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Return of Private Foundation

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

Treated as a Private Foundation

2009

Department of the Treasury
Internal Revenue Service

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 **APR 1, 2009**, and ending **MAR 31, 2010**

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 HANNAH S & SAMUEL A COHN MEMORIAL FOUNDATION		A Employer identification number 23-2500519
	Number and street (or P.O. box number if mail is not delivered to street address) C/O NPIT, 12 EAST BROAD STREET	Room/suite	B Telephone number (570) 455-4731
	City or town, state, and ZIP code HAZLETON, PA 18201		C If exemption application is pending, check here <input type="checkbox"/> D 1 Foreign organizations, check here <input type="checkbox"/> 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 <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"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 6,856,322.		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(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	8,160.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	112,184.	112,184.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	772,500.			
	b Gross sales price for all assets on line 6a	2,413,600.			
	7 Capital gain net income (from Part IV, line 2)		772,500.		
	8 Net short-term capital gain				
	9 Income modifications				
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	-276,457.	-276,457.		STATEMENT 2	
12 Total. Add lines 1 through 11	616,387.	608,227.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	STMT 3	855.	855.	0.
	c Other professional fees	STMT 4	13,418.	13,418.	0.
	17 Interest				
	18 Taxes	STMT 5	1,140.	1,140.	0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	STMT 6	30,723.	29,532.	1,191.
	24 Total operating and administrative expenses. Add lines 13 through 23		46,136.	44,945.	1,191.
	25 Contributions, gifts, grants paid		261,193.		261,193.
26 Total expenses and disbursements. Add lines 24 and 25		307,329.	44,945.	262,384.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		309,058.			
b Net investment income (if negative, enter -0-)			563,282.		
c Adjusted net income (if negative, enter -0-)			N/A		

**HANNAH S & SAMUEL A COHN MEMORIAL
FOUNDATION**

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	1,192,228.	580,760.	580,760.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	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 STMT 8	112.	99,313.	101,326.
	b Investments - corporate stock STMT 9	28,186.	28,186.	21,473.
	c Investments - corporate bonds STMT 10	100,000.	395,405.	341,067.
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 11	3,198,281.	3,724,201.	5,811,696.
	14 Land, buildings, and equipment; basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers)	4,518,807.	4,827,865.	6,856,322.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	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			
Net Assets or Fund Balances	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	1,458,493.	1,458,493.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29 Retained earnings, accumulated income, endowment, or other funds	3,060,314.	3,369,372.	
	30 Total net assets or fund balances	4,518,807.	4,827,865.	
	31 Total liabilities and net assets/fund balances	4,518,807.	4,827,865.	

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	4,518,807.
2 Enter amount from Part I, line 27a	2	309,058.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	4,827,865.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	4,827,865.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b SEE ATTACHED STATEMENT			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e 2,413,600.		1,641,100.	772,500.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			772,500.

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	772,500.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{ }	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	217,350.	5,689,541.	.038202
2007	254,515.	5,688,616.	.044741
2006	222,476.	5,175,797.	.042984
2005	286,612.	4,883,302.	.058692
2004	243,436.	4,865,470.	.050033

2 Total of line 1, column (d)	2	.234652
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	.046930
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	6,052,280.
5 Multiply line 4 by line 3	5	284,034.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	5,633.
7 Add lines 5 and 6	7	289,667.
8 Enter qualifying distributions from Part XII, line 4	8	262,384.

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

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

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)		1	11,266.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		3	11,266.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	11,266.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 1,520.		
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	1,520.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" 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	9,746.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

Part VII-A Statements Regarding Activities

	Yes	No
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?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> PA		
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	X	
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)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

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FOUNDATION

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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 instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>MARTIN COHN</u> Telephone no. ► <u>570-455-4731</u> Located at ► <u>2 EAST BROAD STREET - SIXTH FLOOR, HAZLETON, PA</u> ZIP+4 ► <u>18201</u>			
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 N/A		

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):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception Check "No" if the 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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	N/A	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 X
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 ► _____, _____, _____, _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 instructions.)	N/A	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. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b 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)	N/A	3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a X
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 X

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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))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ 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)?

☐ Yes ☒ 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?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☐

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?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

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.

(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
GERALD L COHN	PRESIDENT			
19955 N.E. 38TH CT	0.00	0.	0.	0.
AVENTURA, FL 33180				
MARTIN D COHN	SECRETARY			
2 EAST BROAD STREET - SIXTH FLOOR	0.00	0.	0.	0.
HAZLETON, PA 18201				

2 Compensation of five highest-paid employees (other than those included on line 1). 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

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3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Total number of others receiving over \$50,000 for professional services	0
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Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1	N/A	
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.

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HANNAH S & SAMUEL A COHN MEMORIAL
FOUNDATION**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	5,257,952.
b	Average of monthly cash balances	1b	886,495.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	6,144,447.
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	6,144,447.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	92,167.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,052,280.
6	Minimum investment return. Enter 5% of line 5	6	302,614.

Part XI Distributable Amount (see 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	302,614.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	11,266.
b	Income tax for 2009 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	11,266.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	291,348.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	291,348.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	291,348.

Part XII Qualifying Distributions (see 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	262,384.
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	262,384.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	262,384.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				291,348.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			12,503.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 262,384.				
a Applied to 2008, but not more than line 2a			12,503.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				249,881.
e Remaining amount distributed out of corpus	0.			
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	0.			
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 instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				41,467.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

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

1 a 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 foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 foundation had \$5,000 or more in assets at any time during the year-see the instructions.)

1 Information Regarding Foundation Managers:

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

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

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 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:

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

c Any submission deadlines:

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

HANNAH S & SAMUEL A COHN MEMORIAL
FOUNDATION**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 <i>Paid during the year</i>				
SEE STATEMENT 12				
Total			▶ 3a	261,193.
b <i>Approved for future payment</i>				
NONE				
Total			▶ 3b	0.

Enter gross amounts unless otherwise indicated.

(See worksheet in line 13 instructions to verify calculations)

923621
02-02-10

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

[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
N/A		

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.

Sign Here	Signature of officer or trustee <u><i>John F. Cohen</i></u>		Date <u>2-17-2011</u>	Title <u>PRESIDENT</u>
	Preparer's signature <u><i>Joyce Kalada</i></u>		Date <u>02/09/11</u>	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (for yours if self-employed), address, and ZIP code <u>KRONICK KALADA BERDY & CO., P.C.</u> <u>190 LATHROP ST.</u> <u>KINGSTON, PA 18704</u>			Preparer's identifying number <u>P00237422</u>
	EIN <u> </u>			Phone no. <u>(570) 283-2727</u>

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	CEMO PROMISSORY NOTE	P	11/12/09	03/09/10
b	GNMA #286333 9% DUE 03/15/20	P	04/15/09	09/06/09
c	24,300 SHS KINDER MORGAN ENERGY PARTNERS	P	11/30/07	09/16/09
d	962.245 SHS KINDER MORGAN MANAGEMENT	P	09/16/09	11/04/09
e	6,000 MACK CALI REALTY	P	04/14/01	08/14/09
f	265,000 NATIONAL PENN MONEY MARKET	P	01/16/09	07/13/09
g	12,500 SHS NATIONAL RETAIL PROPERTIES	P	08/23/00	09/15/09
h	250,000 SHS NORTHERN STATE CD	P	12/30/08	12/30/09
i	2,000 SHS VERIZON	P	10/26/09	10/28/09
j	NET L/T LOSS PER SCHEDULES K-1	P	12/31/08	12/31/09
k	NET SHORT TERM GAIN PER SCHEDULES K-1	P	01/01/09	06/01/09
l	NET SECTION 1231 LOSS PER SCHEDULES K-1	P	12/31/08	12/31/09
m	WILLIAMS LITIGATION SETTLEMENT	P	12/31/08	02/23/10
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 247.		247.	0.
b 7.		7.	0.
c 1,319,254.		654,830.	664,424.
d 48,952.		44,878.	4,074.
e 191,695.		167,540.	24,155.
f 265,000.		265,000.	0.
g 264,979.		189,839.	75,140.
h 250,000.		250,000.	0.
i 59,958.		57,599.	2,359.
j		6,499.	-6,499.
k 11,843.			11,843.
l		4,661.	-4,661.
m 1,665.			1,665.
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			0.
b			0.
c			664,424.
d			4,074.
e			24,155.
f			0.
g			75,140.
h			0.
i			2,359.
j			-6,499.
k			11,843.
l			-4,661.
m			1,665.
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	772,500.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
K-1 DIVIDENDS	46,024.	0.	46,024.
K-1 INTEREST	5,324.	0.	5,324.
NEPA TRUST DIVIDENDS	31,223.	0.	31,223.
NEPA TRUST INTEREST	29,613.	0.	29,613.
TOTAL TO FM 990-PF, PART I, LN 4	112,184.	0.	112,184.

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NET K-1 LOSS	-276,457.	-276,457.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-276,457.	-276,457.	

FORM 990-PF	ACCOUNTING FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	855.	855.		0.
TO FORM 990-PF, PG 1, LN 16B	855.	855.		0.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TRUSTEE FEES	13,418.	13,418.		0.
TO FORM 990-PF, PG 1, LN 16C	13,418.	13,418.		0.

FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAXES	1,140.	1,140.		0.
TO FORM 990-PF, PG 1, LN 18	1,140.	1,140.		0.

FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT EXPENSE	29,532.	29,532.		0.
NON DEDUCTIBLE EXPENSES	1,191.	0.		1,191.
TO FORM 990-PF, PG 1, LN 23	30,723.	29,532.		1,191.

FOOTNOTES	STATEMENT	7
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FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 8

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
GNMA POOL #28633	X		106.	116.
100,000 BROWARD CTY FL		X	99,207.	101,210.
TOTAL U.S. GOVERNMENT OBLIGATIONS			106.	116.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS			99,207.	101,210.
TOTAL TO FORM 990-PF, PART II, LINE 10A			99,313.	101,326.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
1,203 BANK OF AMERICA CORP	28,186.	21,473.
TOTAL TO FORM 990-PF, PART II, LINE 10B	28,186.	21,473.

FORM 990-PF CORPORATE BONDS STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
25,000 SHS ALAVITA	100,000.	1,000.
100,000 AMERICAN EXPRESS CO	100,877.	121,120.
100,000 BANK OF AMERICA DTD 05132009	99,445.	112,454.
100,000 WACHOVIA CORP DTD 06082007	95,083.	106,493.
TOTAL TO FORM 990-PF, PART II, LINE 10C	395,405.	341,067.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
19,200 ENTERPRISE PRODUCT PARTNERS	FMV	84,395.	663,936.
9,753 CEMO PROMISSORY NOTE	FMV	9,753.	9,753.
24,300 KINDER MORGAN MANAGEMENT	FMV	1,096,249.	1,424,466.
8,500 ENBRIDGE ENERGY	FMV	182,407.	429,845.
7,200 EL PASO PIPELINE PARTNERS	FMV	142,650.	200,808.
475,000 COHN LLC	FMV	146,765.	227,063.
20,925 SYMEX TECHNOLOGIES	FMV	80,713.	93,953.
6,200 T C PIPELINES	FMV	30,569.	235,724.
100,000 COHN BROTHERS LP	FMV	95,238.	100,000.
4,925 PLAINS ALL AMERICAN	FMV	149,473.	280,233.
4,030 WILLIAMS PIPELINE	FMV	66,982.	121,908.
2,718 WITEL COMMUNICATIONS	FMV	0.	0.
10,000 CAPITAL PRODUCT PARTNERS	FMV	60,075.	85,000.
6,550 ENERGY TRANSFER PARTNERS	FMV	226,291.	306,933.
200,000 GERALD LLC	FMV	140,505.	160,725.
69,000 GERALD II LLC	FMV	64,349.	66,320.
25,000 FAMILY PARTNERSHIP @KNBT	FMV	25,000.	25,000.
48,510 GERALD L COHN II LP	FMV	43,544.	48,510.
194,000 COHN BROTHERS II LP	FMV	86,857.	194,000.
96,625 GERALD COHN LP	FMV	59,216.	92,500.
1,000 NUSTAR HOLDINGS	FMV	15,170.	29,630.
6,000 SPECTRA ENERGY PARTNERS	FMV	141,010.	182,400.
100,000 RAE COHN FAMILY PARTNERSHIP	FMV	92,123.	100,000.
100,000 141 CHURCH	FMV	99,113.	100,000.
1,000 100 WYOMING	FMV	0.	9,609.
141,000 COHN TRUST @ KNBT	FMV	135,618.	141,000.
133,900 COHN II	FMV	123,701.	133,900.
200,000 JERRYCO	FMV	173,216.	170,200.
178,000 CHOP SUEY	FMV	153,219.	178,280.
12,500 COMMERCIAL NET LEASE REALTY	FMV	0.	0.
24,300 KINDER MORGAN ENERGY PARTNERS	FMV	0.	0.
4,000 TEPPCO	FMV	0.	0.
6,000 MACK CALI	FMV	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,724,201.	5,811,696.

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 12

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
AGUDAS ISRAEL 77 N PINE STREET HAZLETON, PA 18201	NONE PURPOSE UNRESTRICTED	PUBLIC	5,650.
AMERICAN JEWISH COMMITTEE 30 SOUTH STREET SUITE 801 PHILADELPHIA, PA 19102	NONE PURPOSE UNRESTRICTED	PUBLIC	6,000.
AMERICAN FRIENDS OF MAGEN DAVID ADOM 19955 NORTHEAST CT AVENTURA, FL 33180	NONE PURPOSE UNRESTRICTED	PUBLIC	5,000.
AMERICAN RED CROSS (HAITIAN RELIEF) 165 SUSQUEHANNA BLVD WEST HAZLETON, PA 18202	NONE PURPOSE UNRESTRICTED	PUBLIC	2,500.
ANTI DEFAMATION LEAGUE 1 PARK PLACE, 621 NW 53RD ST STE 450 BOCA RATON, FL 33487	NONE PURPOSE UNRESTRICTED	PUBLIC	2,000.
ASSOCIATION OF SMALL FOUNDATIONS 33 WILD BERRY LAND, P.O. BOX 117 UNDERHILL, VT 05489	NONE PURPOSE UNRESTRICTED	PUBLIC	495.
AVENTURA TURNBERRY JEWISH CENTER 20400 NE 30TH AVENUE AVENTURA, FL 33180	NONE PURPOSE UNRESTRICTED	PUBLIC	5,000.
JAMES M BARRACK HEBREW ACADEMY 223 NORTH HIGHLAND AVENUE MERIOD STATION, PA 19066	NONE PURPOSE UNRESTRICTED	PUBLIC	10,000.

HANNAH S & SAMUEL A COHN MEMORIAL FOUND			23-2500519
CANDO FOUNDATION 200 RENAISSANCE CTR, 1 SOUTH CHURCH STREET HAZLETON, PA 18201	NONE PURPOSE UNRESTRICTED	PUBLIC	1,500.
CENTRAL BUCKS FAMILY YMCA 2500 LOWER STATE ROAD DOYLESTOWN, PA 18901	NONE PURPOSE UNRESTRICTED	PUBLIC	3,332.
CHICAGOLAND JEWISH HIGH SCHOOL 1095 LAKE COOK ROAD DEERFIELD, IL 60015	NONE PURPOSE UNRESTRICTED	PUBLIC	5,000.
DJERASSI RESIDENT ARTISTS PROGRAM 2325 BEAR GULCH ROAD WOODSIDE, CA 94062	NONE PURPOSE UNRESTRICTED	PUBLIC	10,000.
EMMANUEL UCC P O BOX 232 NUREMBERG, PA 18421	NONE PURPOSE UNRESTRICTED	PUBLIC	100.
EMPIRE JUSTIC CENTER 1 WEST MAIN ST, STE 200, 119 WASHINGTON AVE ROCHESTER, NY 14614	NONE PURPOSE UNRESTRICTED	PUBLIC	67,200.
GEISINGER HEALTH SYSTEM FOUNDATION MC 40-00 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822	NONE PURPOSE UNRESTRICTED	PUBLIC	2,000.
GILDA'S CLUB OF DELAWARE VALLEY 483 TEMPLE HILL ROAD DOYLESTOWN, PA 18901	NONE PURPOSE UNRESTRICTED	PUBLIC	500.
HAZLETON JEWISH FEDERATION 77 N PINE STREET HAZLETON, PA 18201	NONE PURPOSE UNRESTRICTED	PUBLIC	10,000.
ISRAEL GUIDE DOG CENTER FOR THE BLIND 732 SOUTH SETTLERS CIRCLE WARRINGTON, PA 18976	NONE PURPOSE UNRESTRICTED	PUBLIC	1,000.

HANNAH S & SAMUEL A COHN MEMORIAL FOUND			23-2500519
JEWISH NATIONAL FUND 20803 BISCAYNE BLVD #405 AVENTURA, FL 33180	NONE PURPOSE UNRESTRICTED	PUBLIC	2,000.
JEWISH PUBLICATION SOCIETY 2100 ARCH STREET, 2ND FLOOR PHILADELPHIA, PA 19103	NONE PURPOSE UNRESTRICTED	PUBLIC	1,000.
JEWISH THEOLOGICAL SEMINARY 3080 BROADWAY NE YORK, NY 10027	NONE PURPOSE UNRESTRICTED	PUBLIC	20,000.
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH 200 FIRST STREET SW ROCHESTER, MN 55905	NONE PURPOSE UNRESTRICTED	PUBLIC	10,000.
MERCER MUSEUM 84 SOUTH PINE STREET DOYLESTOWN, PA 18901	NONE PURPOSE UNRESTRICTED	PUBLIC	5,000.
MINI TRAILS COUNCIL P O BOX 20624 LEHIGH VALLEY, PA 18002	NONE PURPOSE UNRESTRICTED	PUBLIC	1,000.
MMI PREPATORY SCHOOL 154 CENTRE STREET FREELAND, PA 18224	NONE PURPOSE UNRESTRICTED	PUBLIC	2,000.
MT SINAI MEDICAL CENTER FOUNDATION 4300 ALTON ROAD MIAMI BEACH, FL 33140	NONE PURPOSE UNRESTRICTED	PUBLIC	10,000.
NATIONAL PARKINSON FOUNDATION 1501 NW 9TH AVENUE BOB HOPE ROAD MIAMI, FL 33136	NONE PURPOSE UNRESTRICTED	PUBLIC	500.
NEW ORLEANS HILLEL 912 BROADWAY NEW ORLEANS, LA 70118	NONE PURPOSE UNRESTRICTED	PUBLIC	5,000.

HANNAH S & SAMUEL A COHN MEMORIAL FOUND

23-2500519

PENN STATE HILLEL 114-117 PASQUERILLA SPIRITUAL CENTER UNIVERSITY PARK, PA 16802	NONE PURPOSE UNRESTRICTED	PUBLIC	10,000.
SALVATION ARMY 356 WEST BROAD STREET P O BOX 189 HAZLETON, PA 18201	NONE PURPOSE UNRESTRICTED	PUBLIC	1,000.
SCHECHTER INSTITUTE OF JEWISH STUDIES BOX #3566, P O BOX 8500 PHILADELPHIA, PA 19178	NONE PURPOSE UNRESTRICTED	PUBLIC	10,180.
SCOPE 15 WEST 36TH STREET, 13TH FLOOR NEW YORK, NY 10018	NONE PURPOSE UNRESTRICTED	PUBLIC	5,000.
THE SCRIPPS RESEARCH INSTITUTE 130 SCRIPPS WAY #B2 JUPITER, FL 33458	NONE PURPOSE UNRESTRICTED	PUBLIC	10,000.
THE BOARD OF TRUSTEES OF THE LELAND STANFORD JR UNIVERSITY 326 GALVEZ STREET STANFORD, CA 94305	NONE PURPOSE UNRESTRICTED	PUBLIC	20,000.
TEMPLE UNIVERSITY 236 SOUTH RIVER STREET WILKES BARRE, PA 18702	NONE PURPOSE UNRESTRICTED	PUBLIC	250.
TEMPLE SHAARAY TEFILA 250 E 79TH STREET NEW YORK, NY 10021	NONE PURPOSE UNRESTRICTED	PUBLIC	5,486.
WVIA 100 WVIA WAY PITTSTON, PA 18640	NONE PURPOSE UNRESTRICTED	PUBLIC	2,000.
WYOMING VALLEY CHILDREN'S ASSOCIATION 1133 WYOMING AVENUE FORTY FORT, PA 18704	NONE PURPOSE UNRESTRICTED	PUBLIC	2,500.

HANNAH S & SAMUEL A COHN MEMORIAL FOUND

23-2500519

YESHIVA & MESIVTA CH'SAN SOFER NONE
1876 50TH STREET BROOKLYN, NY PURPOSE UNRESTRICTED
11204

PUBLIC

1,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

261,193.

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

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization HANNAH S & SAMUEL COHN MEMORIAL FNDN C/O NATIONAL PENN INVESTORS TRUST	Employer identification number 23-2500519
	Number, street, and room or suite no. If a P.O. box, see instructions 12 EAST BROAD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HAZLETON, PA 18201	

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

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

MARTIN COHN

- The books are in the care of ►
- HAZLETON, PA - 18201**

Telephone No ► **570-455-4731**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year _____ or
 ► ☒ tax year beginning **APR 1, 2009**, and ending **MAR 31, 2010**

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$ 1,400.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$ 1,400.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization HANNAH S & SAMUEL COHN MEMORIAL FNDN C/O NATIONAL PENN INVESTORS TRUST	Employer identification number 23-2500519
	Number, street, and room or suite no. If a P.O. box, see instructions 12 EAST BROAD STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HAZLETON, PA 18201	

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

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

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

MARTIN COHN

• The books are in the care of **HAZLETON, PA - 18201**

Telephone No **570-455-4731**

FAX No

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **FEBRUARY 15, 2011**
- 5 For calendar year , or other tax year beginning **APR 1, 2009**, and ending **MAR 31, 2010**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL INFORMATION IS REQUIRED FROM THIRD PARTIES TO PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	1,400.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	1,400.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Ronald Ulatky** Title **CFA** Date **10/15/11**

Form 8868 (Rev. 4-2009)