 Compensation of officers, directors, trustees, etc                                       | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                                           | 14 Other employee salaries and wages . . . . .                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 15 Pension plans, employee benefits . . . . .                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 16a Legal fees (attach schedule) . . . . .                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | b Accounting fees (attach schedule) . . . . .                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | c Other professional fees (attach schedule) . . . . .                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 17 Interest . . . . .                                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 18 Taxes (attach schedule) (see page 14 of the instructions)                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 19 Depreciation (attach schedule) and depletion . . .                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 20 Occupancy . . . . .                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 21 Travel, conferences, and meetings . . . . .                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 22 Printing and publications . . . . .                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 23 Other expenses (attach schedule) . . . . .                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | 24 <b>Total operating and administrative expenses.</b><br>Add lines 13 through 23 . . . . . | 0                                  | 0                         | 0                       | 0                                                           |
|                                                                                                                                                                                           | 25 Contributions, gifts, grants paid . . . . .                                              | 98,736                             |                           |                         | 98,736                                                      |
|                                                                                                                                                                                           | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                             | 98,736                             | 0                         | 0                       | 98,736                                                      |
|                                                                                                                                                                                           | 27 Subtract line 26 from line 12                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                                           | a <b>Excess of revenue over expenses and disbursements</b>                                  | -31,536                            |                           |                         |                                                             |
|                                                                                                                                                                                           | b <b>Net investment income</b> (if negative, enter -0-)                                     |                                    | 12,804                    |                         |                                                             |
|                                                                                                                                                                                           | c <b>Adjusted net income</b> (if negative, enter -0-)                                       |                                    |                           | 2,973                   |                                                             |

| Part II Balance Sheets      |     | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                               | Beginning of year | End of year    |                       |
|-----------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |     |                                                                                                                                                  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .                                                                                                              |                   |                |                       |
|                             | 2   | Savings and temporary cash investments . . . . .                                                                                                 | 48,391            | 43,796         | 43,796                |
|                             | 3   | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                      |                   |                |                       |
|                             | 4   | Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                       |                   |                |                       |
|                             | 5   | Grants receivable . . . . .                                                                                                                      |                   |                |                       |
|                             | 6   | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . . |                   |                |                       |
|                             | 7   | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                       |                   |                |                       |
|                             | 8   | Inventories for sale or use . . . . .                                                                                                            |                   |                |                       |
|                             | 9   | Prepaid expenses and deferred charges . . . . .                                                                                                  |                   |                |                       |
|                             | 10a | Investments—U S and state government obligations (attach schedule)                                                                               |                   |                |                       |
|                             | b   | Investments—corporate stock (attach schedule) . . . . .                                                                                          |                   |                |                       |
|                             | c   | Investments—corporate bonds (attach schedule). . . . .                                                                                           | 100,100           | 50,100         | 50,100                |
|                             | 11  | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                              |                   |                |                       |
|                             | 12  | Investments—mortgage loans . . . . .                                                                                                             |                   |                |                       |
|                             | 13  | Investments—other (attach schedule) . . . . .                                                                                                    |                   |                |                       |
|                             | 14  | Land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                                          |                   |                |                       |
| Liabilities                 | 15  | Other assets (describe ▶ _____)                                                                                                                  | 64,950            | 73,419         | 73,419                |
|                             | 16  | Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)                                                       | 213,441           | 167,315        | 167,315               |
|                             | 17  | Accounts payable and accrued expenses . . . . .                                                                                                  |                   |                |                       |
|                             | 18  | Grants payable . . . . .                                                                                                                         |                   |                |                       |
|                             | 19  | Deferred revenue . . . . .                                                                                                                       |                   |                |                       |
|                             | 20  | Loans from officers, directors, trustees, and other disqualified persons                                                                         |                   |                |                       |
|                             | 21  | Mortgages and other notes payable (attach schedule) . . . . .                                                                                    |                   |                |                       |
| Net Assets or Fund Balances | 22  | Other liabilities (describe ▶ _____)                                                                                                             |                   |                |                       |
|                             | 23  | Total liabilities (add lines 17 through 22) . . . . .                                                                                            | 0                 | 0              |                       |
|                             |     | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.                    |                   |                |                       |
|                             | 24  | Unrestricted . . . . .                                                                                                                           |                   |                |                       |
|                             | 25  | Temporarily restricted . . . . .                                                                                                                 |                   |                |                       |
|                             | 26  | Permanently restricted . . . . .                                                                                                                 |                   |                |                       |
|                             |     | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.                      |                   |                |                       |
|                             | 27  | Capital stock, trust principal, or current funds . . . . .                                                                                       | 0                 | 0              |                       |
|                             | 28  | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                                   | 0                 | 0              |                       |
|                             | 29  | Retained earnings, accumulated income, endowment, or other funds                                                                                 | 213,441           | 167,315        |                       |
|                             | 30  | Total net assets or fund balances (see page 17 of the instructions) . . . . .                                                                    | 213,441           | 167,315        |                       |
|                             | 31  | Total liabilities and net assets/fund balances (see page 17 of the instructions) . . . . .                                                       | 213,441           | 167,315        |                       |

Part III Analysis of Changes in Net Assets or Fund Balances

|   |                                                                                                                                                                    |   |         |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 1 | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . . | 1 | 213,441 |
| 2 | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | -31,536 |
| 3 | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 0       |
| 4 | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 181,905 |
| 5 | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 | 14,590  |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .                                                      | 6 | 167,315 |

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<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo , day, yr ) | (d) Date sold<br>(mo , day, yr ) |
| 1 a                                                                                                                               | State of Israel Bond              | P                                            | 1999-07-01                           | 2009-07-01                       |
| b                                                                                                                                 | 750 sh Chesapeake Energy Corp     | D                                            | 2009-11-09                           | 2009-11-09                       |
| c                                                                                                                                 | 400 sh parker-hannifin corp       | D                                            | 2009-11-09                           | 2009-11-09                       |
| d                                                                                                                                 | Securities Litigation Settlements | P                                            | 2007-01-01                           | 2009-12-31                       |
| e                                                                                                                                 |                                   |                                              |                                      |                                  |

|                       |                                            |                                                 |                                              |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
| a 50,000              |                                            | 50,000                                          | 0                                            |
| b 18,471              |                                            | 14,720                                          | 3,751                                        |
| c 22,423              |                                            | 16,876                                          | 5,547                                        |
| d 533                 |                                            |                                                 | 533                                          |
| e                     |                                            |                                                 |                                              |

|                                                                                             |                                      |                                               |                                                                                              |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (I) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
| a                                                                                           |                                      |                                               | 0                                                                                            |
| b                                                                                           |                                      |                                               | 3,751                                                                                        |
| c                                                                                           |                                      |                                               | 5,547                                                                                        |
| d                                                                                           |                                      |                                               | 533                                                                                          |
| e                                                                                           |                                      |                                               |                                                                                              |

|   |                                                                                                                                                                                                                                     |                                                                                     |   |       |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|-------|
| 2 | Capital gain net income or (net capital loss)                                                                                                                                                                                       | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | 2 | 9,831 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br><br>If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions)<br>If (loss), enter -0- in Part I, line 8 . . . . . |                                                                                     | 3 | 9,298 |

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 page 18 of the instructions before making any entries |                                          |                                              |                                                           |
| (a)<br>Base period years Calendar<br>year (or tax year beginning in)                                                   | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
| 2008                                                                                                                   | 139,132                                  | 219,028                                      | 0 635225                                                  |
| 2007                                                                                                                   | 129,093                                  | 400,892                                      | 0 322014                                                  |
| 2006                                                                                                                   | 61,219                                   | 409,981                                      | 0 149322                                                  |
| 2005                                                                                                                   | 107,839                                  | 220,338                                      | 0 489425                                                  |
| 2004                                                                                                                   | 98,449                                   | 240,786                                      | 0 408865                                                  |

|   |                                                                                                                                                                                    |   |          |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------|
| 2 | Total of line 1, column (d). . . . .                                                                                                                                               | 2 | 2 004851 |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . | 3 | 0 400970 |
| 4 | Enter the net value of noncharitable-use assets for 2009 from Part X, line 5. . . . .                                                                                              | 4 | 104,965  |
| 5 | Multiply line 4 by line 3. . . . .                                                                                                                                                 | 5 | 42,088   |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b). . . . .                                                                                                                | 6 | 128      |
| 7 | Add lines 5 and 6. . . . .                                                                                                                                                         | 7 | 42,216   |
| 8 | Enter qualifying distributions from Part XII, line 4. . . . .                                                                                                                      | 8 | 98,736   |

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

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

|    |  |                                                                                                                                                                      |          |     |     |
|----|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|-----|
| 1a |  | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1                                          |          |     |     |
|    |  | Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)                                                                   |          |     |     |
| b  |  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . . |          | 1   | 128 |
| 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   | 0   |
| 3  |  | Add lines 1 and 2. . . . .                                                                                                                                           |          | 3   | 128 |
| 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- . . . . .                                                                     |          | 5   | 128 |
| 6  |  | Credits/Payments                                                                                                                                                     |          |     |     |
| a  |  | 2009 estimated tax payments and 2008 overpayment credited to 2009                                                                                                    | 6a       | 149 |     |
| b  |  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                        | 6b       |     |     |
| c  |  | Tax paid with application for extension of time to file (Form 8868)                                                                                                  | 6c       |     |     |
| d  |  | Backup withholding erroneously withheld . . . . .                                                                                                                    | 6d       |     |     |
| 7  |  | Total credits and payments Add lines 6a through 6d. . . . .                                                                                                          |          | 7   | 149 |
| 8  |  | Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached                                                     |          | 8   |     |
| 9  |  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .                                                                              |          | 9   |     |
| 10 |  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .                                                                   |          | 10  | 21  |
| 11 |  | Enter the amount of line 10 to be Credited to 2010 estimated tax 21                                                                                                  | Refunded | 11  | 0   |

Part VII-AStatements Regarding Activities

|    |                                                                                                                                                                                                                                                                                                                                             |    |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                              |    | Yes | No |
|    |                                                                                                                                                                                                                                                                                                                                             | 1a |     | No |
| 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)? . . . . .                                                                                                                                                                             |    |     | No |
|    | 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.                                                                                                                                               |    |     |    |
| c  | Did the foundation file Form 1120-POL for this year?. . . . .                                                                                                                                                                                                                                                                               | 1c |     | No |
| d  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation \$ 0 (2) On foundation managers \$ 0                                                                                                                                                                             |    |     |    |
| e  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0                                                                                                                                                                                                   |    |     |    |
| 2  | Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities.                                                                                                                                                                     | 2  |     | No |
| 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  |     | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .                                                                                                                                                                                                                                        | 4a |     | No |
| b  | If "Yes," has it filed a tax return on Form 990-T for this year?. . . . .                                                                                                                                                                                                                                                                   | 4b |     |    |
| 5  | Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T.                                                                                                                                                               | 5  |     | No |
| 6  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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  | Yes |    |
| 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  | Yes |    |
| 8a | Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) GA                                                                                                                                                                                                                        |    |     |    |
| b  | 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 .                                                                                                                               | 8b | Yes |    |
| 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  |     | No |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                                                                                                                                                                                          | 10 |     | No |

Part VII-A

Statements Regarding Activities (continued)

|    |                                                                                                                                                                                                         |    |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions). | 11 |     | No |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?                                                                                   | 12 |     | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address N/A                                                              | 13 | Yes |    |
| 14 | The books are in care of Elliott Cohen Telephone no (404) 256-2666<br>Located at 310 Lighthouse Point NW Sandy Springs GA ZIP+4 30328                                                                   |    |     |    |
| 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.                     |    | 15  | 0  |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | Yes | No |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a                                                                                      | During the year did the foundation (either directly or indirectly)<br>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No<br>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No<br>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No<br>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. Yes No<br>(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). Yes No |    |     |    |
| b                                                                                       | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1b |     |    |
| c                                                                                       | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1c |     | No |
| 2                                                                                       | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| a                                                                                       | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?. If "Yes," list the years 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
| b                                                                                       | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2b |     |    |
| c                                                                                       | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |     |    |
| 3a                                                                                      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
| b                                                                                       | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.).                                                                                                                                                                                                                                                                                                                                                                                                                      | 3b |     |    |
| 4a                                                                                      | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4a |     | No |
| b                                                                                       | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4b |     | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

|    |                                                                                                                                                                                                                                                                                                                                   |                                                                     |    |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|----|
| 5a | During the year did the foundation pay or incur any amount to                                                                                                                                                                                                                                                                     |                                                                     |    |    |
|    | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |    |
|    | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |    |
|    | (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |    |
|    | (4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).                                                                                                                                         | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |    |
|    | (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |    |
| b  | 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. | <input type="checkbox"/>                                            | 5b |    |
| c  | 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?<br><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No            |    |    |
| 6a | 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 |    |    |
| b  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br><i>If "Yes" to 6b, file Form 8870.</i>                                                                                                                                                                              |                                                                     | 6b | No |
| 7a | 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 |    |    |
| b  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                                                                                                           |                                                                     | 7b |    |

Part VIII

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

|                                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).                        |                                                           |                                           |                                                                       |                                       |
| (a) Name and address                                                                                                                           | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| Judith Cohen                                                                                                                                   | Pres/Treas                                                | 0                                         | 0                                                                     | 0                                     |
| 310 Lighthouse Point NW<br>Sandy Springs, GA 30328                                                                                             | 0 00                                                      |                                           |                                                                       |                                       |
| Elliott Cohen                                                                                                                                  | VP/Secretary                                              | 0                                         | 0                                                                     | 0                                     |
| 310 Lighthouse Point NW<br>Sandy Springs, GA 30328                                                                                             | 0 00                                                      |                                           |                                                                       |                                       |
| Jill Cohen                                                                                                                                     | Assistant VP                                              | 0                                         | 0                                                                     | 0                                     |
| 2612 Arlene Way<br>Atlanta, GA 30305                                                                                                           | 0 00                                                      |                                           |                                                                       |                                       |
| Jeffrey Cohen                                                                                                                                  | Assistant VP                                              | 0                                         | 0                                                                     | 0                                     |
| 4941 Gaskin Walk<br>Marietta, GA 30068                                                                                                         | 0 00                                                      |                                           |                                                                       |                                       |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).<br>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)

| 3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE". |                     |                  |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| (a) Name and address of each person paid more than \$50,000                                                                     | (b) Type of service | (c) Compensation |
| NONE                                                                                                                            |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
|                                                                                                                                 |                     |                  |
| Total number of others receiving over \$50,000 for professional services. . . . .                                               |                     | 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| 2                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| 3                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |
| 4                                                                                                                                                                                                                                                      |          |
|                                                                                                                                                                                                                                                        |          |
|                                                                                                                                                                                                                                                        |          |

Part IX-B

Summary of Program-Related Investments (see page 23 of the instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| 1                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| 2                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See page 24 of the instructions.                                          |        |
| 3                                                                                                                |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| Total. Add lines 1 through 3. . . . .                                                                            | 0      |

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

|   |                                                                                                                                  |    |         |
|---|----------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes                       |    |         |
| a | Average monthly fair market value of securities. . . . .                                                                         | 1a | 77,087  |
| b | Average of monthly cash balances. . . . .                                                                                        | 1b | 29,476  |
| c | Fair market value of all other assets (see page 24 of the instructions). . . . .                                                 | 1c | 0       |
| d | Total (add lines 1a, b, and c). . . . .                                                                                          | 1d | 106,563 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .               | 1e | 0       |
| 2 | Acquisition indebtedness applicable to line 1 assets. . . . .                                                                    | 2  | 0       |
| 3 | Subtract line 2 from line 1d. . . . .                                                                                            | 3  | 106,563 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). . . . . | 4  | 1,598   |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4                              | 5  | 104,965 |
| 6 | Minimum investment return. Enter 5% of line 5. . . . .                                                                           | 6  | 5,248   |

Part XI

Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

|    |                                                                                                           |    |       |
|----|-----------------------------------------------------------------------------------------------------------|----|-------|
| 1  | Minimum investment return from Part X, line 6. . . . .                                                    | 1  | 5,248 |
| 2a | Tax on investment income for 2009 from Part VI, line 5. . . . .                                           | 2a | 128   |
| b  | Income tax for 2009 (This does not include the tax from Part VI ). . . . .                                | 2b |       |
| c  | Add lines 2a and 2b. . . . .                                                                              | 2c | 128   |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1. . . . .                             | 3  | 5,120 |
| 4  | Recoveries of amounts treated as qualifying distributions. . . . .                                        | 4  | 0     |
| 5  | Add lines 3 and 4. . . . .                                                                                | 5  | 5,120 |
| 6  | Deduction from distributable amount (see page 25 of the instructions). . . . .                            | 6  | 0     |
| 7  | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . . | 7  | 5,120 |

Part XII

Qualifying Distributions (see page 25 of the instructions)

|                                                                                                                                                                                              |                                                                                                                                                                             |    |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 1                                                                                                                                                                                            | Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes                                                                                   |    |        |
| a                                                                                                                                                                                            | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .                                                                                        | 1a | 98,736 |
| b                                                                                                                                                                                            | Program-related investments—total from Part IX-B. . . . .                                                                                                                   | 1b | 0      |
| 2                                                                                                                                                                                            | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .                                                          | 2  |        |
| 3                                                                                                                                                                                            | Amounts set aside for specific charitable projects that satisfy the                                                                                                         |    |        |
| a                                                                                                                                                                                            | Suitability test (prior IRS approval required). . . . .                                                                                                                     | 3a |        |
| b                                                                                                                                                                                            | Cash distribution test (attach the required schedule). . . . .                                                                                                              | 3b |        |
| 4                                                                                                                                                                                            | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                                   | 4  | 98,736 |
| 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  | 128    |
| 6                                                                                                                                                                                            | Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .                                                                                                     | 6  | 98,608 |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years |                                                                                                                                                                             |    |        |

Part XIII

Undistributed Income (see page 26 of the instructions)

|    |                                                                                                                                                                                   |               |                            |             |             |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
|    |                                                                                                                                                                                   | (a)<br>Corpus | (b)<br>Years prior to 2008 | (c)<br>2008 | (d)<br>2009 |
| 1  | Distributable amount for 2009 from Part XI, line 7                                                                                                                                |               |                            |             | 5,120       |
| 2  | Undistributed income, if any, as of the end of 2008                                                                                                                               |               |                            |             |             |
| a  | Enter amount for 2008 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| b  | Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| 3  | Excess distributions carryover, if any, to 2009                                                                                                                                   |               |                            |             |             |
| a  | From 2004. . . . .                                                                                                                                                                |               |                            |             | 86,596      |
| b  | From 2005. . . . .                                                                                                                                                                |               |                            |             | 97,130      |
| c  | From 2006. . . . .                                                                                                                                                                |               |                            |             | 41,200      |
| d  | From 2007. . . . .                                                                                                                                                                |               |                            |             | 129,093     |
| e  | From 2008. . . . .                                                                                                                                                                |               |                            |             | 128,247     |
| f  | Total of lines 3a through e. . . . .                                                                                                                                              | 482,266       |                            |             |             |
| 4  | Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 98,736                                                                                                               |               |                            |             |             |
| a  | Applied to 2008, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| b  | Applied to undistributed income of prior years (Election required—see page 26 of the instructions)                                                                                |               | 0                          |             |             |
| c  | Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .                                                                                   | 0             |                            |             |             |
| d  | Applied to 2009 distributable amount. . . . .                                                                                                                                     |               |                            |             | 5,120       |
| e  | Remaining amount distributed out of corpus                                                                                                                                        | 93,616        |                            |             |             |
| 5  | Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)                                                 | 0             |                            |             | 0           |
| 6  | Enter the net total of each column as indicated below:                                                                                                                            |               |                            |             |             |
| a  | Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 575,882       |                            |             |             |
| b  | Prior years' undistributed income Subtract line 4b from line 2b. . . . .                                                                                                          |               | 0                          |             |             |
| c  | 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                          |             |             |
| d  | Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .                                                                                                |               | 0                          |             |             |
| e  | Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions . . . . .                                                              |               |                            | 0           |             |
| f  | Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010 . . . . .                                                               |               |                            |             | 0           |
| 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 instructions). . . . .                   | 0             |                            |             |             |
| 8  | Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions). . . . .                                                               | 86,596        |                            |             |             |
| 9  | Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a . . . . .                                                                                             | 489,286       |                            |             |             |
| 10 | Analysis of line 9                                                                                                                                                                |               |                            |             |             |
| a  | Excess from 2005. . . . .                                                                                                                                                         |               |                            |             | 97,130      |
| b  | Excess from 2006. . . . .                                                                                                                                                         |               |                            |             | 41,200      |
| c  | Excess from 2007. . . . .                                                                                                                                                         |               |                            |             | 129,093     |
| d  | Excess from 2008. . . . .                                                                                                                                                         |               |                            |             | 128,247     |
| e  | Excess from 2009. . . . .                                                                                                                                                         |               |                            |             | 93,616      |

Part XIV

Private Operating Foundations (see page 27 of the 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 2009, 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)

☐ 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 | Prior 3 years |          |          | (e) Total |
|    |                                                                                                                                                    | (a) 2009 | (b) 2008      | (c) 2007 | (d) 2006 |           |
|    |                                                                                                                                                    |          |               |          |          |           |
| b  | 85% of line 2a                                                                                                                                     |          |               |          |          |           |
| c  | Qualifying distributions from Part XII, line 4 for each year listed.                                                                               |          |               |          |          |           |
| d  | Amounts included in line 2c not used directly for active conduct of exempt activities.                                                             |          |               |          |          |           |
| e  | 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 organization had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

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. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number of the person to whom applications should be addressed

Elliott or Judith Cohen  
310 Lighthouse Point NW  
Sandy Springs, GA 30328  
(404) 256-2666

b

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

Requests should be submitted in writing to the above address

c

Any submission deadlines

No deadlines at this time

d

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

Must be a 501(c)(3) organization

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)                 |                                                                                                           |                                |                                  |        |
| a Paid during the year<br>See Additional Data Table |                                                                                                           |                                |                                  |        |
| Total . . . . .                                     |                                                                                                           |                                | ▶ 3a                             | 98,736 |
| b Approved for future payment                       |                                                                                                           |                                |                                  |        |
| Total . . . . .                                     |                                                                                                           |                                | ▶ 3b                             | 0      |

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2009)

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

|                                                                                                                                                                                                                                                                                                                                                                                                                     |              |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                        |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                                          |              |            |           |
| <b>(1)</b> Cash. . . . .                                                                                                                                                                                                                                                                                                                                                                                            | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets. . . . .                                                                                                                                                                                                                                                                                                                                                                                    | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                                         |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                          | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                    | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                                                                                                                                                                                | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .                                                                                                                                                                                                                                                                                                                                                                      | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .                                                                                                                                                                                                                                                                                                                                                                        | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                                                                                                                                                                              | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                                  | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received. |              |            |           |

[illegible]

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

| b If "Yes," complete the following schedule |                          |                                 |
|---------------------------------------------|--------------------------|---------------------------------|
| (a) Name of organization                    | (b) Type of organization | (c) Description of relationship |
|                                             |                          |                                 |
|                                             |                          |                                 |
|                                             |                          |                                 |
|                                             |                          |                                 |

|                                                                                                                                                                                                                                                                                                                                     |            |       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------|--|
| 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 or fiduciary) is based on all information of which preparer has any knowledge. |            |       |  |
| *****                                                                                                                                                                                                                                                                                                                               | 2010-08-11 | ***** |  |
| Signature of officer or trustee                                                                                                                                                                                                                                                                                                     | Date       | Title |  |

  

|                                |                                                                             |                                                                                     |                                                            |                                                                                     |
|--------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Paid<br>Preparer's<br>Use Only | Preparer's Signature <span style="float: right;">David A Johnson CPA</span> | Date                                                                                | Check if self-employed <input checked="" type="checkbox"/> | Preparer's identifying number (see <b>Signature</b> on page 30 of the instructions) |
|                                | Firm's name (or yours if self-employed), address, and ZIP code              | Thomas Judy & Tucker P A<br>4505 Falls of Neuse Road Suite 450<br>Raleigh, NC 27609 |                                                            | EIN <span style="float: right;">12-1234567</span>                                   |
|                                |                                                                             |                                                                                     | Phone no (919) 571-7055                                    |                                                                                     |

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

|                                                                    |                                                     |
|--------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>The Cohen Charitable Foundation Inc | <b>Employer identification number</b><br>58-1817525 |
|--------------------------------------------------------------------|-----------------------------------------------------|

Organization type (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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, \$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 33<sup>1</sup>/<sub>3</sub>% 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 II

☐ 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 during the year . . . . . ▶ \$ \_\_\_\_\_

**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 in the heading 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)

|                                                                    |                                                     |
|--------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>The Cohen Charitable Foundation Inc | <b>Employer identification number</b><br>58-1817525 |
|--------------------------------------------------------------------|-----------------------------------------------------|

## Part I Contributors (see Instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                       | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                     |
|------------|-----------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u>   | Elliott and Judith Cohen<br>310 Lighthouse Point NW<br>Sandy Springs, GA 30328<br>_____ | \$ <u>12,531</u>               | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is<br>a noncash contribution ) |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                              | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                  |
|------------|--------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>2</u>   | Elliott and Judith Cohen<br>310 Lighthouse Point NW<br>Sandy Springs, GA 30328 | \$ <u>41,865</u>               | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution ) |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                          |
|------------|-----------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| —          | <hr/> <hr/> <hr/> <hr/>           | \$ <hr/>                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is<br>a noncash contribution ) |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                                                       |
|------------|---------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____      | <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> | \$ _____                       | <div> <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> <div>(Complete Part II if there is a noncash contribution )</div> |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                                                                       |
|------------|---------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____      | <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> | \$ _____                       | <div> <div>Person <input type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> </div> <div>(Complete Part II if there is a noncash contribution )</div> |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution                                                                                                                                              |
|------------|-----------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____      | _____<br>_____<br>_____<br>_____  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II if there is<br>a noncash contribution ) |



|                                                                    |                                                     |
|--------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>The Cohen Charitable Foundation Inc | <b>Employer identification number</b><br>58-1817525 |
|--------------------------------------------------------------------|-----------------------------------------------------|

Part III

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** (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 ) ► \$

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

**Additional Data**

**Software ID:** 09000028  
**Software Version:** 2009.04000  
**EIN:** 58-1817525  
**Name:** The Cohen Charitable Foundation Inc

**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).**

|               |
|---------------|
| Judith Cohen  |
| Elliott Cohen |

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> Paid during the year                                                                                          |                                                                                                           |                                |                                  |        |
| Alzheimer's Association225 N Michigan Avenue FL 17 Chicago,IL 60601                                                    | NONE                                                                                                      | PUBLIC                         | Medical                          | 25     |
| American Cancer Society250 Williams Street Atlanta,GA 30303                                                            | NONE                                                                                                      | PUBLIC                         | Medical                          | 25     |
| Arthritis FoundationPO Box 7669 Atlanta,GA 30357                                                                       | NONE                                                                                                      | PUBLIC                         | Medical                          | 125    |
| Atlanta Botanical Gardens1345 Piedmont Avenue NE Atlanta,GA 30309                                                      | NONE                                                                                                      | PUBLIC                         | Educational                      | 125    |
| Atlanta Union MissionPO Box 1807 Atlanta,GA 30301                                                                      | NONE                                                                                                      | PUBLIC                         | Community Support                | 25     |
| Broadway CaresEquity Fights AIDS 165 West 46th St Ste 1300 New York,NY 10036                                           | NONE                                                                                                      | PUBLIC                         | Community Support                | 150    |
| Camp Ranch Ramah Darom6400 Powers Ferry Road NW Ste 215 Atlanta,GA 30339                                               | NONE                                                                                                      | Public                         | Community Support                | 72     |
| Camp Twin Lakes600 Means Street Ste 110 Atlanta,GA 30318                                                               | NONE                                                                                                      | PUBLIC                         | Educational                      | 50     |
| Congregation Or Hadash6751 Roswell Road Atlanta,GA 30328                                                               | NONE                                                                                                      | PUBLIC                         | Religious                        | 840    |
| Davis Academy8105 Roberts Drive Atlanta,GA 30350                                                                       | NONE                                                                                                      | PUBLIC                         | Educational                      | 100    |
| Emory University201 Dowman Drive Atlanta,GA 30322                                                                      | NONE                                                                                                      | PUBLIC                         | Educational                      | 25,000 |
| Georgia Public Television260 14th Street NW Atlanta,GA 30318                                                           | NONE                                                                                                      | PUBLIC                         | Community Support                | 150    |
| Guide Dogs of the DesertPO Box 1692 Palm Springs,CA 92263                                                              | NONE                                                                                                      | PUBLIC                         | Community Support                | 100    |
| High Museum of Art1280 Peachtree Street NE Atlanta,GA 30309                                                            | NONE                                                                                                      | PUBLIC                         | Cultural Promotion               | 150    |
| Jewish Family & Career Services4549 Chamblee Dunwoody Road Atlanta,GA 30338                                            | NONE                                                                                                      | PUBLIC                         | Community Support                | 12,150 |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                  | 98,736 |

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> Paid during the year                                                                                          |                                                                                                           |                                |                                  |        |
| Jewish Family Services Palm Springs<br>801 E Tahquitz Canyon Way Ste 202<br>Palm Springs, CA 92262                     | NONE                                                                                                      | PUBLIC                         | Community Support                | 1,000  |
| Jewish Federation of Greater Atlanta<br>1440 Spring Street NW<br>Atlanta, GA 30309                                     | NONE                                                                                                      | PUBLIC                         | Community Support                | 35,800 |
| Jewish Federation of Palm Springs<br>69930 Hwy 111 Ste 204<br>Rancho Mirage, CA 92270                                  | NONE                                                                                                      | PUBLIC                         | Community Support                | 7,300  |
| Jewish Healthcare International<br>1440 Spring Street NW<br>Atlanta, GA 30309                                          | NONE                                                                                                      | PUBLIC                         | Community Support                | 50     |
| Juvenile Diabetes Research Foundation<br>120 Wall Street<br>New York, NY 10005                                         | NONE                                                                                                      | PUBLIC                         | Medical                          | 100    |
| Marcus Jewish Community Center of Atlant<br>3159 Royal Drive Ste 330<br>Alpharetta, GA 30022                           | NONE                                                                                                      | PUBLIC                         | Community Support                | 1,770  |
| McCallum Theatre<br>73000 Fred Waring Drive<br>Palm Desert, CA 92260                                                   | NONE                                                                                                      | PUBLIC                         | Cultural Promotion               | 1,000  |
| Mill Springs Academy<br>13660 New Providence Road<br>Alpharetta, GA 30004                                              | NONE                                                                                                      | PUBLIC                         | Educational                      | 500    |
| National Conference on Soviet Jewry<br>2020 K Street NW Ste 7800<br>Washington, DC 20006                               | NONE                                                                                                      | PUBLIC                         | Community Support                | 150    |
| National Council of Jewish Women<br>6303 Roswell Road<br>Atlanta, GA 30328                                             | NONE                                                                                                      | PUBLIC                         | Community Support                | 100    |
| National Multiple Sclerosis Society<br>1117 Perimeter Center W Ste E101<br>Atlanta, GA 30338                           | NONE                                                                                                      | PUBLIC                         | Medical                          | 150    |
| Northwestern University<br>633 Clark Street<br>Evanston, IL 60208                                                      | NONE                                                                                                      | PUBLIC                         | Educational                      | 50     |
| Palm Springs Art Museum<br>101 Museum Drive<br>Palm Springs, CA 92262                                                  | NONE                                                                                                      | PUBLIC                         | Cultural Promotion               | 125    |
| The William Breman Jewish Home<br>3150 Howell Mill Rd NW<br>Atlanta, GA 30327                                          | NONE                                                                                                      | PUBLIC                         | Community Support                | 3,000  |
| US Holocaust Memorial Museum<br>100 Raoul Wallenberg Place SW<br>Washington, DC 20024                                  | NONE                                                                                                      | PUBLIC                         | Community Awareness              | 5,000  |
| <b>Total</b> . . . . .  <b>3a</b> |                                                                                                           |                                |                                  | 98,736 |

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> Paid during the year                                                                                          |                                                                                                           |                                |                                  |        |
| Gilda's Club Desert Cities67-625 east Palm Canyon Drive Ste 7A Cathedral City, CA 92234                                | None                                                                                                      | Public                         | Medical                          | 100    |
| Atlanta Symphony Orchestra1280 Peachtree Street NE Suite 4074 Atlanta, GA 30309                                        | None                                                                                                      | PUBLIC                         | Community Support                | 100    |
| Eisenhower Medical Center39000 Bob Hope Drive Rancho Mirage, CA 92270                                                  | NonE                                                                                                      | PUBLIC                         | Medical                          | 1,000  |
| Michael Rolfe Panceatic Cancer Foundation500 N Michigan Avenue Suite 200 Chicago,IL 60611                              | NonE                                                                                                      | PubLIC                         | Medical                          | 100    |
| The Weber School6751 Roswell Road Atlanta, GA 30328                                                                    | None                                                                                                      | PUBLIC                         | Educational                      | 100    |
| KVCR701 S Mt Vernon Avenue San Bernardino, CA 92410                                                                    | NOne                                                                                                      | PUBLIC                         | Community Support                | 60     |
| Zoo Atlanta800 Cherokee Ave SE Atlanta,GA 30315                                                                        | None                                                                                                      | Public                         | Community Support                | 89     |
| University of Chicago5801 South Ellis Avenue Chicago,IL 60637                                                          | NonE                                                                                                      | PuBLIC                         | Educational                      | 50     |
| desert Community Foundation75105 Merle Drive Palm Desert, CA 92211                                                     | None                                                                                                      | PubLIC                         | Community Awareness              | 100    |
| Actor's Express Theatre Company887 W Marietta St NW J107 Atlanta,GA 30318                                              | NonE                                                                                                      | PUBLIC                         | Community Support                | 50     |
| Mothers Against Drunk Driving (MADD)511 E John Carpenter Freeway Suite 700 Irving, TX 75062                            | None                                                                                                      | PUBLIC                         | Community Support                | 25     |
| Susan G Komen for the Cure5005 LBJ Freeway Suite 250 Dallas, TX 75244                                                  | None                                                                                                      | PUBLIC                         | Medical                          | 100    |
| Leukemia & Lymphoma Society1311 Mamaroneck Avenue Suite 310 White Plains, NY 10605                                     | NonE                                                                                                      | PuBLIC                         | Medical                          | 20     |
| palm springs friends of philharmonic PO Box 12770 Palm Desert, CA 92255                                                | None                                                                                                      | Public                         | Community Support                | 500    |
| American Diabetes Association1701 North Beauregard Steet Alexandria, VA 22311                                          | None                                                                                                      | PubLIC                         | Medical                          | 100    |
| <b>Total . . . . .</b>  <b>3a</b> |                                                                                                           |                                |                                  | 98,736 |

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> Paid during the year                                         |                                                                                                           |                                |                                  |        |
| Center for Israel EducationPO Box 15129<br>Atlanta,GA 30333           | nonE                                                                                                      | PUBlIC                         | educational                      | 1,000  |
| Smithsonian Institution1000 Jefferson Drive SW<br>Washington,DC 20560 | none                                                                                                      | PubLIC                         | Community Support                | 60     |
| <b>Total</b> . . . . . ▶ <b>3a</b>                                    |                                                                                                           |                                |                                  | 98,736 |

**TY 2009 Investments Corporate  
Bonds Schedule**

**Name:** The Cohen Charitable Foundation Inc  
**EIN:** 58-1817525

| Name of Bond          | End of Year Book Value | End of Year Fair Market Value |
|-----------------------|------------------------|-------------------------------|
| State of Israel Bonds | 50,100                 | 50,100                        |

TY 2009 Other Assets Schedule

**Name:** The Cohen Charitable Foundation Inc

**EIN:** 58-1817525

| Description                   | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |
|-------------------------------|-----------------------------------|-----------------------------|------------------------------------|
| Metlife Life Insurance Policy | 64,950                            | 73,419                      | 73,419                             |

TY 2009 Other Decreases Schedule

**Name:** The Cohen Charitable Foundation Inc

**EIN:** 58-1817525

| Description                       | Amount |
|-----------------------------------|--------|
| decrease in CSV of life insurance | 4,321  |
| FMV Adjustment on Sale of Assets  | 10,269 |