

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



### Form 990-PF

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

OMB No 1545 0052

2010

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 cale	endar	r year 2010, or t	tax year b	eginning	, 2010	, and ending		
					tial Return of a former p	oublic charity	- Fir	ial return
						· · · ·	e change	
			Anten	ueu return	Address			ımbar
33355				GGG!!D 3 315		'	• • •	Inper
			HY L.	COCHRANE		<u>L</u>		
						) E	B Telephone number (see the	: instructions)
							305-849-3060	
BIG I	PINE	E KEY, FL	33043			l'a	C If exemption application is	pending, check here
						1.3	• • • • • • • • • • • • • • • • • • • •	
			-1	Contrar E	21(2)(2)		• •	
n /r								
	_							
				year J Ac		ash [_] Accrual [		
(11	om Pa							
<u> </u>					I, column (d) must be or	n cash basis.)	under section 507(b)(1)(B	), check here
Part T	: Ai	nalysis of Re	evenue	and	(a) Povenue and	(h) Net investment	t (c) Adjusted net	(d) Dishursements
								for charitable
	co	lumns (b), (c), a	and (d) n	nav not neces	- expenses per books			purposes
	sa	rily equal the ar	moųnįts ir	n column (a)	İ			(cash basis only)
	(56			Intial Return				
	1		-					
ļ		- Ш		•	5.7. You 14 Low 使证明	12. And Condition 12. 15 11 11 11	Call throw all with we a few	" A
	3			temporary	407	405	7   407	The state of the s
	А							
]	•	•		ecurries	19,939.	19,333	79,939.	
			··· /\	,	little to sail by following in the shall be an illed	1 380 285 3 m. 10 35 M. 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	See Strate Control of Charles Strate Other Color	
_	_	or (loss)	<i>_</i>	<del>\</del>				
R	6a	Net gain/(loss) from	sate of ass	ets not on line 10	54,225.	\$3.45 July 18 18 18 18 18 18 18 18 18 18 18 18 18	And Market Street Stree	
νī	D	assets on Ine ball	Pall	10343,311			All Control of the Co	
(from Pa  \$   Part   A    Exp   Cosa (si   1   2   3   4   5 a   b   First   A    Exp   Cosa (si   1   1   1   1   1   1   1   1   1   1	Capital Bally net inco	ome (from F	art IX (ine 2)					
	8	Net-short term	capital o	ain C.	是是具体的主义的。	医医乳腺性缺乏 一次多次	0.	
	9	lncome modific	cations .	THE STATE OF	學學學問題的一起學學	に対してはまままれた。	- Elvin	
	<b>∖10</b> a	Gross sales less)	1500			<b>阿尔里里是</b>		<b>的是我们们的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人</b>
	١.				<b>教育 福州美洲东西</b>	White will will the	理解が使用で変換を大力の一つで、大変	The territory of the second of the second
	/p	odods sold	16 M		THE PROPERTY OF SHIPE	A CHARLES		
	2	Gross-ofotit/(loss)	(att-sch)					
		Other income	attach so	chedule)				· 通道的产品的人员的人们的人
				•			ļ	
	12	Total. Add line	s 1 throu	ah 11	241.156.	134.171	80.346	
							307330.	
ANDREM R. & DOROTHY L. COCHRANE FOUNDATION BIG PINE KEY, FL 33043  H Check type of organization: Section 501(c)(3) evempt private foundation   Section 4947(a)(1) nonexempt charitable trust IX (Dither taxable private foundation								
(6°				•				<del> </del>
Õ.		•		e benents.				<del> </del>
Ď Å				Coo St 1	1 050		<del></del> -	1 050
<b>3</b> M		•	-			14 100	<del></del>	1,300.
<b>€</b> i			tacn sch)	see.st.2	Address change			
ANDREW F. FOUNDATI 30730 W. FOUNDATI 30730 W. FOUNDATI 30730 W. FOUNDATI 30730 W. Foundation of the control of				\ <u></u>		<del>                                     </del>	<del></del>	
	18			See Stm 3	3,588.		2,057.	15.
A CA	19	Depreciation (a	attach					
12 []			etion					Market St. Land St. Company of the
N V							Name change	
ا ﴿ رَ								e the instructions) 60 on is pending, check here meeting the 85% test, check utation status was terminated 1)(A), check here a 60-month termination 1)(B), check here cash basis only)  7. 9. 1,950. 7. 15. 664. 7. 2,629. 213,050.
N X								<del></del>
	23					ł		664
ĭ ĭ∣					* 004.	<u> </u>	<del></del>	004.
_ z	24	Total operating	g and ad	ministrative	20 400	14 100	2 057	2 620
s	05							
					213,050.	See to a state of the state of	17年1年1月1日 李明年4月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	<u> </u>
,	26	Total expense	s and dis	bursements.	222 450	14 100	2 057	215 670
G Check all that apply: Initial return Initial Return of a former public charty Amended return Amended return Initial Return of a former public charty Return Initial	215,015.							
					ALTERNATIVE PROTECTION OF THE	<b>学的学习</b>		<b>图显然是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一</b>
	а	and dishursen	:iiue OVEI nents	rexpenses	7.706			
	h			ative enter (0.)	The California Control	119 973	3 Elle Mar Enter the Live 5	Education Company
1					HERE TO THE TOTAL TOTAL TOTAL			
	С	Adjusted net incom	ne (ii negativ	re, enter -U·)	本語・	[17] [15] [15] [15] [15] [15] [15] [15] [15	8450 10,40J.	TO ME TO THE TOTAL TO THE ACT OF

4,040,687.

5

6

9,722.

Decreases not included in line 2 (itemize)

► See Statement 6

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

<u> Fial</u>	(a) List and describe	LOSSES for Tax on Investmen e the kind(s) of property sold (e g., ro se; or common stock, 200 shares ML	eal estate,	How acquired P — Purchase D — Donation	(d) Date sold (month, day year)	
1:	See Statement 7	<del></del>	<del></del>	D — Donation	<del> </del>	
				<del></del>		<del></del>
	<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a	1					
t	)					
	<u> </u>					
	<del></del>					
					(I) Gains (Col	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i over column (j), if any	) ti	gain minus column (I han -0-) or Losses (fi	om column (h))
a	l					
	)					
	·					
	<u> </u>					<del> </del>
	·				<del></del>	
		<b>–</b>	_	2		54,225.
3			_			
-	ın Part I, line 8			3		-8,653.
Was	the foundation liable for the sec es,' the foundation does not qual	tion 4942 tax on the distributable am	nplete this part.		Yes	X No
	* * * * * * * * * * * * * * * * * * * *			any entries.		<del></del>
	Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	s (co	<b>(d)</b> Distributior lumn (b) divided	ratio by column (c))
	2009	203,919.	3,860,	164.		0.052827
	2008	204,811.				0.054680
	2007	209,679.	3,992,	141.		0.052523
	2006	210,981.				0.054700
	2005	179,886.	3,596,	606.	<del></del>	0.050015
2	Total of line 1, column (d)			2		0.264745
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than 5	al on line 2 by 5, or by the years	3		0.052949
4	Enter the net value of nonchar	table-use assets for 2010 from Part	X, line 5	4	,	4,429,582.
5	Multiply line 4 by line 3			5		234,542.
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		1,200.
7	Add lines 5 and 6			7		235,742.
8	omplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) Fair Market Value as of 12/31/69  apital gain net income or (net capital loss)  telephone of telephone of the section of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  apital gain net income or (net capital loss)  telephone of 12/31/69  telephone of 12/31/69  (k) Excess of column (j), if any  telephone on Part I, line 7  telephone of 12/31/69  telephone on Part I, line 7  telephone on Part I, line 8, column (o)  telephone on Part I, line 8, column (o)  telephone on Part I, line 1, line 27  telephone on Part I, line 12/31/69  telephone on Part I, line 1/60  tele			8_		215,679.
		nan line 7, check the box in Part VI,	line 1b, and complete that pa	rt using a 19	% tax rate See th	пе

	TWIND Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 — see the ins	structi	ons)	<del></del>	ugo ,
	<del>~~~</del>	44770	- 12 4 1.44 .	Fig. 50	ا الراق أن إن أن
	Date of ruling or determination letter: (attach copy of letter if necessary — see instr.)	21222	JESEME JU	trafficial Sum	
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,			2,3	399.
_	check here ► and enter 1% of Part I, line 27b.	446	LE SE		THE PERSON
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
	· · · · · · · · · · · · · · · · · · ·				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-).	ZURZIO 14-7	15-25-4	T.DEM.	0.
3	Add lines 1 and 2			2,3	399.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			2,3	199.
6	Credits/Payments:		1.003	-	74.73
	2010 estimated tax pmts and 2009 overpayment credited to 2010 .   6a   2,152.		1	X 15 1	
	Exempt foreign organizations – tax withheld at source			in the	[3" , " [4]
	Tax paid with application for extension of time to file (Form 8868)				<b>3.</b> 1
	Backup withholding erroneously withheld 6d		2.3		
	Total credits and payments. Add lines 6a through 6d	Mai the personal	<u></u>	2,1	.52 .
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . See Statement 8 > 9	-		2	257.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	,			
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax				
Par	t MIFA Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	15. 27.	3 60	Yes	No
1 6	participate or intervene in any political campaign?		1a		Χ
L	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
	(see the instructions for definition)?		1Ь		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	, J	100		流流
	or distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?	L	1 c		X
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			4.5	
	(1) On the foundation \$\ \\$ \ \\$ \ \ \\$ \ \ \\$	0.		多数	<b>建筑</b>
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  • \$ 0.	P.		<b>对意</b>	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	\$+A.5	2	ا الشونشة (د ا	X
-	If 'Yes,' attach a detailed description of the activities	20	2012	200	<u> </u>
_	, , , , , , , , , , , , , , , , , , ,	4			
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.	453	3	THE PARTY OF	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	r	4a	$\neg \uparrow$	X
	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	r	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If 'Yes,' attach the statement required by General Instruction T	ξ-5 171	E 2 18	1.35	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			12.3	态剂
	By language in the governing instrument, or	12	2		
		1			50 ta
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	X	, 200,000
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
	Enter the states to which the foundation reports or with which it is registered (see the instructions).	壓		A CONTRACTOR OF THE PARTY OF TH	
	PA	-			E. in
H	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	- 監			型幻
_	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	. L	8Ы	X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)	)(5) 🗟	EL E	rie i	£236
•	for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part X	ХХ L	9	]	X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
	and addresses		10		Х
BAA		Forn	n <b>990</b>	-PF (	2010)

BAA

charitable purposes?

the tax year beginning in 2010?

Form 990-PF (2010)

4 b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its

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

Form 990-PF (2010) ANDREW R. & DOROTH	HY L. COCHRANE		25-6	093648 Page <b>6</b>
Part VII By Statements Regarding Activity	ies for Which Forn	1 4720 May Be Req	uired (continued)	
<ul><li>5a During the year did the foundation pay or incu</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>		on (section 4945(e))?	☐ Yes [2	₹ No
(2) Influence the outcome of any specific pub	_			
on, directly or indirectly, any voter registra  (3) Provide a grant to an individual for travel,	ation drive?	•	Yes Yes	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o 4940(d)(2)? (see instri	rganization described uctions)	. Yes [2	【 No
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes	【 No 「A The State of the State
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regard.	qualify under the excep ding disaster assistance 	tions	5b N/A
Organizations relying on a current notice rega	rding disaster assistan	ce check here .	► [	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure responsif 'Yes,' attach the statement required by Region	sibility for the grant?	•	N/A Yes	No
6a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes [	X No
b Did the foundation, during the year, pay premi	iums, directly or indirec	etly, on a personal bene	- L	6b X
7a At any time during the tax year, was the found	dation a party to a proh	ubited tax shelter transa	ction? Yes	X No
b If yes, did the foundation receive any proceed	s or have any net incor	me attributable to the tra	ansaction?	N/A 7b
Part VIII Information About Officers, Dand Contractors	irectors, Trustees,	Foundation Manag	jers, Highly Paid	Employees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
(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	other allowances
See Statement 9				
		0.	0	. 0.
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1- see ir	structions). 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	other allowances
None				
Total number of other employees paid over \$50,000	) , .	· ·		<b>&gt;</b> 0
BAA	TEEA0306L (	07/23/10		Form <b>990-PF</b> (2010)

	093648 Page <b>7</b>				
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)					
3 Five highest-paid independent contractors for professional services (see 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	<b>&gt;</b> 0				
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 THE FOUNDATION HAS NO ESTABLISHED GRANT PROGRAM. IT SUPPORTS CHARITABLE AND RELIGIOUS ORGANIZATIONS WITH AN EMPHASIS ON PROGRAMS IN WESTERN PENNSYLVANIA.	<u>-</u>				
WESTERN FERNSTEVANIA.	-				
3	-				
4	_				
	_				
Rank X:B Summary of Program-Related Investments (see instructions)					
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount				
1 <u>N/A</u>	-				
2					
All other program-related investments See instructions.	<del></del>				
3	_				
Total. Add lines 1 through 3	0.				

Page 7

Form **990-PF** (2010)

BAA

Form 990-PF (2010) ANDREW R. & DOROTHY L. COCHRANE

Rank Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

	see instructions.)		
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	4,274,729.
	Average of monthly cash balances	1 b	222,309.
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	4,497,038.
е	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	4,497,038.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	67,456.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,429,582.
6	Minimum investment return. Enter 5% of line 5	6	221,479.
Ran	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ating f	oundations
	and certain foreign organizations check here ► and do not complete this pa	rt.)	
1	Minimum investment return from Part X, line 6	1	221,479.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010. (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2 c	2,399.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	219,080.
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4.	5	219,080.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	219,080.
Par	Qualifying Distributions (see instructions)	_	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes:  Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	215,679.
	Program-related investments — total from Part IX-B	1 b	210,013.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	<del></del>
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	215,679.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.  Enter 1% of Part I, line 27b (see instructions)	5	
	Adjusted qualifying distributions. Subtract line 5 from line 4	6	215,679.
•	· · · · · · · · · · · · · · · · · · ·		
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.	the for	undation

Page 9

#### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7		en se		219,080.
2 Undistributed income, if any, as of the end of 2010:	1 to		-5,51	
a Enter amount for 2009 only .			0.	
<b>b</b> Total for prior years: 20, 20, 20	131 6 13 1	0.	3 <del>4</del> , # ~	
3 Excess distributions carryover, if any, to 2010:	Ball to the		· 传传 · · · · · · ·	
a From 2005 6, 001.				
<b>b</b> From 2006 27, 753.		a single	·	
c From 2007 . 19, 100.				
<b>d</b> From 2008 18, 985.	1.1.1.		· , ,	
<b>e</b> From 2009 12, 427.	المسائد المسائد			
f Total of lines 3a through e	84,266.			
4 Qualifying distributions for 2010 from Part			· · · · · · · · · · · · · · · · · · ·	
XII, line 4: ► \$ 215,679.		,		11
a Applied to 2009, but not more than line 2a			0.	1
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>	The state of the state of	0.	1	F. A. T. W. B.
c Treated as distributions out of corpus			1	
(Election required - see instructions)	0.		1	215 670
d Applied to 2010 distributable amount		-1 +3 5 1 105 2 + 3 5	·	215,679.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the	3,401.	the second of th		3,401.
same amount must be shown in column (a) )				
				4.
6 Enter the net total of each column as		14 mm		
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	80,865.		1 3 Co 16 3 St 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1. 1/2 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	4 A A A A A A A A A A A A A A A A A A A
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-	Section of the second		. 1	
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	The state of the s		在一个一个	福江 1 江海江
d Subtract line 6c from line 6b. Taxable amount — see instructions.		0.	٢٠٠٥ و و المستقدم المراقب المر المراقب المراقب	
		3. "我感觉"。		وه محمد و المعادلة ا
e Undistributed income for 2009. Subtract line 4a from line 2a Taxable amount — see instructions	医透瞳术 计平台		0.	The state of
	TAN TON 10 15 15 15		Her has been seen as the seen as the	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be			Mark Called San Street Control	
distributed in 2011	Production of the state of the	F 11. 25.		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.		The State of the	
8 Excess distributions carryover from 2005 not		高文·2011年11日 (1985年)	A STATE OF THE STA	
applied on line 5 or line 7 (see instructions)	2,600.	的。 11.11.11 11.11.11.11.11.11.11.11.11.11.1	The think of the same	
9 Excess distributions carryover to 2011.	70.005			機能設計等
Subtract lines 7 and 8 from line 6a	78,265.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	In the All the second	* * * * * * * * * * * * * * * * * * * *
10 Analysis of line 9:		[] " [] " [] [] [] [] [] [] [] [] [] [] [] [] []		· 大多数
a Excess from 2006 27, 753.				
b Excess from 2007 19,100.		[[] 据《李操》:19		THE STATE OF THE S
c Excess from 2008 18,985.		Provided the second	た。は、trig 勝 2 ~ ( ) ・ 。 か 1 。 なる ( ) 上記 ( ) かか ( ) ・ 1	
d Excess from 2009 12, 427.	ENGINEE CARLON	という。「大学教」をは		
e Excess from 2010	]用物配的"特别。" "约199	いい、プログラの発力を行ったより	19 可以對於意識疾漢學情報	TEMPERATURE TO A MARCH

Form 990-PF (2010) ANDREW R. & DORC	THY L. COCHE	RANE		25-6093648	8 Page <b>10</b>
Part※IV Private Operating Foundati					N/A
1 a If the foundation has received a ruling or is effective for 2010, enter the date of the	ruling			· <u>·</u>	1010(1/5)
<b>b</b> Check box to indicate whether the foundation		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	42.0000	Prior 3 years	(-1) 2007	(a) Tatal
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a	·				<del></del>
c Qualifying distributions from Part XII, line 4 for each year listed		ļ <u>.</u>			
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 .		<u> </u>		<u> </u>	
(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					<u> </u>
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()(3)(B)(III)					
(3) Largest amount of support from an exempt organization .					
(4) Gross investment income .		<u> </u>	<u>, , , , , , , , , , , , , , , , , , </u>		
Rart Supplementary Information assets at any time during the	ı (Complete this ne year — see ir	part only if the structions.)	organization ha	ad \$5,000 or moi	re in
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they have None	have contributed m	nore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2).)	received by the found	dation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a	of the stock of a cor 10% or greater inter	poration (or an equ est.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here In the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	makes contributionses gifts, grants, etc	s to preselected cha , (see instructions) t	aritable organization to individuals or org	anizations under oth	ept unsolicited ner conditions,
a The name, address, and telephone numb	er of the person to	whom applications	snould be addresse	a:	
See Statement 10					
<b>b</b> The form in which applications should be	submitted and info	rmation and materia	als they should inclu	ıde:	
See Statement for Line 2a			н .		
c Any submission deadlines.					
See Statement for Line 2a					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other	factors:
See Statement for Line 2a					
BAA		EEA0310L 02/16/11		F	form <b>990-PF</b> (2010)

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	ıt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient		Amount
Name and address (home or business)	substantial contributor	recipient		ļ
a Paid during the year				
See Statement 11	<u> </u>			
Total.		l	<b>-</b>	212 050
b Approved for future payment			► 3a	213,050.
b Approved for future payment				
1				
<u> </u>				
ļ				
		ŀ		
Total			► 3b	

Pa	n XVI Av	<b>Analysis</b>	of Inco	me-Producir	g Activities
----	----------	-----------------	---------	-------------	--------------

Enter gross amounts unless otherwise indicated.		Unrelated business income			d by section 512, 513, or 514			
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instructions)		
_	ram service revenue:			code				
a		<del> </del>	-	-				
		<del> </del>		<del> </del>				
		<del> </del>		<del> </del>				
		<del> </del>		<del> </del>				
e		<del> </del>		<del> </del>				
# E005	and contracts from government agencies	<del> </del>						
	bership dues and assessments			<del> </del>				
	st on savings and temporary cash investments			14	407.			
	dends and interest from securities			14	79,939.			
	rental income or (loss) from real estate		SULTHER STATE	2.34	Market State Committee Com			
	-financed property							
	debt-financed property							
	ental income or (loss) from personal property							
	er investment income							
8 Gain d	or (loss) from sales of assets other than inventory			18	54,225.			
<b>9</b> Net i	ncome or (loss) from special events							
10 Gros	s profit or (loss) from sales of inventory							
11 Othe	r revenue:	的學術學	最高的關鍵等語言	179.040		、排送者是是1000年100日		
a	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
		<del> </del>		<b></b>				
d				<del> </del>				
e		ROPETELES PARTY		<b>建设作员</b>	124 571			
	otal. Add columns (b), (d), and (e)	即國和北	<u> </u>	N. O. S. O. S.	·	134,571.		
	I. Add line 12, columns (b), (d), and (e)				13	134,371.		
	sheet in line 13 instructions to verify calculation			<del></del> -				
Part XV	PB: Relationship of Activities to the	Accompl	ishment of Exemp	t Purp	oses			
Line No.	T		orted in column (e) of F	Part XVI-	A contributed important	ly to the		
<b>-</b> ▼	I Explain below how each activity for which it	ncome is rep	0,100,11,001011111 (0)					
▼	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions)		
N/A	explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions)		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing t	funds for	such purposes). (See t	he instructions )		
	explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions )		
	explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	funds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which is accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing t	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		
	Explain below how each activity for which it accomplishment of the foundation's exempt	ncome is rep purposes (o	ther than by providing f	unds for	such purposes). (See t	he instructions )		

Part XVII	Information R	egarding Tra	ensiers To and T	ANE Fransactio	ns and	Relationshi	ps With None			
	Exempt Organ	izations	<del></del>				, 	1 . 1	Yes	No
1 Did the o	ganization difectly	or indirectly er	ngage in any of the f	following wit	n any oih	er organization	ı		1.0	-110
describer	d in section 501 (c)	of the Code (of	ngage in any of the t her than section 501	(c)(3) cirgan	izations)	or in section 5	27.		, Ly	
a Transfer	s from the renowing	inuis; I foundation to	e namaharitable axer	marks datases a	t on of:			1	: 1	
(1) Cash		i todilogilori to	e manual rapie exer	uda måa ese	11.011 01.			1a(1)		X
	rassets:	• •	* ** ** ***		•••			1 a (2)		X
b Other tra					• • •		• • •			
(1) Sale	s c' assets to a nor	ncharitable exer	not organization					15(1)		X
(2) Purs	inases of assets fro	m a noncherila	oie exempt organiza	tion				1 b (2)		X
	tal of facilities, equi		-					1 b (3)		X
(4) Rein	nbursement arrange	ements						1b (4)		X
(5) Loar	ns or loan guarante:	9 <b>s</b> .						15(5)		Χ
(6) Parf	ormance of services	s or membershi	p or fundraising sole	citations				15(6)		X
c Sharing	of facilities, equipm	ent, mailing list	ls. Other assets, or p	pand employe	es .			10		X
any tran (a) i. ne.no	saction or sharing a (b) Amount involved		complete the following tour the reporting four low in column (d) the light the following the following the following the results of the following the follow				or services receiv fers, transactions, an			<u></u> ,
W/A		+	<del></del>							<del></del>
,		<del> </del>								
		<del></del>								
	<del></del>	<del></del>	<del></del>			<del></del>				
	<del></del>	<del></del>	·				<del></del>			
		<del>†</del>	Ti / Ti /			<del></del>				
	<del></del>	<del></del>	<del></del>							
·		1								
			·							
		<del></del>	<del></del>							
	oundation directly or ou in section 501(c) complete the follow		eled with, or related her than section 501	to, one or m (c)(3); or in	ore tax-e section :	exempt organization	ations	Yes	X	No
	) Name of organizat		(b) Type of a	crganization		(c)	Description of re	lationship		
N/A						<del></del>				
	4-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		L							
					<del></del> -}					
1,,,,,	as and the second of the second	har the table	and the control of th		baar, ca nad	stalomante ann in	the best of my knowler	go ard bellef.	ic is true	
Sign   L	and complete Declaration	or preparer (other	ned this rature, including a than turnaver or ticuousy)	is passed ou sit i	ntormation of	I will con preparer has	s any knowledge.  Trustee			
	gnature of other or Invite	•	<i></i>		Date		Tale			
	PrintType preparer's n		Preparer's upon	ners .		Date	Check II if	PTIN Po	0/3	88
Paid	Brian A. Ca	rlson	Brian A.	Carlso	מ	11-8-11	se.f-emplayed	N/A		<del></del>
raio Preparer			Carlson, CPA.	PA			Firm's EIN P N/A	59-3	481	466
Use Only			ling Rd							
	Firm's address	Inverness,	FL 34450			<del></del>	Phone ro (35	2) 637-		
DAA								Form 9!	10-PF	(20סי

### 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

2010

Name of the organization ANDREW R. & DOROTHY L. COCHRANE		Employer identification number		
FOUNDATION		25-6093648		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated a	is a private foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a	private foundation		
	X 501(c)(3) taxable private foundation			
Check if your organization is covered by the <b>Ge</b>	neral Rule or a Special Rule.  nization can check boxes for both the General Rule and	La Spacial Pula. See instructions		
Note: Only a section sur(c)(7), (a), or (10) orga	mization can check boxes for both the General Note and	a Special Rule See Instructions		
General Rule				
X For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, \$5,000 or mo	ore (in money or property) from any one		
contributor (Complete Parts I and II.)				
Special Rules	•			
For a section 501(c)(3) organization filing Fo	orm 990 or 990-EZ, that met the 33-1/3% support test of	f 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				
	,			
aggregate contributions of more than \$1.000	ation filing Form 990 or 990-EZ, that received from any of for use exclusively for religious, charitable, scientific, I	one contributor, during the year, iterary, or educational purposes, or		
the prevention of cruelty to children or anim	als Complete Parts I, II, and III.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
For a section 501(c)(7), (8), or (10) organization	ation filing Form 990 or 990-EZ, that received from any o	one contributor, during the year,		
If this box is checked, enter here the total co	s, charitable, etc. purposes, but these contributions did rontributions that were received during the year for an expension of the second second contributions.	not aggregate to more than \$1,000.  cclusively religious, charitable, etc.		
purpose. Do not complete any of the parts u	inless the General Rule applies to this organization because	ause 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 <b>must</b> answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				
	· · · · · · · · · · · · · · · · · · ·			
BAA For Paperwork Reduction Act Notice, see 990EZ, or 990-PF.	e the instructions for Form 990, Sche	dule <b>B</b> (Form 990, 990 EZ, or 990-PF) (2010)		

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org	anization  N. R. & DOROTHY L. COCHRANE		r Identification number 093648
		125 00	333040
	Contributors (see instructions.)	(2)	(d)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	Type of contribution
1_	ESTATE OF LUCILLE C. AUGUSTINE		Person X Payroll
	102 BROADWAY, SUITE 203	\$106,585.	Noncash (Complete Part II if there
	CARNEGIE, PA 15106		is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Page

of 1

of Part II

ANDREW R. & DOROTHY L. COCHRANE

Employer identification number

25-6093648

Partill	Noncash	<b>Property</b>	(see	instructions	)
---------	---------	-----------------	------	--------------	---

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
ŀ		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$\$	

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

ВАА

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Transfer of gift

2010	Federal Worksheets	Page 1
Client 256093	ANDREW R. & DOROTHY L. COCHRANE FOUNDATION	25-6093648
11/08/11		01 40PM
		247.
	-	x .030
	·	
	247.	
	0. 247.	
	247.00	
	x004943415	1.22
	<u>—                                    </u>	
	<u>x .005163689</u>	1.28
		3.

2010		Fed	eral State	ements			Page 6
Client 256093		ANDREW R	. & DOROTH) FOUNDATION		NE		25-609364
1/08/11	<del></del>						01 40PM
Statement 7 Form 990-PF, P Capital Gains a	art IV, Line 1 nd Losses for Tax	k on Investm	ent Income				
<u> Item</u>	(a) De	scription_			How ired	(c) Date Acquired	(d) Date Sold
1 BERNSTE 2 BERNSTE 3 1075 BA 4 1200 BF 5 1050 FT 6 650 LOC 7 3837.29 8 600 TEI 9 2500 WC 10 CAPITAI	IN ACCOUNT IN ACCOUNT XTER INT'L	DS EQUITY PANA WIDE UTION		Purch	nased nased nased nased nased nased nased nased nased	1/31/2008 1/01/2010 6/04/2009 4/28/2009 8/24/2009 7/02/2009 3/20/2003 1/14/2010 5/27/2009 7/01/2009 7/01/2009	9/30/201 12/31/201 5/07/201 5/07/201 5/07/201 5/07/201 1/14/201 5/07/201 5/07/201 12/31/201 12/31/201
(e) Gros:	(f) Deprec.	(g) Cost	(h) Gain	(i) FMV	(j) Adj. B	(k) as. Excess	(l) Gain
Item         Sale:           1         12104           2         672,6           3         48,5           4         58,7           5         41,9           6         52,5           7         100,0           8         34,2           9         71,7           10         10,5           11         11,8	Allowed 27. 35. 26. 53. 79. 83. 00. 44. 32.	Basis 1190518. 681,860. 49,534. 50,956. 50,052. 50,928. 87,260. 48,604. 49,374.	(Loss) 19,9099,2251,008. 7,7978,073. 1,655. 12,74014,360. 22,358. 10,576. 11,856.	12/31/69	12/31		(Loss) \$ 19,909 -9,225 -1,008 7,797 -8,073 1,655 12,740 -14,360 22,358 10,576 11,856
						\$ Total <u>\$</u>	247. 7. 3. 257.
	Directors, Truste		Title ar Average Ho	ours C	ompen-	Contri- bution to	Expense Account/
CHRISTINE YU 121 SOUTH DR PITTSBURGH,			<u>er Week De</u> custee	voted <u>s</u> \$	ation 0	<u>EBP &amp; DC</u> . \$ 0.	Other 9.

<b>2010</b> Client 256093	Federal Statements ANDREW R. & DOROTHY L. COCHRANE FOUNDATION	Page 1
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		01 40PM
СРА	(a)       (b) Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 1,950.       \$ 0.       \$ 0	\$ 1,950.
Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees		
INVESTMENT ADVISORY FEES	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income         \$ 14,198.       \$ 14,198.         Total       \$ 14,198.       \$ 14,198.	(d) Charitable Purposes \$ 0.
Statement 3 Form 990-PF, Part I, Line 18 Taxes		
FEDERAL TAX FOREIGN TAXES PA REGISTRATION	(a) (b) Net (c) Expenses per Books Investment Adjusted Net Income  \$ 1,516. 2,057. 15. Total \$ 3,588. \$ 0. \$ 2,057	\$ 15.
Statement 4 Form 990-PF, Part I, Line 23 Other Expenses		
POSTAGE	(a) (b) Net (c)  Expenses Investment Adjusted  per Books Income Net Income  \$ 104.  560.  Total \$ 664. \$ 0. \$ 0.	(d) Charitable Purposes \$ 104. 560. \$ 664.

ı

11/08/11

# Federal Statements ANDREW R. & DOROTHY L. COCHRANE FOUNDATION

Page 2

**Client 256093** 

**25-6093648** 01:40PM

Statement 5 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

orporate Stocks	Valuation <u>Method</u>	Book Value	Fair Market Value
AKMARK EQUITY & INCOME	Cost \$	213,639.	\$ 260,175.
OLDMAN SÄCHS GROUP	Cost	27,046.	31,278.
ENERAL ELECTRIC	Cost	6,320.	7,316.
ICROSOFT	Cost	12,783.	13,122.
ANK OF AMERICA	Cost	0.	0.
ONOCOPHILLIPS	Cost	5,605.	8,172.
EWLETT PACKARD	Cost	8,049.	8,210.
ETLIFE	Cost	0,010.	0.
PEPSICO	Cost	1,075.	1,307.
PRINT	Cost	0.	0.
ERNSTEIN EMERGING MARKETS	Cost	30,330.	55,815.
			53,025.
P MORGAN CHASE	Cost	45,405.	2 477
IME WARNER INC	Cost	2,378.	2,477.
EVA PHARMACEUTICAL	Cost	6,637.	7,820.
LCON INC.	Cost	15,763.	21,405.
HEVRON	Cost	_ 0.	0.
SILEAD SCIENCES	Cost	21,176.	20,113.
ERCK & CO	Cost	0.	0.
LTRIA GROUP	Cost	6,582.	8,002.
PPLE COMPUTER	Cost	6,989.	42,568.
CHLUMBERGER	Cost	21,463.	31,313.
BERNSTEIN INT'L	Cost	304,914.	323,332.
	Cost	160,187.	150,808.
ERRITT MICRO CAP	Cost	106,195.	141,508.
S INVT TR		100,193.	
ERNSTEIN INTERMEDIATE	Cost	584,679.	609,585.
T & T	Cost	7,593.	7,345.
BS_CORP	Cost	0.	0.
FIZER	Cost	22,212.	22,763.
CISCO SYSTEMS	Cost	15,610.	15,173.
OKIA CORP	Cost	0.	0.
'AIRHOLME FUND	Cost	170,803.	209,483.
RAVELERS CO	Cost	6,913.	8,357.
ME GROUP	Cost	10,233.	9,653.
DEUTSCHE BANK	Cost	0.	0.
ORGAN STANLEY	Cost	4,711.	6,122.
EDCO HEALTH	Cost	0.	0.
ACY'S	Cost	Ō.	0.
NTEL	Cost	4,036.	4,627.
NANNING & NAPIER	Cost	142,612.	117,118.
	Cost	0.	0.
L GROUP	Cost	0.	0.
RANKLIN RESOURCES		0.	0.
RI ENERGY	Cost		
ALT DISNEY CO.	Cost	7,977.	11,253.
EWS CORP.	Cost	10,128.	15,870.
GOOGLE INC.	Cost	11,377.	29,699.
BAXTER INT'L	Cost	0.	0.
BUNGE	Cost	7,186.	10,156.
ENERAL MILLS	Cost	0.	0.
RCHER DANIELS	Cost	2,591.	2,707.
COSTCO	Cost	2,900.	3,972.
IOME DEPOT	Cost	0.	0.
	Cost	0.	Ŏ. Ŏ.
IC PENNEY	Cost	15,366.	19,562.
COHLS CORP	Cost		
IMITED BRANDS OWES	Cost Cost	5,147. 12,368.	5,070. 13,167.

11/08/11

## Federal Statements ANDREW R. & DOROTHY L. COCHRANE FOUNDATION

Page 3

**Client 256093** 

25-6093648

01:40PM

Statement 5 (continued) Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

Corporate Stocks	Valuation <u>Method</u>	Book Value	Fair Market Value
WAL-MART	Cost \$	0.	\$ 0.
CORNING	Cost	994.	2,222.
ONNING	Cost	0.	0.
MOTOROLA	Cost	2,148.	2,948.
	Cost	12,679.	13,211.
DELL INC.		12,079.	13,211.
SYMANTEC CORP	Cost	0.	0.
WESTERN DIGITAL	Cost		
CAMERON INT'L	Cost	2,044.	4,566.
DEVON ENERGY	Cost	9,608.	13,347.
OCCIDENTAL PET.	Cost	4,529.	5,886.
BAXTER INT'L	Cost	0.	0.
BP PLC	Cost	0.	Q.
FTI CONSULTING	Cost	0.	0.
LOCKHEED MARTIN	Cost	0.	0.
MEDCO HEALTH	Cost	49,432.	67,397.
NOVO-NORDISK	Cost	47,075.	112,570.
REALTY INCOME	Cost	50,049.	82,080.
VARIAN MEDICAL	Cost	50,567.	93,528.
WOLVERINE WORLD WIDE	Cost	0.	0.
MASCO CORP	Cost	Ö.	Ö.
DR HORTON	Cost	ő.	Ö.
NVR INC	Cost	3,774.	4,837.
	Cost	0.	0.
PULTE GROUP	Cost	0.	0.
QUANTA SERVICES		0.	0.
ACE LTD	Cost		
AMERIPRISE FINANCIAL	Cost	0.	0.
CREDIT SUISSE	Cost	0.	0.
VISA, INC	Cost	0.	0.
PRINCIPAL FIN.	Cost	0.	0.
UNUM GROUP	Cost	0.	0.
AETNA	Cost	0.	0.
BANK OF NY	Cost	0.	0.
BB&T	Cost	2,278.	2,235.
US BANCORP	Cost	0.	0.
WELLS FARGO	Cost	24,492.	28,387.
VODAPHONE	Cost	5,948.	8,590.
VIACOM	Cost	5,330.	5,347.
FORTUNE BRANDS	Cost	0.	0.
COMCAST	Cost	12,311.	15,159.
TIME WARNER CABLE	Cost	6,636.	13,272.
CELGENE	Cost	5,833.	5,914.
VERTEX PHARM.	Cost	3,835.	3,678.
COVIDIEN PLC	Cost	0.	0.
ANHEUSER-BUSCH INBEV	Cost	0.	0.
DEAN FOODS	Cost	0.	0.
SMITHFIELD FOODS	Cost	5,692.	7,736.
FORD MOTOR	Cost	12,001.	18,301.
JOHNSON CONTROLS	Cost	8,312.	11,460.
AMAZON.COM	Cost	4,061.	6,300.
OFFICE DEPOT	Cost	3,554.	2,970.
SUPERVALU	Cost	0.	0.
FARGET CORP	Cost	2,001.	2,405.
FREEPORT MCMORAN	Cost	7,501.	12,609.
	Cost		12,609.
AK STEEL ARCELORMITTAL	Cost	0. 0.	0.
AKCELUKMIIIAL	LOSL	U.	υ.

11/08/11

## Federal Statements ANDREW R. & DOROTHY L. COCHRANE FOUNDATION

25-6093648

Page 4

**Client 256093** 

01 40PM

Statement 5 (continued) Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

Corporate Stocks	Valuation <u>Method</u>	Book Value	Fair Market Value
STEEL DYNAMICS	Cost \$	0.	\$ 0.
AIR PRODUCTS & CHEM.	Cost	0.	0.
DUPONT	Cost	Û.	0.
HUNTSMAN	Cost	Ö.	0.
VALE SA-SP	Cost	Ö.	Ö.
COOPER INDUSTRIES	Cost	Ö.	Ö.
	Cost	9,175.	13,915.
DANAHER TILINGE MOOL NORVO		9,173.	0.
ILLINOIS TOOL WORKS	Cost		
INGERSOLL RAND	Cost	7,442.	12,714.
SPX CORP	Cost	0.	0.
TEXTRON	Cost	0.	0.
NORTHRUP GRUMMAN	Cost	14,793.	16,195.
CATERPILLAR	Cost	0.	0.
BROADCOM	Cost	7,032.	9,799.
KLA-TENCOR	Cost	2,121.	2,512.
EMC	Cost	11,667.	16,145.
	Cost	11,007.	0.
AOL	Cost		
GARMIN	Cost	5,625.	5,268.
TYCO ELECTRONICS	Cost	3,341.	7,080.
FED EX	Cost	0.	0.
UPS	Cost	15,105.	16,331.
ENSCO PLC	Cost	7,684.	10,409.
NATIONAL OILWELL	Cost	0.	0.
CIMAREX ENERGY	Cost	0.	0.
SUNCOR ENERGY	Cost	5,328.	5,361.
NEXEN	Cost	6,511.	6,870.
	Cost	0,511.	0,0,0.
VALERO ENERGY			7,486.
GOODRICH CORP	Cost	6,007.	
LEAR CORP.	Cost	5,424.	7,897.
HONEYWELL INT	Cost	4,228.	5,316.
COOPER INDUSTRIES	Cost	8,214.	13,115.
FLOWSERVE CORP	Cost	5,779.	5,961.
EATON CORP	Cost	7,116.	7,613.
DEERE & CO.	Cost	5,305.	6,229.
PARKER HANNIFIN	Cost	9,262.	11,219.
DOVER CORP	Cost	1,770.	2,338.
STANLEY BLACK & DECKER	Cost	3,344.	3,344.
	Cost	2,720.	2,949.
GENERAL MOTORS			
CARNIVAL CORP	Cost	6,532.	6,917.
SAFEWAY	Cost	13,040.	11,807.
GAP	Cost	3,794.	3,764.
POLO RALPH LAUREN	Cost	2,393.	3,328.
ASTRAZENECA	Cost	13,772.	15,012.
ROYAL CARIBBEAN	Cost	2,673.	4,700.
ALLERGAN	Cost	3,768.	3,777.
JOHNSON & JOHNSON	Cost	24,004.	24,740.
	Cost	6,407.	6,756.
EXPRESS SCRIPTS	Cost		
GANNETT CO	Cost	2,669.	3,395.
DIRECT TV	Cost	3,370.	3,793.
CABLEVISION SYS	Cost	7,646.	10,152.
CONSTELLATION BRANDS	Cost	6,835.	9,968.
SARA LEE CORP	Cost	5,464.	6,566.
KIMBERLY CLARK	Cost	5,223.	5,043.
STARBUCKS	Cost	6,573.	8,033.
ROWAN COMPANIES	Cost	2,335.	3,142.
MOMUM COMEMNIES	COSC	۷, ۵۵۵.	5,172.

11/08/11

### **Federal Statements**

ANDREW R. & DOROTHY L. COCHRANE FOUNDATION

25-6093648

Page 5

Client 256093

01 40PM

Statement 5 (continued) Form 990-PF, Part II, Line 10b Investments - Corporate Stocks

Corporate Stocks	Valuation <u>Method</u>	Book <u>Value</u>	Fair Market Value
EOG RESOURCES	Cost	\$ 9,043.	\$ 8,227.
NOBLE ENERGY	Cost	10,769.	12,912.
MARATHON OIL	Cost	9,805.	11,109.
HESS CORP	Cost	8,198.	11,481.
NEWFIELD EXPLORATION	Cost	5,047.	7,211.
CAPITAL ONE FIN.	Cost	5,565.	5,746.
COMERICA	Cost	3,962.	4,013.
FIFTH THIRD BANCORP	Cost	5,098.	5,505.
HEALTH NET	Cost	2,513.	2,593.
AON CORP	Cost	2,986.	2,991.
ALCOA, INC.	Cost	5,628.	6,156.
AGRIUM	Cost	4,982.	6,423.
POTASH CORP	Cost	4,881.	5,419.
DOW CHEMICAL	Cost	10,435.	13,656.
CF INDUSTRIES	Cost	3,512.	5,406.
MONSANTO	Cost	3,021.	3,482.
CLIFFS NATURAL RESOURCES	Cost	2,814.	3,901.
COMMERCIAL METALS CO	Cost	3,845.	4,148.
DELTA AIRLINES	Cost	7,692.	7,560.
MARVELL TECHNOLOGY	Cost	3,348.	3,246.
INTUIT	Cost	2,925.	2,958.
ACCENTURE	Cost	3,879.	4,122.
ROVI CORP	Cost	2,835.	3,101.
CITRIX SYSTEMS	Cost	6,468.	6,841.
ORACLE CORP	Cost	12,543.	14,085.
NVIDIA CORP	Cost	1,366.	1,771.
CONSTELLATION ENERGY	Cost	4,817.	4,135.
EDISON INTERNATIONAL	Cost	4,012.	4,246.
SOUTHWESTERN ENERGY	Cost	7,988.	8,422.
CENTURYLINK	Cost	5,573.	6,464.
TAX-AWARE OVERLAY B	Cost	173,110.	178,222.
TAX-AWARE OVERLAY A	Cost	656,546.	749,831.
FISERV INC	Cost	48,738.	58,560.
	Total		\$ 4,357,305.

Statement 6 Form 990-PF, Part III, Line 5 Other Decreases

Basis step-up correction .

\$ 9,722. Total \$ 9,722.

2010
Client 256
11/08/11

#### **Federal Statements** ANDREW R. & DOROTHY L. COCHRANE

Page 7

25-6093648

**FOUNDATION** 

6093

01.40PM

Statement 9 (continued) Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
ELEANOR C CLARK 30730 WATSON BLVD. BIG PINE KEY, FL 33043	Trustee O	\$ 0.	\$ 0.	\$ 0.
DOROTHY COCHRANE 80 WATERING POND RD GUILFORD, CT 06437	Trustee 0	0.	0.	0.
ANDREW BROADUP 1340 TWIN OAKS CIRCLE OVIEDO, FL 32765	Trustee 0	0.	0.	0.
KATHERINE RENAUD 14611 CRYSTAL VIEW LANE JACKSONVILLE BEACH, FL 32250	Trustee ()	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.

#### Statement 10 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

ANDREW & DOROTHY COCHRANE FOUNDATION

Name:

Care Of:

Street Address: City, State, Zip Code: Telephone:

Form and Content:

Submission Deadlines: Restrictions on Awards:

570-525-3665 NO SPECIAL FORMS.

ELEANORE C. CLARK

30730 WATSON BLVD. BIG PINE KEY, FL 33043

NONE NONE

Statement 11 Form 990-PF, Part XV, Line 3a **Recipient Paid During the Year** 

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	 Amount
AMERICAN BIBLE SOCIETY GRAND CENTRAL STATION NEW YORK, NY	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	\$ 6,000.

010 lient 256093	Federal Sta	HY L. COCHR	ANE	Page 8
/08/11	FOUNDA	HOR		01 40Pf
Statement 11 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
AMERICAN RED CROSS P.O. BOX 371997 PITTSBURGH, PA	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	\$ 20,000
COALITION CHRISTIAN OUTREACH 5912 PENN AVE. PITTSBURGH, PA 15206	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	16,000
LUTHERAN MISSION SOCIETY 1201 S. CHARLES ST BALTIMORE, MD	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	1,000
FAMILY GUIDANCE DUFF RD, R.D. 2 SEWICKLEY, PA 15143	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	2,500
SALVATION ARMY 424 THIRD AVE. PITTSBURGH, PA 15219	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	10,00
FORBES HEALTH FOUNDATION 2570 HAYMAKER ROAD MONROEVILLE, PA 15146	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	5,00
GREATER PITTSBURGH COMMUNITY FOOD BANK FOOD BANK DUQUESNE, PA 15110	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	1,50
UNICEF 3333 EAST 38th ST NEW YORK, NY	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	10,00
PITTSBURGH THEOLOGICAL SEMINAR 616 N. HIGHLAND AVE. PITTSBURGH, PA 15206	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	1,000
HOSANNA INDUSTRIES 109 RINARD LANE ROCHESTER, PA 15074	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	1,00
VINTAGE 401 N HIGHLAND AVE PITTSBURGH, PA 15206	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	1,00
HEIFER INTERNATIONAL P.O. BOX 8058 LITTLE ROCK, AR 72203	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	2,50

~	_	4	4	•
٠,	11			
		٠.		

# Federal Statements ANDREW R. & DOROTHY L. COCHRANE FOUNDATION

Page 9

25-6093648

01 40PM

Client 256093

Statement 11 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

		Found-			
Name and Address	Donee <u>Relationship</u>	ation Status	Purpose of Grant	An	nount
EAGLES MERE ATHLETIC ASSOC. EAGLES MERE, PA 17731	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS	\$	3,000.
HABITAT FOR HUMANITY	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		2,000
EAGLES MERE CONSERVANCY EAGLES MERE, PA	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		1,000
SECOND HARVEST FOOD BANK DF CENTRAL FLORIDA	N/A	PUBLIC	ANNUAL CONTRIBUTION-NO RESTRICTIONS		2,000.
CHILDREN'S HUNGER FUND	N/A	PUBLIC	ANNUAL CONTRIBUTION-NO RESTRICTIONS		3,000.
BETHLEHEM HAVEN OF PITTSBURGH 905 WATSON ST. PITTSBURGH, PA	N/A	PUBLIC	ANNUAL CONTRIBUTION -NO RESTRICTIONS		5,000.
LITTLE SISTERS OF THE POOR 1028 BENTON AVE PITTSBURGH, PA 15212	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		15,000
FAMILY LINKS 250 SHADY AVE. PITTSBURGH, PA 15206	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		1,500
WARM BLANKETS ORPHAN CARE 5105 TOLLVIEW DR, STE. 155 ROLLING MEADOWS, IL 60008	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		5,000
DOCTORS WITHOUT BORDERS 333 SEVENTH AVE. NEW YORK, NY 10001	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		10,000
AGROS INTERNATIONAL 1528 8th Ave. Seattle, WA 98105	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		1,000.
ORPHAN FOUNDATION OF AMERICA	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		4,000.
GLOBUS RELIEF	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS		3,000.

$\sim$	ጉ	4	1	^
/(		•	н	ш

11/08/11

# Federal Statements ANDREW R. & DOROTHY L. COCHRANE FOUNDATION

Page 10 25-6093648

**Client 256093** 

01.40PM

Statement 11 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount_	
EAGLES MERE MUSEUM EAGLES MERE, PA 17731	N/A	PUBLIC	ANNUAL CONTRIBUTION- NO RESTRICTIONS	\$ 1,00	00.
OPERATION HOMEFRONT	N/A	PUBLIC	ANNUAL CONTRIBUTION NO RESTRICTIONS	3,0	00.
JUBILEE SOUP KITCHEN P.O. BOX 42251 PITTSBURGH, PA 15203	N/A	PUBLIC	ANNUAL CONTRIBUTION NO RESTRICTIONS	1,0	00.
EAGLES MERE FRIENDS OF THE ARTS	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS.	5,0	00.
PRISON FELLOWSHIP	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS.	1,0	00.
27 CHARITIES - GIFTS \$2,000 OR LESS	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS.	22,2	50.
GREATER PITTSBURGH YMCA 330 BLVD. OF THE ALLIES PITTSBURGH, PA 15222	N/A	PUBLIC	ANNUAL CONTRIBUTION - NO RESTRICTIONS.	3,0	00.
TENNESSEE WILLIAMS THEATER 5901 COLLEGE RD KEY WEST, FL 33040	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	5,0	00.
STARKE CHRISTIAN SCHOOL	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	6,0	00.
ST LUKES LUTHERAN - HAITI ORPHANAGE	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	3,0	00.
ST MARKS LUTHERAN CHURCH	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	1,5	00.
ABBEY OF REGINA LANDIS	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	1,0	00.
VENTURE OUT COMMUNITY CHURCH	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	1,5	00.
ST. PETER CATHOLIC CHURCH	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	11,5	00.

2	n	4	
/	u	,	u

### **Federal Statements**

ANDREW R. & DOROTHY L. COCHRANE FOUNDATION

Page 11 25-6093648

11/08/11

Client 256093

01 40PM

Statement 11 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
ST LUKES LUTHERAN SCHOOL	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	\$ 5,000.
FRIENDS OF FORT TAYLOR	N/A	PUBLIC	ANNUAL GRANT - NO RESTRICTIONS	1,800.
FIRST UNITED METHODIST CHURCH	N/A	PUBLIC	ANNUAL DONATION - NO RESTRICTIONS	2,500.
SPRING LAKE ELEMENTARY SCHOOL	N/A	PUBLIC	ANNUAL DONATION - NO RESTRICTIONS	3,000.
VICTIMS OF VIOLENT CRIMES	N/A	PUBLIC	ANNUAL DONATION - NO RESTRICTIONS	2,000.
			Total	\$ 213,050.

### Form 8868 Attachment ANDREW R. & DOROTHY L. COCHRANE FOUNDATION

Page 1

**Client 256093** 

25-6093648

8/12/11

01 40PM

#### **Explanation of Extension**

An additional extension is requested to obtain more information on various stock transactions that were made in 2010. This additional information is needed to reconcile the brokerage accounts for 2010. When the detailed information is received then a complete and accurate return can be filed.

### Form **8868** (Rev January 2011)

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

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

Department of the Treasury

File a separate application for each return.

Internal Revenue	Service	File a sep	arate appii	cation for each return.			
If you are	e filing for an	Automatic 3-Month Extension, com	plete only	Part and check this box			► X
If you are	e filing for an	Additional (Not Automatic) 3-Month	Extension	, complete only Part ton page 2 of this	form).		
Do not comp	olete Part II un	<i>less</i> you have already been granted	l an automa	atic 3-month extension on a previously fil	ed Fo	rm 8868.	
corporation r request an e Associated V	required to file extension of tir With Certain Pi	Form 990-T), or an additional (not ne to file any of the forms listed in l	automatic) Part I or Pa ust be sent	a 3-month automatic extension of time 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruction Charities & Nonprofits	ctroni forma	cally file Fo	orm 8868 to n for Transfers
Parki A	utomatic 3-	Month Extension of Time.	Only subn	nit original (no copies needed).			
				month extension- check this box and co	mplet	e Part I or	nly ►
•	porations (inc			nd trusts must use Form 7004 to request			
	Name of exempt	organization		-	Emplo	yer (dentifica	tion number
Type or print	FOUNDATI				25-	6093648	3
File by the due date for	Number, street, a	and room or suite number. If a P.O. box, see in	structions				
filing your return See instructions	30730 WA	TSON BLVD. t office, state, and ZIP code For a foreign addr	ess, see instru	ctions	-		
		KEY, FL 33043					
Enter the Re		the return that this application is for	r (file a sep	parate application for each return)			04
Application Is For			Return Code	Application Is For		<del></del>	Return Code
Form 990			01	Form 990-T (corporation)		-	07
Form 990-BL	_		02	Form 1041-A	-		08
Form 990-E2	7		03	Form 4720			09
Form 990-PF			04	Form 5227			10
Form 990-T	(section 401(a	) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other th	an above)	06	Form 8870			12
Telephone  If the org  If this is check this the exter  I reque until The ex  X  If the triple is the exter  If the exter  If the triple is the exter  If the exter exter exter  If the exter exter  If the exter exter exter  If the exter exter exter  If the exter exter exter exter  If the exter exter exter exter exter exte	e No. 570- ganization doe for a Group R is box. 510- nsion is for. est an automat 8/15 tension is for calendar yea tax year begi	. If it is for part of the group, checking 3-month (6 months for a corporal, 20 11, to file the exempt orgonal the organization's return for:  The control or the control of the control o	digit Group this box tion require anization re	e United States, check this box Exemption Number (GEN) . If  I and attach a list with the names a  ed to file Form 990-T) extension of time eturn for the organization named above.		Ns of all m	
3a If this a	application is t	for Form 990-BL, 990-PF, 990-T, 47 s. See instructions	20, or 6069	), enter the tentative tax, less any	3a	\$	2,152.
<b>b</b> If this a paymer	application is t	or Form 990-PF, 990-T, 4720, or 60 ude any prior year overpayment all	069, enter a owed as a	any refundable credits and estimated tax credit	3b		2,152.
c Balanc EFTPS	e due.Subtrac (Electronic F	et line 3b from line 3a Include your ederal Tax Payment System). See i	payment w instructions	rith this form, if required, by using	.Se		0.
Caution. If y		o make an electronic fund withdraw	val with this	Form 8868, see Form 8453-EO and For	m 887	9-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

Form <b>8868</b>	(Rev 1-2011)				Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Mon	nth Extensio	n, complete only Part II and check t	this box	► X		
•	complete Part II if you have already been grante		•	sly filed Form 8868			
	are filing for an Automatic 3-Month Extension, co						
Partilly	<u> Additional (Not Automatic) 3-Month Ex</u>	<u>tension of</u>	Time. Only file the original (i	no copies needed).			
	Name of exempt organization			Employer identification number	r		
Type or print	ANDREW R. & DOROTHY L. COCHRAMFOUNDATION	1E		25-6093648			
	Number, street, and room or suite number. If a P.O. box, see in	structions					
File by the extended due date for filing the	Brian A. Carlson, CPA, PA 1121 Sterling Rd						
return See instructions	City, town or post office, state, and ZIP code. For a foreign add-	ess, see instructi	rons				
Inverness, FL 34450							
	Return code for the return that this application is	· ·	· · · · · · · · · · · · · · · · · · ·		04		
Application	1	Return Code	Application Is For		Return Code		
Form 990		01		March 1914 A			
Form 990-E	BL	02	Form 1041-A		08		
Form 990-E	EZ	03	Form 4720		09		
Form 990-F	PF	04	Form 5227		10		
Form 990-1	(section 401(a) or 408(a) trust)	05	Form 6069		11		
Form 990-1	(trust other than above)	06	Form 8870		12		
	not complete Part II if you were not already gran		natic 3-month extension on a previ	ously filed Form 8868.			
	oks are in care of <u>ELEANOR C CLARK</u> one No <u>570-525-3665</u>						
	rganization does not have an office or place of b				▶ 🗍		
• If this is	s for a Group Return, enter the organization's fou	r digit Group	Exemption Number (GEN)	If this	is for the		
whole grou	p, check this box Fig. 1 If it is for part of the g	iroup, check t	his box Pand attach a list will	th the names and EINs o	f all		
	he extension is for						
4 I requ	est an additional 3-month extension of time until	11/15	, 20 <u>11</u>				
5 For ca	alendar year $\   2010$ , or other tax year beginni	ng	, 20 , and ending _	, 20 _	_		
6 If the	alendar year $2010$ , or other tax year beginnitax year entered in line 5 is for less than 12 more	nths, check r	eason Initial return	Final return	_		
	hange in accounting period			<del></del>			
7 State	in detail why you need the extension <u>See</u>	Attachme	ent				
			<u> </u>				
nonre	application is for Form 990-BL, 990-PF, 990-T, 4 sfundable credits. See instructions.			8a \$	2,152.		
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.							
c Balan EFTP	ice due. Subtract line 8b from line 8a Include yo S (Electronic Federal Tax Payment System) Sec	ur payment ve e instructions	with this form, if required, by using	8c \$	0.		
	Sigr	nature and	d Verification				
Under penalties correct, and co	s of perjury, I declare that I have examined this form, including acomplete, and that I am authorized to prepare this form	c.ompanying sch	edules and statements, and to the best of my kn	owledge and belief, it is true,			
Signature -	Dia. Title	•	CPA	Date ► 8-	12-11		
BAA		FIFZ0502L	11/15/10	Form <b>8868</b> (I			