32	Porm 990-PF Department of the Treasury Internal Revenue Service
$\smile$	For calendar year 20
	Name of foundation

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2017

←		owroningsorr for instr			pen to rubite inspection
	calendar year 2017 or tax year beginning		, 2017, and endi		, 20
	ne of foundation			A Employer identif	
	HEN VETERANS NETWORK INC.	4a _4a_4 _4d\	Te :	47-395065	
Nun	nber and street (or P O box number if mail is not delivered	to street address)	Room/suite	B Telephone numb	er (see instructions)
	O POINT72, L.P.,72 CUMMINGS PO			(203) 25	2-3382
City	or town, state or province, country, and ZIP or foreign pos	iai code		C If exemption application pending, check here	
	AMFORD, CT 06902				·····································
G C	heck all that apply Initial return	<del></del>	of a former public char	ty D 1 Foreign organiza	tions, check here
	Final return	Amended re		2 Foreign organiza 85% test, check i	
	Address change	Name chang		computation .	
H C	heck type of organization X Section 501(		1 1 1	E If private foundatio	n status was terminated
<u></u>	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		under section 507(b	)(1)(A), check here . P
	air market value of all assets at J Acco		ash X Accrual		in a 60-month termination
	1 -	ther (specify) column (d) must be on ca	sh hasis \	under section 50/(b	)(1)(B), check here .
_	t I Analysis of Revenue and Expenses (The		an udala j		(d) Disbursements
ı aı	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
T <sub>1</sub>		53,310,312.			
'2	Check if the foundation is not required to				<del>                                     </del>
3	attach Sch B	•		· · · · · · · · · · · · · · · · · · ·	i
4			8,602,623.	8,602 <u>,623</u> .	
	a Gross rents	-			RECIEVED
	b Net rental income or (loss)				
<u>ම</u> 6	a Net gain or (loss) from sale of assets not on line 10			8	V.O.V. 9.1. 2040
evenue	b Gross sales price for all assets on line 6a			98	NOV 2 1 2018
7 6	Capital gain net income (from Part IV, line 2) .		0.		ď
<b>*</b>   8	Net short-term capital gain				DGDEN. UT
9 10	Income modifications				
	b Less Cost of goods sold .				1
	c Gross profit or (loss) (attach schedule)			<del></del>	<u>'</u>
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	53,310,312.	8,602,623.	8,602,623.	604 024
<u>"</u> 13	Compensation of officers, directors, trustees, etc	608,061.			604,834.
Ses 14	' '	1,814,751. 669,456.		<u>-</u> .	1,741,815. 665,801.
15 وا	Pension plans, employee benefits	147,536.			146,345.
뉡16	a Legal fees (attach schedule) ATCH 1	96,381.	19,276.		77,207.
او	b Accounting fees (attach schedule)ATCH 2	1,550,624.	19,210.		1,397,131.
	c Other professional fees (attach schedule) . [ 리	1,000,024.			1,337,131.
17 ما	Interest	199,093.			216,031.
18 مراك	naxes (attach schedule) (see instructions)[4].	74,696.	-		
E 19	Depreciation (attach schedule) and depletion.	58,393.		<del></del>	57,603.
<u>در ایم</u>	a Legal fees (attach schedule) ATCH 1.  b Accounting fees (attach schedule)ATCH 2.  c Other professional fees (attach schedule).[3] Interest	641,114.			539,038.
21 22	Printing and publications	32,842.			33,287.
0 22	Other expenses (attach schedule) ATCH .5.	909,921.	-		958,014.
= 23  24	Total operating and administrative expenses.				
berating 24	Add lines 13 through 23	6,802,868.	19,276.		6,437,106.
Ö 25	Contributions, gifts, grants paid	10,409,329.	· -		21,509,650.
26		17,212,197.	19,276.	0.	
27					
- 1	a Excess of revenue over expenses and disbursements	36,098,115.	į		
			0 503 343	<del></del>	<del>-</del>
	b Net investment income (if negative, enter -0-)		8,583,347.		
	<ul> <li>Net investment income (if negative, enter -0-)</li> <li>Adjusted net income (if negative, enter -0-).</li> </ul>		8,583,347.	8,602,623.	

JSA For Paperwork Reduction Act Notice, see instructions.  $^{7\text{E}1410\ 1\ 000}$   $6683\text{MJ}\ 2YY1$ 

r.	artll	, Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		of year
ئ <b>لا</b> 	ei r ii	Dalance Sneets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	3,036,617.	3,100,315.	3,100,315
•	l .		cash investments			
		Accounts receivable				
		Less allowance for dou				
		Pledges receivable ▶				
		_	btful accounts ▶	5,316,082.	19,045,177.	19,045,177
	_		officers, directors, trustees, and other			
			tach schedule) (see instructions)			-
			eceivable (attach schedule)			
		Less allowance for dou				
Ø					*	
Assets			eforred charges	332,671.	1,221,957.	1,221,957
Ąŝ		•	eferred charges			
_						
		•	stock (attach schedule)		<u> </u>	
	11 C	Investments - land, building:	bonds (attach schedule)			
		and equipment basis Less accumulated deprecia	ation			<del></del>
	l	(attach schedule)			<del></del>	
			loans	2,027,052.	8,924,179.	8,924,179
	13 14	Land, buildings, and	ach schedule)	2,02,,032.	0,321,273.	0/321/1/3
	ļ	equipment basis Less accumulated deprecia		101,161.	652,709.	652,709
		(attach schedule)			032,703.	032,703
	l	Other assets (describe		-		
			completed by all filers - see the	10,813,583.	32,944,337.	32,944,337
_			age 1, item l)	159,894.	631,981.	
	l		ccrued expenses	37,521,017.	9,334,297.	{
۰.	l	· •		37,321,017.	15,739.	{
<u>ë</u> .	l	Deferred revenue		•	13,739.	{
Liabilities	l	· · · · · · · · · · · · · · · · · · ·	ers, trustees, and other disqualified persons		<del></del>	{
<u>.</u>	l	= =	etes payable (attach schedule)	16,939.	176,032.	
_	22	Other liabilities (describe	•▶)	10,939.	1/6,032.	
				27 607 050	10 150 040	
_			s 17 through 22)	37,697,850.	10,158,049.	{
'n			v SFAS 117, check here ▶ X			
ë		and complete lines 24	through 26, and lines 30 and 31.	06 004 067	00 706 000	
a	24	Unrestricted		-26,884,267.	22,786,288.	ļ <u>1</u>
Balances	25	•				
ᇹ	26		·····			,
5			ot follow SFAS 117, check here ▶ 🔠			
Ē		and complete lines 27	through 31			
S	27	Capital stock, trust princ	cipal, or current funds			
šet	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
Š	29	Retained earnings, accumi	ulated income, endowment, or other funds 🔒 👢			ļ <u>'</u>
*	27 28 29 30 31	Total net assets or fund	I balances (see instructions)	-26,884,267.	22,786,288.	
ž	31	Total liabilities and	net assets/fund balances (see			
				10,813,583.	32,944,337.	1
_			nges in Net Assets or Fund Balar			
1			palances at beginning of year - Part I		-	0.0.00.00
			ed on prior year's return)			-26,884,267
			line 27a		2_	36,098,115
			ded in line 2 (itemize) ► ATCH 6		3	13,572,440
4	Add	lines 1, 2, and 3			4	22,786,288
5	Dec	reases not included in	ı lıne 2 (ıtemıze) ▶		5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b	), line 30 <b>6</b>	22,786,288
		<del></del>				Form 990-PF (2017)

Capital Gains and Losses for Tax on Investment Income

Part IV

Page 3

	scribe the kind(s) of property sold (for errick warehouse, or common stock, 200 s		àcquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	( <b>d)</b> Date sold (mo , day, yr )
1 a					·
b					
С					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	
a					
b					
С					
d					
е					
Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69		Gains (Col (h) ga	ain minus
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	han -0-) <b>or</b>
а					
b					
С				_	
d					
е					
Part I, line 8	the section 4942 tax on the distrib	duced Tax on Net Investment In e section 4940(a) tax on net investi	ment inco	_	Yes X N
	n't qualify under section 4940(e)				
	mount in each column for each yea	ar, see the instructions before maki	ing any er		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	col (c))
2016	5,269,163.	5,756,444.	ļ		0.915350
2015	25,182,900.	13,077,285.	ļ	<del>-</del>	1.925698
2014	2,088,509.	5,198,714.			0.401736
2013					
2012					
	d)		2		3.242784
3 Average distribution rat	io for the 5-year base period - divid	e the total on line 2 by 5 0, or by			
the number of years the	foundation has been in existence	ıf less than 5 years	3		1.080928
4 Enter the net value of n	oncharitable-use assets for 2017 fo	rom Part X, line 5	4	9,	200,779.
5 Multiply line 4 by line 3.			5	9,	945,380.
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		85,833.
7 Add lines 5 and 6			7	10,	031,213.
8 Enter qualifying distribu	tions from Part XII, line 4		8		946,756.
If line 8 is equal to or gent VI instructions	greater than line 7, check the box	in Part VI, line 1b, and complete	that par	t using a 1% ta	x rate See

Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1 )			- 1
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		85,8	33.
	here $\blacktriangleright$ $X$ and enter 1% of Part I, line 27b			- 1
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of $\mathcal J$			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		85,8	
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		85,8	33.
6	Credits/Payments			- 1
а	2017 estimated tax payments and 2016 overpayment credited to 2017   6a   180,000.			- {
b	Exempt foreign organizations - tax withheld at source			- 1
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld	<del></del>		
7	Total credits and payments Add lines 6a through 6d		180,0	00.
8	Enter any penalty for underpayment of estimated tax. Check here 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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		94,1	67.
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 94,167. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u></u>	Yes	No_
	participate or intervene in any political campaign?	1a		X
b	Did it. spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		<u> </u>
	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			<u>_</u>
С	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			{
	(1) On the foundation > \$0. (2) On foundation managers > \$0.			ļ
е				{
	on foundation managers  \$0.			$\frac{1}{x}$
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<del>^</del>
	If "Yes," attach a detailed description of the activities		•	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			<del>-</del> -
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N,	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		
	If "Yes," attach the statement required by General Instruction T			{
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	<del></del> -		
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	^	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions CT, DE, NY			
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 <sup>2</sup> If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			لــــا
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9	Х	
	Complete rate Air			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			х

Pai	rt VII-A Statements Regarding Activities (continued)			
	· ·		Yes	No
<b>\11</b>	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 make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address WWW.COHENVETERANSNETWORK.COM			
14	The books are in care of ► ANTHONY HASSAN  Telephone no ► 203-569-	028	)	
	Located at ►/2 CUMMINGS POINT ROAD STAMFORD, CT ZIP+4 ► 06902			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N/À	▶	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N/A		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Pai	t 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	ŀ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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	ı		
	termination of government service, if terminating within 90 days)	!	,	1
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 instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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 2017?	1c		Х
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))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
_	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years N/A	1		
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 )	2b	N/	A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
•	► N/A			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
- Ou	at any time during the year?			
h	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
J	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			
		3b	N	/A
4.	foundation had excess business holdings in 2017)	4a	14	X
				<del></del>
D	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 2017?	4b		<u></u>
	chartable perpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	70		L

Form **990-PF** (2017)

	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes 🗓 No			$\overline{}$
	(2) Influence the outcome of any specific public ele	ction (see section	4955), or to carry or	١,			
	directly or indirectly, any voter registration drive?			Yes X No			
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?	·	Yes X No			1
	(4) Provide a grant to an organization other than a						- {
	section 4945(d)(4)(A)? See instructions	· · · · · ·		Yes X No			
	(5) Provide for any purpose other than religious, ch			. <u> </u>			
	purposes, or for the prevention of cruelty to children						- 1
b	If any answer is "Yes" to 5a(1)-(5), did any of the						
-	Regulations section 53 4945 or in a current notice regard		• •		5b	N	'A
	Organizations relying on a current notice regarding disas						$\overline{}$
С	If the answer is "Yes" to question 5a(4), does the				_	l	
٠	because it maintained expenditure responsibility for the			Yes No			. 1
	If "Yes," attach the statement required by Regulations se						
6a	Did the foundation, during the year, receive any fun		actly to now promiting	20			
oa		•	* * * *				
	on a personal benefit contract?  Did the foundation, during the year, pay premiums, dire				6b		
b		city of indirectly, on a	i personal beliefit contra	ш,	- 00		
7-	If "Yes" to 6b, file Form 8870  At any time during the tax year, was the foundation a page.	artic to a prohibited too	v abaltar transaction?	Yes X No			
7a	If "Yes," did the foundation receive any proceeds or have	•	•	- —	7b		<u> </u>
b	Information About Officers, Director					[ IA V	A
га 	and Contractors		_		,		
_1_	List all officers, directors, trustees, foundation n	nanagers and thei (b) Title, and average	r compensation. See	instructions. (d) Contributions to			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all		
		devoted to position	enter -0-)	and dererred compensation			
ATC	H 7		608,061.	123,367.			0.
	<u> </u>		·· <del>·</del>				
	·						
2	Compensation of five highest-paid employees	(other than the	e included on line	1 - see instruction	ne) If n	one (	enter
_	"NONE."	(other than thos	se menadea on mi	, i - see mstrautic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o, ·	
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	se accou	ınt
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other all		
		•		compensation			
ATC	<u> </u>		727,827.	214,938.			0.
7110			12170211	221,3001			<del></del>
			-				
		-					
			_		. —		22
rotal	number of other employees paid over \$50,000	<u> </u>	<del> </del>	<u> <u>.</u> ▶  </u>		<u> </u>	22

Form **990-PF** (2017)

Form 990-PF (2017) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) 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 ATCH 9 1,079,101. Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc. 1 CLINIC OPERATIONS - SEE ATTACHMENT 3,168,051. 2 MARKETING & COMMUNICATIONS - ACCESS TO CARE - SEE ATTACHMENT 1,733,760. TRAINING, TELEHEALTH & SCHOLARS - SEE ATTACHMENT 1,185,377. CLINIC GRANTS - SEE ATTACHMENT 10,398,115. Summary of Program-Related Investments (see instructions) Part IX-B Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments. See instructions 3 NONE

Form 990-PF (2017)

NONE

Total. Add lines 1 through 3.

Page 8

Pa	<b>*** Minimum Investment Return</b> (All domestic foundations must complete this part. Fore see instructions.)	ıgn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	4,825,094.
b	Average of monthly cash balances	1b	4,515,798.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	9,340,892.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	9,340,892.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	140,113.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,200,779.
6	Minimum investment return. Enter 5% of line 5	6	460,039.
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ► X and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2017 from Part VI, line 5		
b			
С		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
Pa	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	27,946,756.
b		1b	
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		
а	and the state of t	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,946,756.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	85,833.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,860,923.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculated qualifies for the section 4940(e) reduction of tax in those years	ilculating w	hether the foundation

Form **990-PF** (2017)

Form	990	-PF	(2017)

10 Analysis of line 9

a Excess from 2013 . . . b Excess from 2014 . . . c Excess from 2015 . . . d Excess from 2016 . . . e Excess from 2017 . . .

9 Excess distributions carryover to 2018.

Subtract lines 7 and 8 from line 6a . . . . . .

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

1 a	Ιf	the	foundation	has	received	а	ruling	or	determination	letter	that	ıt	IS	а	priva	ıte	ope	ratır	ng
	fo	unda	tion, and the	e rulir	ng iş effec	tıv	e for 20	17,	enter the date of	of the ru	. gnılı								.▶

-					<u> </u>	
	_	is effective for 2017, ente			P [	
þ	Check box to indicate wi	hether the foundation is	a private operating fo		ection X 4942(j)(3	or 4942(j)(5)
2 a	Enter the lesser of the ad-	Trax year	<del> </del>	Prior 3 years		(e) Total
	usted net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
	or the minimum investment					
	return from Part X for each	469,025	287,822.	653,864.		1,410,711.
	year listed	398,671.	244,649.	555,784.		1,199,104.
b	85% of line 2a	330,071.	211/015.	33377011		2,233,201.
C	Qualifying distributions from Part	05 100 700	5000 100	05 100 700	2 200 500	57 742 050
	XII, line 4 for each year listed 🔒 📘	25,192,790.	5,269,163.	25,192,790,	2,088,509.	57,743,252.
	Amounts included in line 2c not					
	used directly for active conduct	1,184,980.	3,661,009.	11,241,498.	643,466.	16,730,953.
	of exempt activities					
	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line	24 007 010	1,608,154	13, 951, 292.	1,445,043.	41,012,299.
	2d from line 2c	24,007,810.	1,600,134,	13, 951, 292.	1,443,043.	41,012,233.
	Complete 3a, b, or c for the					
	alternative test relied upon  'Assets" alternative test - enter					
	(1) Value of all assets	-				
	under section			\		
	4942(j)(3)(B)(i)					
	'Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X.					
	ine 6 for each year listed	312,683.	191,881.	435,909.	117,743.	1,058,216.
	Support alternative test - enter					
	(1) Total support other than					
	gross investment income	1			`	
	(interest, dividends rents,					
	payments on securities loans (segion 512(a)(5)),					
	or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					\
	provided in section 4942					`
	()(3)(B)(iii)				<del>"</del>	
1	(3) Largest amount of sup- port from an exempt		İ			
	organization					

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at Part XV any time during the year - see instructions.)

### 1 Information Regarding Foundation Managers:

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

(4) Gross investment income

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

N/A

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

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

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

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

N/A

c Any submission deadlines

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

Form 990-PF (2017)

Page **11** 

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		Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount			
a Paid during the year							
ATCH 10							
				ı			
	,						
Total				21,509,650.			
b Approved for future payment		<u> </u>					
b Approved to relate payment							
ATCH 11							
Total			▶ 3b	42,863,446.			

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Form 990-PF (2017)

Page **12** 

Part XV	-A Analysis of Income-Prod	ucing Act	ivities			<u></u>
	s amounts unless otherwise indicated	Unrel	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Program	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a				<u> </u>		<del></del>
					<u> </u>	
	<del></del>			_		
				+	_	<u> </u>
e f	<del></del>			<u> </u>		
	and contracts from government agencies					
•	rship dues and assessments	_				
	on savings and temporary cash investments -					
	ds and interest from securities					
5 Net rent	tal income or (loss) from real estate			-		
a Debi	t-financed property		-	_		<del></del>
	debt-financed property					
	al income or (loss) from personal property			<del>-  </del>		
	nvestment income			18	1,799,750.	
	(loss) from sales of assets other than inventory ome or (loss) from special events					<del> </del>
	or or (loss) from special events or ofit or (loss) from sales of inventory				-	
	evenue a	_				
c						_
d					=	
е				-	1,799,750.	
13 Total. A	al Add columns (b), (d), and (e)				13	1,799,750.
Part XVI	-		ccomplishment of F	vemnt Pur	2020	
Line No.	Explain below how each activity	y for whic	n income is reported	ın column (	e) of Part XVI-A contrib	
<b>V</b>	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	tunds for such purpose	s) (See instructions )
· · · · · ·						
					<del></del> .	
			<del></del>	_		
				_		
					<del></del>	
				· · · · · · · · · · · · · · · · · · ·		
				_		_ <del></del>
		-				
	<del></del>					
	1					Form <b>990-PF</b> (2017)
ISA						1 01111 <b>2 2 2 1 1</b> (201

Form 990-PF (20)	17) COHEN	VETERANS	NEIWORK INC.	47-393003	Page 1
Parţ XVII	Information Regarding	Transfers	to and Transactions and	<b>Relationships With Noncha</b>	ritable
	Exempt Organizations				

. 1	Did th	e organization direct	ly or indirectly	engage in any of th	e following	with any	other org	anızatıd	on described	_ <del></del>	Yes	No
	ın se	ction 501(c) (other	than section	501(c)(3) organiza	ations) or	in sectio	n 527, r	elating	to political	-		
		izations?										. !
а	Trans	fers from the reportin	ig foundation to	a noncharitable exe	empt organi	zation of						<u> </u>
	(1) Ca	ash								1a(1)		Х
	٠,,	her assets								1a(2)		Х
b		transactions										
	(1) Sa	ales of assets to a no	ncharitable exe	mot organization					<sup> </sup>	16(1)		Х
		irchases of assets fro		. •						1b(2)		Х
		ental of facilities, equi		· -						1b(3)		Х
		eimbursement arrange								1b(4)		Х
		ans or loan guarantee								1b(5)		Х
		erformance of service								1b(6)		Х
c		ng of facilities, equipm								1c		Х
		answer to any of th	_								fair m	arket
_		of the goods, other										
		in any transaction or										
(a) L	ine no	(b) Amount involved	1	noncharitable exempt orga		_	-		sactions, and shar			
		N/A	(-,			N/A		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	1					-						
						****			<u> </u>			
						-	_		•			
		•				<u></u>						
									<del>-</del>			
							_		<del> </del>			
		<u> </u>	L	·							_	
2a		foundation directly	-					_	I	$\neg \downarrow$		٦
		bed in section 501(c)		ction 501(c)(3)) or in	section 52	77			L	Y6	es L_	No
<u> </u>	If "Yes	s," complete the follo				1		(-) D				
		(a) Name of organization	n —	(b) Type of or	ganization			(c) Desc	cription of relations	nip		
				<del></del>								
		——————————————————————————————————————	1					_				
		To a constitute of a constitute of	1	The setup column		adulas and a	tetomonte and	to the h	ast of my knowledge		saliat it	is tois
	corre	er penalties of pentity and declaration of	preparer (other than t	axpayer) is based on all inform	ation of which p	reparer has an	y knowledge	to the be	est, or my knowledg	e and b	zener, it	13 1100
Sign	1   <b> </b>	/ ///		1 11 1 - 10			. 4-	•	May the IRS	discus	s this	retum
Her	_ ٰ ام	A7 ()	<u> </u>	11-15-18	!		Of + CE	0	with the pre			_ 1
	Sig	nature of officer of trustee		Date	•	Title			See instructions	5 <u>X</u>	Yes	No
		15.45		In .			I pari	Г		TIL:		
Paic		Print/Type preparer's na		Preparer's signature	aub	0 1	Date 11/14/1	ا و		PTIN	0000	
		KELLI ARCHIB		1 fact 14.	ww	aiss	11/14/1	<u> </u>		P001		2
	parer	7 11 11 10 11 21 110	NST & YOUN					Firm's	EIN ►34-65	6559	96	
Use	Only		N CENTRAL	AVE, STE 2300					_	_		
		PH	OENIX, AZ		_	850	04	Phone				
					_				For	m 99(	0-PF	(2017)

### Schedule B

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

Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

COHEN VETERANS NETW	ORK INC.	47-3950655			
Organization type (check on	e)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private fo	undation			
	527 political organization				
Form 990-PF X 501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation				
	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib or property) from any one contributor. Complete Parts I and II. See instruct contributions	=			
Special Rules					
regulations under s 13, 16a, or 16b, ar \$5,000, or (2) 2%	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	or 990-EZ), Part II, line is of the greater of (1) Complete Parts I and II			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file Schust answer "No" on Part IV, line 2, of its Form 990, or check the box on line	H of its Form 990-EZ or on its			

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Employer identification number 47-3950655

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	STEVEN & ALEXANDRA COHEN FOUNDATION, INC  46 CUMMINGS POINT ROAD  STAMFORD, CT 06902	\$53,100,000.	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	PIERCE COUNTY TACOMA WA  950 FAWCETT AVE SUITE 100  TACOMA, WA 98402-5603	\$194,735.	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3_	CBRE  100 N. SEPULVEDA BLVD., SUITE 1100  EL SEGUNDO, CA 90245	<b>\$</b> 6,657.	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	EVERCORE PARTNERS SERVICES EAST LLC  ONE INTERNATIONAL PLACE  BOSTON, MA 02110	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				

Employer identification number 47-3950655

Part II	Noncash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded
(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
(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
		 \$	
(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
		     \$	
	i		<u> </u>

Name of organization COHEN VETERANS NETWORK INC.

Employer identification number

47-3950655

the con		ions completing Part I e year. (Enter this info	II, enter the total ermation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc. See instructions ) ► \$
(a) No from Part I	(b) Purpose of gift	(c) Use of		(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
=		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of	gıft	(d) Description of how gift is held
_   _		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gıft	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer nd ZIP + 4	-	onship of transferor to transferee

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### FORM 990PF - GENERAL EXPLANATION ATTACHMENT

FORM 990-PF, PART IX-A

### CLINIC OPERATIONS

OPERATIONS OVERSEE AND IMPLEMENT BEST PRACTICES FOR THE CLINICS THROUGH PROVIDING COMPREHENSIVE GUIDELINES AND DIRECTIVES. FUNDAMENTAL PRACTICES FOR DAY-TO-DAY OPERATIONS ARE DEVELOPED FOR THE CLINICS TO ENSURE STANDARDIZATION OF DATA COLLECTION AND QUALITY OF CUSTOMER SERVICE. ELECTRONIC HEALTH RECORD (EHR) SYSTEM IS USED BY ALL CLINICS TO CENTRALLY COLLECT KEY METRICS TO DETERMINE IF CLINICS ARE ACHIEVING DESIRED GOALS STIPULATED BY THE FOUNDATION. EXPENSES: 3,168,051.

### ACCESS TO CARE AND REDUCING

COMMUNICATIONS AND MARKETING PLANS ENCOMPASS INTERNAL AND EXTERNAL STRATEGIES. INTERNAL COMMUNICATIONS PROVIDE ASSETS, RESOURCES, AND RECOMMENDATIONS TO MFC'S STAFF ENSURING BEST MARKETING PRACTICES ARE FOLLOWED ON ALL COMMUNICATION PLATFORMS AT THE CLINIC LEVEL. EXTERNAL COMMUNICATION STRATEGIES INCLUDE TRADITIONAL ADVERTISING, CREATION OF MARKETING CAMPAIGNS, EARNED AND PAID MEDIA, PRESS EVENTS, COMMUNITY RELATIONS EVENTS, AND GRAND OPENING EVENTS TO PROMOTE COHEN VETERANS NETWORK AS WELL AS THE SEPARATE CLINICS WHICH IT SUPPORTS. EXPENSES: 1,733,760.

### TRAINING, TELEHEALTH AND SCHOLARS

TRAINING FOR THE CLINIC STAFF IS A FUNDAMENTAL PIECE OF THE BUSINESS MODEL TO PROVIDE AND ENSURE A HIGH LEVEL OF QUALITY AND CONSISTENT CARE. CLINIC STAFF IS TRAINED AND ROUTINELY ASSESSED ON EVIDENCE BASED THERAPIES THROUGH PERSONAL OR GROUP SESSIONS AND EXTERNAL CONSULTANTS. TELEHEALTH SYSTEMS ARE AVAILABLE FOR CERTAIN LOCATIONS WHERE CARE DEMAND IS HIGHEST TO PROVIDE STATE-WIDE MENTAL HEALTH CARE. THE COHEN VETERANS NETWORK SCHOLARS PROGRAM PROVIDES SCHOLARSHIPS TO STUDENTS STUDYING MILITARY MENTAL HEALTH CARE AND INCLUDES INTEGRATION INTO A CLINIC SETTING. EXPENSES: 1,185,377.

### CLINIC GRANTS

EACH NEW CLINIC RECEIVES A MASTER GRANT AGREEMENT OUTLINING FUNDING AND PAYMENT SCHEDULE FOR THE FIRST THREE YEARS. CLINIC GRANTS PROVIDE FUNDING FOR THE INITIAL BUILD OF THE MILITARY FAMILY CLINIC (MFC) INCLUDING ALLOCATION OF SPACE, RENT AND OPENING EXPENSES. THE FUNDS FOR THE NEXT THREE YEARS WILL BE DEPENDENT ON PROJECTED CLIENT NUMBERS, STAFFING, OPERATIONS, COMMUNICATION AND MARKETING PLANS, AND TRAINING RESOURCES NEEDED PER CLINIC. EXPENSES: 10,398,115.

V 17-6.3F 60106599 6683MJ 2YY1

		CHARITABLE	146,345.	146,345.
ATTACHMENT 1		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	147,536.	147,536.
	FORM 990PF, PART I - LEGAL FEES			TOTALS
	FORM 990PF, PA	DESCRIPTION	LEGAL FEES	

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES		
ORM 990PF, PART I - ACCOUNTING F	S.S.	
ORM 990PF, PART I - ACCOU	ING	
ORM 990PF, PART	- ACCOU	
ORM	Н	
ORM	AR	
ORM		
	O	

CHARITABLE PURPOSES	77,207.	77,207.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	19,276.	19,276.
REVENUE AND EXPENSES PER BOOKS	96,381.	96,381.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT

## - OTHER PROFESSIONAL FEES FORM 990PF, PART I

α	151	96	50	13	

1,550,624.

TOTALS

### 849,756. 273,553. 127,558. 96,264. 50,000.

CHARITABLE PURPOSES

1,397,131.

6683MJ 2YY1

V 17-7.2F

ATTACHMENT 4

# FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES PER BOOKS 199,093.

199,093.

CHARITABLE PURPOSES 216,031.

216,031.

FEDERAL TAXES ON INVESTMENT

DESCRIPTION

TOTALS

60106599

V 17-7.2F

6683MJ 2YY1

COHEN VETERANS NETWORK INC.

EXPENSES
OTHER E
1
H
PART
990PF,
FORM

REVENUE AND EXPENSES	PER BOOKS 571,339.	119,508.	.080,080.	82,226.	34,401.		8,432.	3,935.	
	DESCRIPTION ELECTRONIC HEALTH RECORD	INSURANCE	MISCELLANEOUS EXPENSE	TECHNOLOGY EQUIPMENT/TELECOM	OFFICE SUPPLIES	TRAINING PARTNERSHIPS	POSTAGE	BANK CHARGES	COMMUNICATIONS

TOTALS

CHARITABLE PURPOSES	121 121 900 34, 24, 33,

6683MJ 2YY1

60106599

ATTACHMENT

47-3950655

2017 FORM 990-PF COHEN VETERANS NETWORK INC.

47-3950655

ATTACHMENT 6

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

11,772,690. 1,799,750. CANCELLATION OF GRANT UNREALIZED GAIN

13,572,440. TOTAL

FORM 990PF, PART VIII - LIST OF OFFICERS,	ERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 7	1
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	i
STEVEN A. COHEN C/O POINT72, L.P.,72 CUMMINGS POINT STAMFORD, CT 06902	DIRECTOR 3.00	Ċ	. 0	.0	
DOUGLAS D. HAYNES C/O POINT72, L.P.,72 CUMMINGS POINT STAMFORD, CT 06902	DIRECTOR 3.00	Ċ	Ö	·	
MICHAEL SULLIVAN C/O POINT72, L.P.,72 CUMMINGS POINT STAMFORD, CT 06902	TREASURER 3.00		,	.0	
GARY GOLDRING C/O POINT72, L.P.,72 CUMMINGS POINT STAMFORD, CT 06902	DIRECTOR 3.00	Ö	Ċ	.0	
ADMIRAL MICHAEL MULLEN C/O POINT72, L.P.,72 CUMMINGS POINT STAMFORD, CT 06902	CHAIRMAN 3.00	.0	Ċ	.0	
ERIC WEINGARTNER C/O POINT72, L.P.,72 CUMMINGS POINT STAMFORD, CT 06902	DIRECTOR 3.00	ò	Ċ	· o	

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ATTACHMENT 7 (CONT'D)

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

COHEN VETERANS NETWORK INC.

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990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

2017 FORM 990-PF

COHEN VETERANS NETWORK INC.

### 990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

•	ATTACHME	ENT 9
NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
DESIGNROOM CREATIVE, INC 812 HURON ROAD, SUITE 712 CLEVELAND, OH 44115	MARKETING CAMPAIGN	509,063.
NETSMART TECHNOLOGIES, INC. 4950 COLLEGE BOULEVARD OVERLAND PARK, KS 66211	SOFTWARE	329,589.
COPPERSMITH & BROCKELMAN PLC 2800 N CENTRAL AVE, SUITE 1900 PHOENIX, AZ 85004	LEGAL .	83,065.
GRANT THORNTON LLP 757 3RD AVENUE #9 NEW YORK, NY 10017	ACCOUNTING	82,009.
HENRY M. JACKSON FOUNDATION 6720-A ROCKLEDGE DRIVE, SUITE 10 BETHSEDA, MD 20817	TRAINING CONSULTANT 0	75,375.
TOTAL C	COMPENSATION	1,079,101.

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COHEN VETERANS NETWORK INC

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	NONE MILITARY FAMILY CLINIC 3,772,361	PC		NONE MILITARY FAMILY CLINIC 602,542	22		NONE COHEN SCHOLARS 78,000	22		NONE NONE WILITARY FAMILY CLINIC 4,859,558	PC SC		NONE 2,346,927	S.		NONE 2,722,077	S.	
	RELATIONSHIP	FOUNDATIO	NONE	PC		NONE	PC		NONE	PC		NONE	PC		NONE	PC		NONE	PC	
		RECIPIENT NAME AND ADDRESS	CAPE FEAR VALLEY HEALTH SYSTEM	1638 OWEN DRIVE	FAYETTEVILLE, NC 28304	CENTERSTONE OF TENNESSEE	1921 RANSOM PLACE	NASHVILLE, TN 37217	COLUMBIA UNIVERSITY	630 WEST 168TH ST	NEW YORK, NY 10016	EASTER SEALS SERVING DC/MD/VA INC	1420 SPRING STREET	SILVER SPRING, MD 20910	FAMILY ENDEAVORS	535 BANDERA RD	SAN ANTONIO, TX 78228	FAMILY ENDEAVORS-EL PASO	535 BANDERA RD	

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COHEN VETERANS NETWORK INC

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FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR	DURING THE YEAR		ATTACHMENT 10 (CONT'D)
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FAMILY ENDEAVORS- KILEEN 535 BANDERA RD SAN ANTONIO, TX 78228	NONE .	MILITARY FAMILY CLINIC	1,046,171.
METROCARE 1345 RIVER BEND DRIVE DALLAS, TX 75247	NONE PC	MILITARY FAMILY CLINIC	1,243,714
NYU LANGONE MEDICAL CENTER 333 E 38TH ST NEW YORK, NY 10016	NONE PC	MILITARY FAMILY CLINIC	1,285,704
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS 13199 E MONTVIEW BOULEVARD AURORA, CO 80045	NONE PC	MILITARY FAMILY CLINIC	2,030,147
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P-221 FRANKLIN BUILDING ANNEX PHILADELPHIA, PA 19104	NONE . PC	MILITARY FAMILY CLINIC	1,522,449

TOTAL CONTRIBUTIONS PAID

21,509,650

ATTACHMENT 10

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COHEN VETERANS NETWORK INC

FORM 990PE, PART XV - CONTRIBUTIONS APPROVED FOR FUTURE PAYMENT

47-3950655

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ATTACHMENT 11

5,830,765

MILITARY FAMILY CLINIC

3,646,276

MILITARY FAMILY CLINIC

2,852,048

MILITARY FAMILY CLINIC

NONE

NONE

FAMILY ENDEAVORS-EL PASO

SAN ANTONIO, TX 78228

FAMILY ENDEAVORS

535 BANDERA RD

NONE

FAMILY ENDEAVORS- KILEEN

SAN ANTONIO, TX 78228

535 BANDERA RD

SAN ANTONIO, TX 78228

535 BANDERA RD

PC

5,414,852

MILITARY FAMILY CLINIC

5,648,884

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

NONE

CAPE FEAR VALLEY HEALTH SYSTEM

RECIPIENT NAME AND ADDRESS

S S

MILITARY FAMILY CLINIC

ATTACHMENT 11

5,058,138

MILITARY FAMILY CLINIC

NONE

CENTERSTONE OF TENNESSEE

NASHVILLE, TN 37217

1921 RANSOM PLACE

FAYETTEVILLE, NC 28304

1638 OWEN DRIVE

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NONE

EASTER SEALS SERVING DC/MD/VA INC

SILVER SPRING, MD 20910

1420 SPRING STREET

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47-3950655	
2017 FORM 990-PF	APPROVED FOR FUTURE PAYMENT
COHEN VETERANS NETWORK INC	FORM 990PE, PART XV - CONTRIBUTIONS P

ATTACHMENT 11 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		٧
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
METROCARE	NONE	MILITARY FAMILY CLINIC	2,160,677
1345 RIVER BEND DRIVE	PC		
DALLAS, TX 75247			
NYU LANGONE MEDICAL CENTER	NONE	MILITARY FAMILY CLINIC	2,419,069
333 E 38TH ST	PC		
NEW YORK, NY 10016			
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS	NONE	MILITARY FAMILY CLINIC	7,930,211
13199 E MONTVIEW BOULEVARD	25		
AURORA, CO 80045			
UNIVERSITY OF PENNSYLVANIA	NONE	MILITARY FAMILY CLINIC	1,902,526
3451 WALNUT STREET	PC		
P-221 FRANKLIN BUILDING ANNEX			
PHILADELPHIA, PA 19104			