Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public Inspection

For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020

Name of foundation
COHEN VETERANS NETWORK INC
C/O POINT72 LP

A Employer identification number
47-3950655

Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite
72 CUMMINGS POINT RD

B Telephone number (see instructions)
(203) 252-3382

City or town, state or province, country, and ZIP or foreign postal code
STAMFORD, CT 06902

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16*) ▶$ 24,139,054

J Accounting method: ☐ Cash ☑ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	38,712,842			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	225,876	0	134,383	
	12	**Total.** Add lines 1 through 11	38,938,718	0	134,383	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	742,694	0	0	725,652
	14	Other employee salaries and wages	5,107,264	0	0	5,031,935
	15	Pension plans, employee benefits	1,771,948	0	0	1,756,733
	16a	Legal fees (attach schedule)	231,014	0	0	222,274
	b	Accounting fees (attach schedule)	136,419	0	0	120,454
	c	Other professional fees (attach schedule)	3,513,100	0	0	3,323,528
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion	3,419,034	0	0	
	20	Occupancy	2,279,576	0	0	2,281,630
	21	Travel, conferences, and meetings	263,732	0	0	305,232
	22	Printing and publications	20,920	0	0	23,763
	23	Other expenses (attach schedule)	1,120,579	0	0	1,074,129
	24	**Total operating and administrative expenses.** Add lines 13 through 23	18,606,280	0	0	14,865,330
	25	Contributions, gifts, grants paid	30,293,991			23,594,090
	26	**Total expenses and disbursements.** Add lines 24 and 25	48,900,271	0	0	38,459,420
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-9,961,553			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)			134,383	

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	15,914,842	13,875,156	13,875,156
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 689,260			
		Less: allowance for doubtful accounts ▶	677,238	689,260	689,260
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	2,205,754	2,543,539	2,543,539
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶ 13,486,572			
		Less: accumulated depreciation (attach schedule) ▶ 6,455,473	8,838,612	7,031,099	7,031,099
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	27,636,446	24,139,054	24,139,054
Liabilities	17	Accounts payable and accrued expenses	1,089,451	986,119	
	18	Grants payable		6,685,397	
	19	Deferred revenue	2,677,728	2,559,824	
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	**Total liabilities**(add lines 17 through 22)	3,767,179	10,231,340	
Net Assets or Fund Balances		**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24	Net assets without donor restrictions	23,869,267	13,907,714	
	25	Net assets with donor restrictions			
		Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	**Total net assets or fund balances** (see instructions)	23,869,267	13,907,714	
	30	**Total liabilities and net assets/fund balances** (see instructions)	27,636,446	24,139,054	

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	23,869,267
2	Enter amount from Part I, line 27a	2	-9,961,553
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	13,907,714
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	13,907,714

Part IV Capital Gains and Losses for Tax on Investment Income

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

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

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

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

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved

2 Reserved	2	
3 Reserved	3	
4 Reserved	4	
5 Reserved	5	
6 Reserved	6	
7 Reserved	7	
8 Reserved	8	

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Reserved	1	0
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	0
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020 — 6a: 0		
b	Exempt foreign organizations—tax withheld at source — 6b: 0		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	0
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2021 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ See Additional Data Table			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ WWW.COHENVETERANSNETWORK.ORG

14 The books are in care of ▶ ANTHONY HASSAN Telephone no. ▶ (203) 569-0280

Located at ▶ 72 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 ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

			Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☑ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? ☐ Yes ☑ No If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2020 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.).*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	**5b**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		No
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year? ☐ Yes ☑ No			

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
PAUL WOOD 72 CUMMINGS POINT ROAD STAMFORD, CT 06902	MARKET OFFIC. 35.00	283,358	78,784	0
CARL MARUCCI 72 CUMMINGS POINT ROAD STAMFORD, CT 06902	SVP ADVAN. 35.00	255,324	62,173	0
ALTHEA SAMUELS 72 CUMMINGS POINT ROAD STAMFORD, CT 06902	SVP FINANCE 35.00	199,487	62,468	0
GERALD ALTIERI 72 CUMMINGS POINT ROAD STAMFORD, CT 06902	VP 35.00	191,430	63,032	0
DEVON COLLINS 72 CUMMINGS POINT ROAD STAMFORD, CT 06902	SENIOR VP 35.00	202,276	43,329	0
Total number of other employees paid over $50,000 ▶				41

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

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

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
COPPERSMITH BROCKELMAN PLC 2800 N CENTRAL AVENUE SUITE 1900 PHOENIX, AZ 850041241	LEGAL	156,200
GRANT THORNTON LLP 757 3RD AVENUE 9 NEW YORK, NY 100172013	EXTERNAL AUDIT	105,375
QUADRANT STRATEGIES LLC 4201 CONNECTICUT AVE NW STE 405 WASHINGTON, DC 20008	RESEARCH & CONSULTING	95,000
PCI CREATIVE GROUP LLC 652 GLENBROOK ROAD SUITE 2-301 STAMFORD, CT 06906	CUSTOM PRINTING	72,790
HARRIS INSIGHTS AND ANALYTICS LLC 1 WORLD TRADE CENTER FLOOR 63 NEW YORK, NY 10007	POLL & SURVEYS	66,975
Total number of others receiving over $50,000 for professional services. . . . . ▶		3

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CLINIC GRANTSEACH NEW CLINIC RECEIVES A MASTER GRANT AGREEMENT OUTLINING THE SERVICES TO BE PROVIDED BY CVN, FUNDING AND PAYMENT SCHEDULE FOR AN INITIAL 3 YEAR PERIOD. CLINIC GRANTS PROVIDE IN-DEPTH ASSISTANCE, AS WELL AS FUNDING FOR THE INITIAL BUILD OF THE MILITARY FAMILY CLINIC (MFC). CVN PROVIDES RESOURCES, GUIDANCE AND FUNDING THROUGH THE INITIAL PROCESS, 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 FROM CVN BY THE CLINIC. EXPENSES: 30,232,741.	30,232,741
2 CLINIC OPERATIONS AND NETWORK DEVELOPMENTOPERATIONS 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: 12,086,007.	12,086,007
3 ACCESS TO CARE AND REDUCING STIGMACOMMUNICATIONS 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: 1,760,671.	1,760,671
4 TRAINING, TELEHEALTH & SCHOLARSTRAINING 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: 904,206.	904,206

Part IX-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 NONE	0
2	
All other program-related investments. See instructions. **3**	0
Total. Add lines 1 through 3 . . . . . ▶	0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	26,698,804
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	26,698,804
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	26,698,804
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	400,482
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,298,322
6	**Minimum investment return.** Enter 5% of line 5	6	1,314,916

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☑ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2020 from Part VI, line 5 — 2a		
b	Income tax for 2020. (This does not include the tax from Part VI.) — 2b		
c	Add lines 2a and 2b	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	

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	38,459,420
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	38,459,420
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	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	38,459,420

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

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

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only.				
b Total for prior years: 20____ , 20____ , 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ $ _____				
a Applied to 2019, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2020 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2020. *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2021.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2016. . . .				
b Excess from 2017. . . .				
c Excess from 2018. . . .				
d Excess from 2019. . . .				
e Excess from 2020. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☑ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	134,383	29,918	0	469,025	633,326
b 85% of line 2a	114,226	25,430	0	398,671	538,327
c Qualifying distributions from Part XII, line 4 for each year listed	38,459,420	41,193,214	26,993,938	25,192,790	131,839,362
d Amounts included in line 2c not used directly for active conduct of exempt activities	3,530,189	2,391,950	3,250,974	1,184,980	10,358,093
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	34,929,231	38,801,264	23,742,964	24,007,810	121,481,269
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .	876,611	783,925	548,593	312,683	2,521,812
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)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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

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

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

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. 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:

c Any submission deadlines:

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

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				23,583,049
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				6,710,944

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					0
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a MISCELLANEOUS INCOME		0	01	52,337	0
b DUKE HRSA		0			82,046
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e).		0		52,337	82,046
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	134,383

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
11B	STUDENTS FROM DUKE UNIVERSITY ARE PLACED IN VARIOUS COHEN VETERANS CLINICS IN RURAL AND UNDERSERVED AREAS. THE SUPERVISION OF THE STUDENTS IN THOSE CLINICS IS FUNDED BY THE DUKE HRSA GRANT PAID TO COHEN VETERANS NETWORK.

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

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

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

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

****** | 2021-09-01 | ******

Signature of officer or trustee | Date | Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
DANIEL ROMANO				P00504182
Firm's name ▶ GRANT THRONTON LLP				Firm's EIN ▶36-6055558
Firm's address ▶ 757 THIRD AVE 3RD FLOOR NEW YORK, NY 100172013				Phone no. (212) 599-0100

Form 990PF Part VII-A Line 8a

Enter the states to which the foundation reports or with which it is registered:	AL, AK, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
STEVEN A COHEN C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	CHAIRMAN & CEO 3.00	0	0	0
DOUGLAS D HAYNES C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	FORMER PRESIDENT 3.00	0	0	0
MICHAEL SULLIVAN C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	MANAGING DIRECTOR 3.00	0	0	0
GARY GOLDRING C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	FORMER CO-CHIEF 3.00	0	0	0
ADMIRAL MICHAEL MULLEN C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	17TH CHAIRMAN 3.00	0	0	0
ERIC WEINGARTNER C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	CEO 3.00	0	0	0
SENATOR JOSEPH LIEBERMAN C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	FORMER US SENATOR 3.00	0	0	0
LINDA ROSENBERG MSW C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	DIRECTOR OF EXTERNAL AFFAIRS 3.00	0	0	0
MARY WINNEFELD MA C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	CO FOUNDER 3.00	0	0	0
ANTHONY HASSAN C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	CEO & PRESIDENT 50.00	462,115	84,063	0
ALICE KIM C/O POINT72 LP72 CUMMINGS POINT RD STAMFORD, CT 06902	COO 50.00	280,579	70,188	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ANCHORAGE COMMUNITY MENTAL HEALTH SERVICES 4020 FOLKER STREET ANCHORAGE, AK 99508	NONE	PC	MILITARY FAMILY CLINIC	1,000,553
ASPIRE HEALTH PARTNERS 5151 ADANSON STREET STE 200 ORLANDO, FL 32804	NONE	PC	MILITARY FAMILY CLINIC	472,076
CENTERSTONE OF TENNESSEE INC (CLARKSVILLE CLINIC) 44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228	NONE	PC	MILITARY FAMILY CLINIC	2,201,320
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CENTERSTONE OF TENNESSEE INC (FAYETTEVILLE CLINIC) 44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228	NONE	PC	MILITARY FAMILY CLINIC	756,807
CENTERSTONE OF TENNESSEE INC (JACKSONVILLE CLINIC) 44 VANTAGE WAY SUITE 400 NASHVILLE, TN 37228	NONE	PC	MILITARY FAMILY CLINIC	1,193,368
CHILD AND FAMILY SERVICE 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	NONE	PC	MILITARY FAMILY CLINIC	1,400,463
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CUMBERLAND COUNTY HOSPITAL SYSTEM INC DBA CAPE FEAR VALLEY MEDICAL CENTER 101 ROBESON STREET SUITE 400 FAYETEVILLE, NC 28301	NONE	PC	MILITARY FAMILY CLINIC	-488,520
EASTER SEALS SERVING DCMDVA INC 1420 SPRING STREET SILVER SPRING, MD 20910	NONE	PC	MILITARY FAMILY CLINIC	1,229,018
FAMILY ENDEAVORS INC (EL PASO CLINIC) 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	NONE	PC	MILITARY FAMILY CLINIC	774,735
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FAMILY ENDEAVORS INC (KILLEEN CLINIC) 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	NONE	PC	MILITARY FAMILY CLINIC	2,149,122
FAMILY ENDEAVORS INC (SAN ANTONIO CLINIC) 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	NONE	PC	MILITARY FAMILY CLINIC	2,264,791
HOPE FOR THE WARRIORS INC 8003 FORBES PLACE SUITE 201 SPRINGFIELD, VA 22151	NONE	PC	MILITARY FAMILY CLINIC	1,154,679
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
METROCARE SERVICES 1345 RIVER BEND DR DALLAS, TX 75247	NONE	PC	MILITARY FAMILY CLINIC	1,723,123
NYU LANGONE MEDICAL CENTER 333 E 38TH ST NEW YORK, NY 10016	NONE	PC	MILITARY FAMILY CLINIC	850,000
OKLAHOMA MENTAL HEALTH COUNCIL DBA RED ROCK BEHAVIORAL HEALTH SERVICES 4400 N LINCOLN BLVD OKLAHOMA CITY, OK 73105	NONE	PC	MILITARY FAMILY CLINIC	809,914
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE UP CENTER 150 BOUSH STREET STE 500 NORFOLK, VA 23510	NONE	PC	MILITARY FAMILY CLINIC	923,746
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS 13199 E MONTVIEW BOULEVARD AURORA, CO 80045	NONE	PC	MILITARY FAMILY CLINIC	1,663,846
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P-221 FRANKLIN BUILDING ANNEX PHILADELPHIA, PA 19104	NONE	PC	MILITARY FAMILY CLINIC	804,903
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VALLEY CITIES COUNSELING AND CONSULTATION 325 WEST GOWE STREET KENT, WA 98032	NONE	PC	MILITARY FAMILY CLINIC	1,726,788
VIETNAM VETERANS OF SAN DIEGO DBA VETERANS VILLAGE OF SAN DIEGO 4141 PACIFIC HWAY SAN DIEGO, CA 92110	NONE	PC	MILITARY FAMILY CLINIC	937,317
ACTION PATHWAYS INC 316 GREEN ST PO BOX 2009 FAYETEVILLE, NC 28301	NONE	PC	FOODBANK DONATIONS	1,500
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAPITAL AREA FOOD BANK INC 4900 PUERTO RICO AVENUE NE WASHINGTON, DC 20017	NONE	PC	FOODBANK DONATIONS	1,500
CENTRAL TEXAS FOOD BANK INC 6500 METROPOLIS DRIVE AUSTIN, TX 78744	NONE	PC	FOODBANK DONATIONS	1,500
DEFENDERS OF FREEDOM 320 HIGHWAY 121 SUITE 208 COPPELL, TX 75019	NONE	PC	COVID-19 COMMUNITY FUNDING	1,000
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
EL PASOANS FIGHTING HUNGER 9541 PLAZA CIRCLE EL PASO, TX 79927	NONE	PC	FOODBANK DONATIONS	1,500
FEEDING SAN DIEGO 9477 WAPLES STREET SUITE 100 SAN DIEGO, CA 92121	NONE	PC	FOODBANK DONATIONS	1,500
FOOD BANK FOR NEW YORK CITY 39 BROADWAY 10TH FL NEW YORK, NY 10006	NONE	PC	FOODBANK DONATIONS	1,500
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD BANK OF ALASKA INC 2121 SPAR AVENUE ANCHORAGE, AK 99501	NONE	PC	FOODBANK DONATIONS	1,500
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA INC 1924 CAPITAL BLVD RALEIGH, NC 27604	NONE	PC	FOODBANK DONATIONS	1,500
FOOD BANK OF THE ROCKIES 10700 E 45TH AVENUE DENVER, CO 80239	NONE	PC	FOODBANK DONATIONS	1,500
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD LIFELINE815 SOUTH 96TH SEATTLE, WA 98108	NONE	PC	FOODBANK DONATIONS	1,500
FOODBANK OF SOUTHEASTERN VIRGINIA AND THE EASTERN SHORE 800 TIDEWATER DRIVE NORFOLD, VA 23504	NONE	PC	COVID-19 COMMUNITY FUNDING	1,000
FOODBANK OF SOUTHEASTERN VIRGINIA AND THE EASTERN SHORE 800 TIDEWATER DRIVE NORFOLD, VA 23504	NONE	PC	FOODBANK DONATIONS	1,500
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HAWAII FOODBANK INC 2611 KILIHAU STREET HONOLULU, HI 96819	NONE	PC	FOODBANK DONATIONS	1,500
HILLTOP RECOVERY MINISTRIES PO BOX 1635 BELTON, TX 76513	NONE	PC	COVID-19 COMMUNITY FUNDING	1,000
MC10 VTC MENTORSPO BOX 1594 CLARSKVILLE, TN 37041	NONE	PC	COVID-19 COMMUNITY FUNDING	1,000
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NORTH TEXAS FOOD BANK 3677 MAPLESHADE LANE PLANO, TX 75075	NONE	PC	FOODBANK DONATIONS	1,500
NORTHEAST FLORIDA WOMEN VETERANS INC 103 CENTURY 21 DR STE 201 JACKSONVILLE, FL 32216	NONE	PC	COVID-19 COMMUNITY FUNDING	1,000
PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA, PA 19148	NONE	PC	FOODBANK DONATIONS	1,500
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
REGIONAL FOOD BANK OF OKLAHOMA INC 3355 S PURDUE AVENUE OKLAHOMA CITY, OK 73179	NONE	PC	FOODBANK DONATIONS	1,500
SAN ANTONIO FOOD BANK 5200 ENRIQUE M BARRERA PARKWAY SAN ANTONIO, TX 78227	NONE	PC	FOODBANK DONATIONS	1,500
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE INC 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	NONE	PC	FOODBANK DONATIONS	1,500
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ST JOHN'S BREAD AND LIFE PROGRAM INC 795 LEXINGTON AVE BROOKLYN, NY 11221	NONE	PC	COVID-19 COMMUNITY FUNDING	1,000
THE REGIONAL FOOD BANK OF NORTHEAST FLORIDA INC DBA FEEDING NORTHEAST FLORIDA 1116 EDGEWOOD AVENUE N JACKSONVILLE, FL 32254	NONE	PC	FOODBANK DONATIONS	1,500
VETERANS EMPOWERING VETERANS 325 B STREET FAYETEVILLE, NC 28301	NONE	PC	COVID-19 COMMUNITY FUNDING	1,000
Total . . . . . ▶ **3a**				23,583,049

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
VETERANS NON PROFIT4317 DYER ST EL PASO, TX 79930	NONE	PC	COVID-19 COMMUNITY FUNDING	1,000
Total . . . . . ▶ **3a**				23,583,049

TY 2020 Accounting Fees Schedule

Name: COHEN VETERANS NETWORK INC
C/O POINT72 LP

EIN: 47-3950655

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
AUDIT & TAX PREPARATION FEES	136,419	0	0	120,454

TY 2020 All Other Program Related Investments Schedule

Name: COHEN VETERANS NETWORK INC
C/O POINT72 LP

EIN: 47-3950655

All Other Program Related Investments Schedule

Category	Amount
NONE	0

TY 2020 Legal Fees Schedule

Name: COHEN VETERANS NETWORK INC
C/O POINT72 LP

EIN: 47-3950655

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PROFESSIONAL LEGAL COUNSELING	231,014	0	0	222,274

TY 2020 Other Expenses Schedule

Name: COHEN VETERANS NETWORK INC
C/O POINT72 LP

EIN: 47-3950655

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TECH EQUIPMENT & TELECOM	820,645	0	0	774,671
INSURANCE	215,796	0	0	215,796
SUBSCRIPTIONS	34,855	0	0	34,855
MISCELLANEOUS OFFICE EXPENSE	13,314	0	0	13,315
OFFICE SUPPLIES	12,248	0	0	11,771
BANK CHARGES	9,760	0	0	9,760
POSTAGE	9,248	0	0	9,248
LICENSES	4,713	0	0	4,713

TY 2020 Other Income Schedule

Name: COHEN VETERANS NETWORK INC
C/O POINT72 LP

EIN: 47-3950655

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FEDERAL TAX REFUND	91,493	0	0
MISCELLANEOUS INCOME	52,337		52,337
DUKE HRSA	82,046		82,046

TY 2020 Other Professional Fees Schedule

Name: COHEN VETERANS NETWORK INC
C/O POINT72 LP

EIN: 47-3950655

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARKETING/COMMUNICATIONS	1,764,497	0	0	1,718,038
PARTNERSHIP/SERVICE CONTRACTS	406,131	0	0	406,131
HR AND ADP PAYROLL FEES	321,199	0	0	344,615
CONSULTING FEES	302,846	0	0	438,899
FUNDRAISING	228,174	0	0	92,994
RESEARCH AND INNOVATION	224,391	0	0	86,780
TRAINING PARTNERSHIPS	208,986	0	0	179,195
TELEHEALTH	38,957	0	0	38,957
DATA WAREHOUSE	17,919	0	0	17,919

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
COHEN VETERANS NETWORK INC C/O POINT72 LP	47-3950655

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as 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
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For 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 . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
COHEN VETERANS NETWORK INC
C/O POINT72 LP

Employer identification number
47-3950655

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(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	$ 38,000,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
2	BANK OF AMERICA NA 100 NORTH TRYON STREET CHARLOTTE, NC 28202	$ 350,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
3	UNITED SERVICES AUTOMOBILE ASSOCIATION (USAA) 9800 FREDRICKSBURG ROAD SAN ANTONIO, TX 78288	$ 260,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
4	AMERICAN AIRLINES 4255 AMON CARTER BOULEVARD FORT WORTH, TX 76155	$ 39,500	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
5	MANITOU FOUNDATION 4801 HIGHWAY 61 SUITE 310 WHITE BEAR LAKE, MN 55110	$ 25,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
COHEN VETERANS NETWORK INC
C/O POINT72 LP

Employer identification number
47-3950655

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

(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
-		$	

Name of organization	Employer identification number
COHEN VETERANS NETWORK INC C/O POINT72 LP	47-3950655

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(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, and ZIP 4	Relationship 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, and ZIP 4	Relationship 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, and ZIP 4	Relationship 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, and ZIP 4	Relationship of transferor to transferee