2939316311534 1

	990-T	E	cempt Organization				n L	OMB No 1545-0047
roim UUU = I		(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning					୭ଲ10	
Depar	tment of the Treasury		► Go to www.irs.gov/Form990					
	al Revenue Service	▶ Do	not enter SSN numbers on this form)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
Ā	Check box if		Name of organization (Check b	ox if na	me changed and see instruction	s)		er identification number es' trust, see instructions)
	address changed						(Zinpioye	es aust, see manuchons)
B Exe	empt under section		STEVEN & ALEXANDRA	COHE	N FOUNDATION, IN	C		
X	501(C <u>(()</u> 3)	Print	Number, street, and room or suite no	if a P O	box, see instructions	,	06-162	
	408(e) 220(e)	Type			•		E Unrelate (See instri	ed business activity code
	408A530(a)		46 CUMMINGS POINT R	OAD	-		(000 1113111	uciiona)
	529(a)		City or town, state or province, countr	y, and a	ZIP or foreign postal code		N/A	
	ok value of all assets		STAMFORD, CT 06902				·	
are	end of year	F Gro	up exemption number (See instruct	ions)	<u> </u>			
52	20,618,114.	G Che	eck organization type 🕨 🕺 501	(c) co	rporation 501(c	trust	401(a) tru	ust Other tru
H Er	nter the number of	the orga	inization's unrelated trades or busine	esses	▶ _ 0.	Describe	the only (d	or first) unrelated
tra	ade or business her	re >			If only one,	complete Parts I-	V If more t	han one, describe the
fir	rst in the blank spa	ice at the	end of the previous sentence, co	mplete	Parts I and II, complete a S	chedule M for eac	h additiona	1
	ade or business, the					<u> </u>		
			corporation a subsidiary in an affil	iated g	roup or a parent-subsidiary of	controlled group?		. ▶ Yes X
	•		identifying number of the parent co	-	on >			
			EANNÉ MELINO		Telephon	e number ▶ 20	3-422-0	185
Par	Unrelated	Trade	or Business Income		(A) Income	(B) Expen		(C) Net
1 a	Gross receipts or					· · · · · · · · · · · · · · · · · · ·		
b	Less returns and allowa		c Balance ▶	1 _c				
2	_		ule A, line 7)					
3	-		2 from line 1c	3		<u> </u>		
-			ittach Schedule D)	4a				
4a				4b				
、 b	- , , ,		Part II, line 17) (attach Form 4797)					
c	•		trusts				/	
5			r an S corporation (attach statement)					
6	•	-						
7			come (Schedule E)	$\overline{}$			-	
8	· · · · · · · · · · · · · · · ·		ents from a controlled organization (Schedule F		-			
9			1(c)(7) (9) or (17) organization (Schedule G)					
10			ncome (Schedule I)	_	/_			
11			fule J)					
12			tions, attach schedule)	12				
13	Total. Combine lii	nes 3 thr	ough 12	13	0.			
Par			Taken Elsewhere (See inst		on's for limitations on d	leductions) (L	Deduction	is must be directly
			ne unrelated business incom					
		officers	directors, and trustees (Schedule,K)	í			. 14	
14	Compensation of	Unicers,					. 15	
14 15	Salaries and wage	es					·	
	•	es					. 16	
15	Salaries and wage Repairs and main	es tenance	internal Revende Service				16	
15 16 17 18	Salaries and wage Repairs and main	es tenance	Internal Revenue Service Received US Bank - USI				. 16	
15 16 17	Salaries and wage Repairs and main	es tenance chedule)	Internal Revente Service (see Posite (1866) US Bank - USE	3 3 3			. 16 . 17 . 18	
15 16 17 18	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license	es Itenance chedule)	Internal Revende Service (see Province US Bank - USE 304	3			. 16 . 17 . 18	
15 16 17 18 19	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (atta	es Itenance chedule) s ach Form	Internal Revente Service (see Posite (1866) US Bank - USE	3	20		. 16 . 17 18 . 19	
15 16 17 18 19 20	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (atta	es Itenance chedule) s ach Form	Internal Revention Service (see Instributions) 105 Bank - USE 304 4562) NOV 2020 on Schedule A and elsewhere on re	3 · · · · · · · · · · · · · · · · · · ·	20		16 17 18 19	
15 16 17 18 19 20 21	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (atta Less depreciation Depletion	es Itenance chedule) s ach Form	Internal Revention Service (see Instributions) 105 Bank - USE 304 4562) NOV 2020 on Schedule A and elsewhere on re	eturn	20 21a		. 16 . 17 . 18 . 19 . 21b	
15 16 17 18 19 20 21 22	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (atta Less depreciation Depletion Contributions to co	es Itenance chedule) s ach Form claimed deferred	Internal Reventing Service (see instrictions) 105 Bank - USE 304 4562) NOV 2 0 2020 on Schedule A and elsewhere on recompensation plans n. UT	eturn	20 21a	<u> </u>	. 16 . 17 . 18 . 19 . 21b . 22 . 23	
15 16 17 18 19 20 21 22 23	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit	chedule) s ach Form claimed	Internal Revention Service (see Instributions) 195 Bank - USE 304 4562) NOV 2020 On Schedule A and elsewhere on recompensation plans n. UT	eturn	20 21a		. 16 . 17 18 . 19 . 21b . 22 . 23	
15 16 17 18 19 20 21 22 23 24	Salaries and wage Repairs and main Bad debts. Interest (attach so Taxes and license Depreciation (attaches depreciation Depletion	es	Internal Revente Service (see Instructions US Bank - USE 304 4562) NOV 2 0 2020 on Schedule A and elsewhere on recompensation plans n. UT second	eturn	20 21a	· · · · · · · · · · · · · · · · · · ·	16 17 18 19 21b 22 23 24 25	
15 16 17 18 19 20 21 22 23 24 25	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (atta Less depreciation Depletion	chedule) s chedule) s chedule) s chedule) deferred chedule	Internal Revence Service (see Instrictions) US Bank - USE 304 4562) 100 3 0 2020 on Schedule A and elsewhere on recompensation plans 7, UT sechedule I). chedule J)	eturn	20 21a	2	16 . 17 . 18 . 19 . 21b . 22 . 23 . 24 . 25 . 26	
15 16 17 18 19 20 21 22 23 24 25 26 27	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (atta Less depreciation Depletion	chedule) s chedule) chedule	Internal Revence Service (see Instributions) US Bank - USE 304 4562) 100 3 0 2020 on Schedule A and elsewhere on recompensation plans n, UT sechedule J) chedule J) chedule J) chedule J) chedule J)	eturn	20 21a		. 16 . 17 . 18 . 19 . 21b . 22 . 23 . 24 . 25 . 26 . 27	
115 116 117 118 119 220 221 222 223 224 225 226 227	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (atta Less depreciation Depletion	chedule) s chedule) s chedule) s chedule) s chediferred programme penses (costs (S) (attach s Add line	Internal Revence Service (see Instructions) US Bank - USE 304 4562) 100 3 0 2020 on Schedule A and elsewhere on recompensation plans n, UT sechedule J) chedule J) chedule J) chedule J at through 27	eturn	20 21a	· · · · · · · · · · · · · · · · · · ·	16 17 -18 19 21b 22 23 24 25 26 27 28	
15 16 17 18 19 20 21 22 23 24 25	Salaries and wage Repairs and main Bad debts Interest (attach so Taxes and license Depreciation (attaches depreciation (attaches depreciation Depletion	es	Internal Revence Service (see Instributions) US Bank - USE 304 4562) 100 3 0 2020 on Schedule A and elsewhere on recompensation plans n, UT sechedule J) chedule J) chedule J) chedule J) chedule J)	eturn	20 21a deduction Subtract line	28 from line 1	. 16 . 17 18 . 19 . 21b . 22 . 23 . 24 . 25 . 26 . 27 . 28 3	

Form	• 990-T (2	one STEVEN & ALEXANDRA COHEN FOUNDATION, INC.	06-16276	38 в	age 2
Par		Total Unrelated Business Taxable Income		· · · ·	090
32		of unrelated business taxable income computed from all unrelated trades or businesses (see			
J.		tions)	32		
33		ts paid for disallowed fringes	33		
34		ble contributions (see instructions for limitation rules)	34		
35		unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	-		
•		the sum of lines 32 and 33	35		0.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see	-		
••		ions)	36		
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38		e deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		
39		ed business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37.			
••		e smaller of zero or line 37	39		ο.
Par	tIV	Tay Computation	<u> </u>		
40		rations Taxable as Corporations Multiply line 39 by 21% (0 21)	40		
41	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax on			
•		ount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41		
42		ax See instructions	42		
43	•	tive minimum tax (trusts only).	43	<u></u>	
44		· · · · · · · · · · · · · · · · · · ·	44		
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
Par		Tax and Payments			
46 a		tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
b	•	redits (see instructions)			
С		business credit Attach Form 3800 (see instructions)			
d		or prior year minimum tax (attach Form 8801 or 8827)			
е			46e		
47		t line 46e from l <u>ine 45 </u>	47		
48		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48		
49			49		0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a		nts. A 2018 overpayment credited to 2019			
b	2019 es	stimated tax payments			
С	Tax dep	osited with Form 8868			
d	Foreign	organizations Tax paid or withheld at source (see instructions)			
е	Backup	withholding (see instructions)			
f		or small employer health insurance premiums (attach Form 8941) 51f	İ		
g	Other c	redits, adjustments, and payments Form 2439			
		orm 4136 Other Total ▶ 51g			
52	Total p	ayments Add lines 51a through 51g	52		
53	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	53		
54	Tax due	If line 52 is less than the total of lines 49, 50 and 53, enter amount owed	54		
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ▶	55		
56	Enter the	e amount of line 55 you want	56		
Par	: VI	Statements Regarding Certain Activities and Other Information (see instructions))		
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or	other authori	ty Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	have to fil	ie	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the fi	oreign counti	- 1	
	here 🕨				X
58	During	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?	- -	<u> </u>
	If "Yes,"	see instructions for other forms the organization may have to file			
59		e amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	1 10	ider penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the bes ie, correct, and complete. Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge.	st of my knowled	ge and belief	f, it is
Sign		May	the IRS disci	uss this re	turn
Here		VILLE VILLE WITH WITH	the preparer	shown be	
	Sı		nstructions)? X		Nο
D =1		Frint/Type preparer's name Preparer's signature Date Check			_
Paid		JOHN D COOK 11/11/20 self-em		1450182	
Prep Use	arer Only	Firm's name ► ERNST & YOUNG U.S. LLP \	IN ► 34-6	365596	
JJU	O i ii y	Firm's address ► 77 WATER STREET, 9TH FL, NEW YORK, NY 10005 Phone r	no 212-440	0080-0	-

Form **990-T** (2019)

▶

Total dividends-received deductions included in column 8.

Schedule F - Interest, Ann				ntrolled Or						
Name of controlled organization	2 Employer identification numb	er l		ated income nstructions)	ı	of specifients made	included	f column 4 to in the contri ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)				_		•	_		_	
(2)	1.1							_		
(3)							•			
(4)										
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I		Total of specific ayments made		ıncl	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10
(1)	<u></u>									
(2)							_	_		
(3)				<u>-</u>						
(4)										
Totals			 c)(7),	(9), or (17	▶) Orga	Ent Pa	er here and on it I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction of the directly correctly correctl	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)								•		
(2)	` ,			***************************************						
(3)										
(4)										Enter here and on page 1
Totals ► Schedule I – Exploited Exe	Part I, line 9, c		er Th			ncome	(see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	y with n of ed	4 Net inconfrom unrelated or business 2 minus collif a gain, colli	ed tradé (column umn 3) ompute	from is no	ross income activity that of unrelated ness income	6 Expe attribute colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)								1		
(4)		<u>_</u> _						<u> </u>		
,	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, co	art I,						•	Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising Ir	I come (see instr	uctions)						-		
Part I Income From Per			onsoli	idated Bas	sis				-	
1 Name of periodical	2 Gross ¹ advertising income	3 Directions		4 Advertigain or (los 2 minus co a gain, coi cois 5 thro	s) (col ol 3) If npute		Circulation	, 6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>	ı					, -
(2)	-			 						<u> </u>
(3)										
(4)	 	r	-							
	 									
Totals (carry to Part II, line (5))								<u> </u>		
						,				Form 990-T (2019

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-					
(2)	-					
(3)			1			
(4)					-	
Totals from Part I			-			
,	Enter here and on , page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	•			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
,		%	
)	2	%	
)		%	
)		%	
otal Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)