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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

OMB No 1545-0047

A F	or th	e 2011 calendar year, or tax year beginning F	<u>'EB 1, 2011</u> and	l ending	<u>JAN 31,</u>	2012								
Bca	heck if	C Name of organization			D Employe	r identificatio	n number							
	Addre	ss The Cozen O'Connor Fou	ndation, Inc.		1									
\vdash	Name change Doing Business As OL 20-00													
	Initial	At the second start of Co. D. O. hourst most second of	livered to street address)	Room/suite	E Telephor									
	Termi		·	•	L	215-66	5-4154							
	Amer	ded O.A A		-	G Gross receip	ots \$	1460	374.						
	Appli tion	^a Philadelphia, PA 1910	3		H(a) Is this	a group return	-							
	pend	F Name and address of principal officer Har	mon Spolan		for affil	ates?	Yes [X No						
		1900 Market Street, Phi	ladelphia, PA	19103	H(b) Are all a	ffiliates included	וף ☐ Yes [No						
17	ax-ex	empt status X 501(c)(3) 501(c)()	✓ (Insert no.) 4947(a)(1)	or 52	7 If "No,'	attach a list	(see instructi	ons)						
		te: ► N/A	-		H(c) Group	exemption nu	mber 🕨							
KF	orm o	forganization: X Corporation Trust As	ssociation Other >	L Yea	r of formation:	2003 м Sta	te of legal dom	iicile. PA						
	art I	Summary			·									
uce L	Briefly describe the organization's mission or most significant activities. FOR CHARITABLE, SCIENTIF EDUCATIONAL PURPOSES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3													
2	2		ntinued its operations or dispo	sed of mo	re than 25% of	its net assets								
ove	3	Number of voting members of the governing body	(Part VI, line 1a)			3		6						
Ğ	4	Number of independent voting members of the go				4		6						
Activities &	5	Total number of individuals employed in calendary				5		0						
žį	6	Total number of volunteers (estimate if necessary)				6		0						
Ċţ	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12			7a		0.						
•	b	Net unrelated business taxable income from Form	990-T, line 34			7b		0.						
					Prior Yea	ar	Current Ye	ar						
o o	8	Contributions and grants (Part VIII, line 1h)	(1450	0984.	1460	374.						
n e	9	Program service revenue (Part VIII, line 2g)	$-i\beta$			0.		0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4	Mand 7d)3 2013 9			0.		0.						
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	c, 9c, 10c, and 11e)			0.		0.						
	12	Total revenue · add lines 8 through 11 (must equal			1450	0984.		<u> 374.</u>						
2	13	Grants and similar amounts paid (Part IX, column)	(A), lines 1-3),		1230	0015.	1497	<u> 677.</u>						
, See 5	14	Benefits paid to or for members (Part IX, column (A	A), line 4)	ļ_	··	0.		0.						
sa sa	15	Salaries, other compensation, employee benefits ((Part IX, column (A), lines 5-10)	_		0.	·	0.						
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)	_		0.		0.						
• d ×	b	Total fundraising expenses (Part IX, column (D), lin	ne 25)	0.										
Ž X	, ''	Other expenses (Part IX, column (A), lines 11a-11d	•	ļ		1296.		360.						
	18	Total expenses Add lines 13-17 (must equal Part	IX, column (A), line 25)			1311.		037.						
	19	Revenue less expenses Subtract line 18 from line	12			9673.	-48	<u> 8663.</u>						
s or				<u> B</u>	eginning of Curi		End of Yes							
sset 3ala	20	Total assets (Part X, line 16)			6	7121.	18	<u> 458.</u>						
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)				0.		0.						
	22	Net assets or fund balances Subtract line 21 from	1 line 20		6	7121.	18	<u> 8458.</u>						
	art II	Signature Block												
	-	alties of perjury, I declare that I have examined this return					wledge and be	elief, it is						
true	, corre	ct, and complete. Declaration of preparer (other than offic	er) is based on all information of w	vnich prepar		eage	14 - 7 -							
		Signature of officer			Date	12-	10-20							
Sig		1			Duite	'								
Her	e	David W. Ellman, COO Type or print name and title						-						
-			Dranavaria augustura		Date	Check	PTIN							
Paid		Print/Type preparer's name	Preparer's signature		54.0		1 1111							
	parer	Eurnia aama	<u> </u>			sett-employed								
•		Firm's name				's EIN 🛌								
096	Use Only Firm's address ► Phone no.													
N.4	, tha	PS discuss this return with the preserve shows at	ove? (see instructions)		1110	iic iiu.								
		RS discuss this return with the preparer shown above to the LAA. For Panerwork Padvetion Act Not		ions			Yes Form 99	No (2011)						
1320	01 01-	23-12 LHA For Paperwork Reduction Act Note	ce, see me separate instructi	เบเเร.			FOIII 3 3	· ∪ (∠∪ I I)						

orm	990 (2011) The Cozen (O'Connor Foundation, Inc.	20-0074096 Page 2
Pai	t III Statement of Program Service	Accomplishments	
	Check if Schedule O contains a response	to any question in this Part III	
1	Briefly describe the organization's mission		
	ORGANIZED PRINCIPALLY TO	O MAKE GRANTS AND PROVIDE FINA	NCIAL SUPPORT TO
	OTHER CHARITABLE ORGANI	ZATIONS QUALIFYING FOR EXEMPTI	ON UNDER
	501(c)(3).		
2	Did the organization undertake any significant j	program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Scheo	dule O	
3	Did the organization cease conducting, or make	e significant changes in how it conducts, any program servic	ces? Yes X No
	If "Yes," describe these changes on Schedule	0.	
4	· -	complishments for each of its three largest program service	
		nd section 4947(a)(1) trusts are required to report the amour	nt of grants and allocations to
	others, the total expenses, and revenue, if any,		
4a		7677. including grants of \$ 1497677.) (i	
		O MAKE GRANTS AND PROVIDE FINA	
		ZATIONS QUALIFYING FOR EXEMPTI	ON UNDER
	501(c)(3).		
4b	(Code) (Expenses \$	including grants of \$) (i	Revenue \$)
			
			
		- -	
4c	(Code) (Expenses \$	including grants of \$) (i	Revenue \$
	, (2000)		,
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule	0)	
	(Expenses \$ including	ng grants of \$) (Revenue \$	<u>)</u>
4e	Total program service expenses ▶	1497677.	
			Form 990 (2011)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		١,,	/_
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	N	74
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	 	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			۱,,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		, .
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		X
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446	Ì	X
_		11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
٦	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_==
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ŀ	l <u>.</u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 3

rai	tre Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		3.5	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	· ·	5		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
۰	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_,_		
8	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		l	
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	<u> </u>	Α
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10	_	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''	 	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 	 	
. •	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

		т—		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			 ₩
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			- v
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			7.5
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	 	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			٦,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			\ .
	of any of these persons? If "Yes," complete Schedule L, Part III	27	 	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С				٦,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		٠,,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	١.,	1	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	 	X
35a	·	35a	-	┼ <u>^</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	051		₩.
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			- v
	If "Yes," complete Schedule R, Part V, line 2	36	 	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2011)
		1 01111	200	رد ۱۱۷ ت

Form 990 (2011) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any guestion in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 0 filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes." to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter-11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

X

Form 990 (2011) The Cozen O'Connor Foundation, Inc. 20-0074096 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion 🕨		
	DAVID W. ELLMAN, COO - 215-665-2000			
	1900 MARKET STREET, PHILADELPHIA, PA 19103			

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The Cozen O'Connor Foundation, Inc.

20-0074096

age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one th an	(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) STEPHEN A. COZEN											
PRESIDENT	0.00	X		X	L	<u> </u>	<u> </u>	0.	0.	0.	
(2) PATRICK J. O'CONNOR											
VICE PRESIDENT	0.00	X		X				0.	0.	0.	
(3) THOMAS A. DECKER					İ		1				
VICE PRESIDENT	0.00	X		X				0.	0.	0.	
(4) HARMON SPOLAN											
CHAIRMAN	0.00	X		X				0.	0.	0.	
(5) GERARD HARNEY									1		
DIRECTOR	0.00	X						0.	0.	0.	
(6) DENNIS COHEN											
DIRECTOR	0.00	X						0.	0.	0.	
(7) HENRY A. GLADSTONE											
SECRETARY	0.00			X				0.	0.	0.	
(8) DAVID W. ELLMAN											
TREASURER	0.00			X				O.	0.	0.	
							1				
									,		
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	Officers, Directors, Tru	Stees, Ney LI	ilbir	yee	3, a	iiu i	ngn	COL	Compensated Limploy	ees (continued)				
	(A) Name and title	(B) Average hours per	ge Position (do not check more than one box, unless person is both an		(D) (E) Reportable Reportable compensation compensation				-					
		week (describe hours for	director	er an	dad				from the	from related organizations			other pensa	
		related organizations	ustee or d	trustee	ľ	8	npensated	!	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	org	om the anizati	on
		in Schedule O)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					d relati anızatıd	
	-		_=_	=	0	¥	ΞĐ							
					-					,				-
	·													
												 -		
1b S	ub-total						>		0.		0.			0.
c T	otal from continuation sheets to Part VI	I, Section A							0.	·	0.			0.
	otal (add lines 1b and 1c)	•					•		0.		0.			0.
	otal number of individuals (including but n	ot limited to th	ose	liste	ed at	DOVE	e) wt	no re	eceived more than \$100	0.000 of reportable				
	ompensation from the organization						,			,	_			C
													Yes	No
	id the organization list any former officer,		ıste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
	ne 1a? If "Yes," complete Schedule J for s or any individual listed on line 1a, is the su		le co	omp-	ensa	ation	n and	d otl	her compensation from	the organization		3		<u> </u>
	nd related organizations greater than \$150 id any person listed on line 1a receive or a									idual for services		4		X
	endered to the organization? If "Yes," com							٠.۵٠	organization of man			5		Х
	n B. Independent Contractors													
	omplete this table for your five highest cone organization. Report compensation for										pens	ation 1	rom	
u	(A)	ille Calelluai y	cai	cnui	ng v	V 1 (1 1	<u> </u>	100	(B)	year.)	
	Name and business	address	N	INC	3	_			Description of s	services	C		nsatio	n
									·				_	
												_		
	otal number of independent contractors (in 100,000 of compensation from the organic	•	ot l	mite	d to		se lii 0	stec	d above) who received n	nore than				

		.,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Grants	b		1a 1b					
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations Government grants (contribut	ions) 1d					
Contributions and Other		similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ve 1f	1460374.	1460374.			
<u> </u>		1 Total. Add lines Ta-11		Business Code	14003/41			
ا يو	2 a	a					Ì	
ξ	_ b	<u> </u>		,				
S 5	c				··			
e we	c							
Program Service Revenue	e	•			······································	_		
۲	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶				
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				-
	5	Royalties		, •				
			(ı) Real	(ii) Personal				
	6 a	a Gross rents						
ł	t	Less rental expenses						
		Rental income or (loss)						
		d Net rental income or (loss)		•				
	7 a	a Gross amount from sales of	(i) Securities	(II) Other				
ł		assets other than inventory						
	t	b Less cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)	a avente (not				- *	
Other Revenue	8 8	a Gross income from fundraisin including \$ contributions reported on line	of					
8		Part IV, line 18	a (c) 000					
let		b Less direct expenses	b					
δ		c Net income or (loss) from fund	-	•				
		a Gross income from gaming a						
1		Part IV, line 19	а					
	ı	b Less direct expenses	, b					
		c Net income or (loss) from gan	ning activities					
		a Gross sales of inventory, less						
		and allowances	а					
	ı	b Less: cost of goods sold	b					
		c Net income or (loss) from sale	es of inventory		_			
1		Miscellaneous Revenu		Business Code				
	11 8	a						
	ı	b						
		c						
	,	d All other revenue	_					
		e Total. Add lines 11a-11d		>				
	10	Total revenue See instructions			1460374.	1 n.	0	1 O.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	1497677.	1497677.						
2	Grants and other assistance to individuals in								
	the United States See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroli taxes								
11	Fees for services (non-employees)								
а	Management								
b	Legal								
С	Accounting	11095.		11095.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other	,							
12	Advertising and promotion								
13	Office expenses	15.		15.					
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel	···							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	· · · · · · · · · · · · · · · · · · ·							
19	Conferences, conventions, and meetings				·				
20	Interest	·							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization			· · · · · · · · · · · · · · · · · · ·					
23	Insurance			-					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	MANAGEMENT AND GENERAL	250.		250.					
b				·					
C					-				
d									
е	All other expenses			- 					
25	Total functional expenses. Add lines 1 through 24e	1509037.	1497677.	11360.	0.				
26	Joint costs Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								

Pai	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		67121.	1	18458.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dire	ectors, trustees, key			· · —
		employees, and highest compensated employee				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)(
		employers and sponsoring organizations of section	on 501(c)(9) voluntary			
		employees' beneficiary organizations (see instruc	ctions)		6	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				•
		basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	67121.	16	18458.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors	s, trustees, key employees,			
ap		highest compensated employees, and disqualifie	d persons Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
	1	Organizations that follow SFAS 117, check he	re X and complete			
es	1	lines 27 through 29, and lines 33 and 34.		654.04		40450
and	27	Unrestricted net assets		67121.		18458.
Bal	28	Temporarily restricted net assets			28	
5	29	Permanently restricted net assets		29		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, ch				
ŏ		complete lines 30 through 34.				
šets	30	Capital stock or trust principal, or current funds		30		
As	31	Paid-in or capital surplus, or land, building, or equ			31	
ē	32	Retained earnings, endowment, accumulated inc	come, or other funds	67464	32	40.50
4	33	Total net assets or fund balances		67121.	33	18458.
	34	Total liabilities and net assets/fund balances		67121.	34	18458.

-orm	990 (2011) The Cozen O'Connor Foundation, Inc.	20-	-0074096	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		603	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 090</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		<u>486</u>	<u>63.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	<u>671</u>	<u>21.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		<u> 184</u>	<u>58.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any guestion in this Part XII			,	<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule ()		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	ıdıt	ŀ	
	Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	dit	1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Employer identification number

	•	The Coz	en O'Connor	Found	ation	, Inc	•	•	20	0-0074096
Part I	Reason		ity Status (All organiz					tructions		
he organ	ization is not a	private foundation	because it is (For lines	through 1	11, check (only one b	ox)			
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).		
2 🖳	A school des	cribed in section 17	'O(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🖳	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)((A)(iii).			
4	A medical res	earch organization	operated in conjunction	with a hos	pıtal descr	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital's name,
	city, and state					··-				
5 🔲	-	on operated for the (b)(1)(A)(iv). (Comple	benefit of a college or ur ete Part II)	niversity ov	wned or op	erated by	a govern	mental uni	t describe	ed in
6 🗀	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).			
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general p	oublic described in
	section 170(b)(1)(A)(vi). (Comple	te Part II)							
в 🗔	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🔲	An organizati	on that normally rec	eives [.] (1) more than 33 [.]	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, an	d gross receipts from
	activities rela	ted to its exempt fui	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support f	from gross investment
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	fter June 30, 1975
	See section	509(a)(2). (Complete	Part III)							
10 🔲	An organizati	on organized and op	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	1).		
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carr	y out the p	purposes of one or
	more publicly	supported organiza	ations described in secti	on 509(a)(°	1) or section	n 509(a)(2) See sec	ction 509(a)(3). Che	ck the box that
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h				
	a Type I	b	Type II c	; 🔲 Тур	e III - Func	tionally int	egrated		d 🗔	Type III · Other
е 🗔	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	ersons other than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or s	section 509(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting or	rganization, check th	nis box							
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?	
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (II) and (ııı) below,	Yes No
	the gove	erning body of the s	upported organization?							11g(i)
	(ii) A family	member of a person	n described in (i) above?							11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(ıii)
h	Provide the fe	ollowing information	about the supported or	ganization	(s)					
				,				,		
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) ls organization	the	(vii) Amount of
orga	anization		organization (described on lines 1-9		sted in your			(i) organiz	ed in the j	support
			above or IRC section		document?			U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
									 	
	····				<u> </u>		<u> </u>	ļ	 	
			}							
				 			ļ	ļ	 	
					1]			
				<u> </u>			ļ		 	<u> </u>
				_						
F										

, Schedule A (Form 990 or	990-EZ) 2011 T h	ne Cozen (O'Connor	Foundation of the state of the	n, Inc.		4096 Page 2
		_				1 170(b)(1)(A)(v under Part III If the	-
, ,	y under the tests I		· ·	-	in railed to quality t	moer rant m m mo	organization
Section A. Public S	upport						
Calendar year (or fiscal yea	r beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contrib	utions, and						-
membership fees red	ceived (Do not						
ınclude any "unusua	l grants ")	861810.	1291194.	1331269.	1450984.	1460374.	<u>6395631.</u>
2 Tax revenues levied	for the organ-				:		
ızatıon's benefit and	either paid to	•					
or expended on its b	ehalf						
3 The value of services	s or facilities						
furnished by a gover	1						
the organization with	out charge	25121	1001101	1001050	4.50004	4460054	6005604
4 Total. Add lines 1 th	~ F	861810.	1291194.	1331269.	1450984.	1460374.	6395631.
5 The portion of total of							
by each person (other	1						
governmental unit or							
supported organizat on line 1 that exceed	-						
amount shown on lir							
column (f)							441261.
6 Public support. Subt	-cet line E from line 4						5954370.
Section B. Total Su				<u> </u>		· · · · · · · · · · · · · · · · · · ·	33343701
Calendar year (or fiscal yea	· · · · · · · · · · · · · · · · · · ·	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4		861810.	1291194.	1331269.	1450984.	1460374.	6395631.
8 Gross income from it	nterest,						
dividends, payments	received on						
securities loans, rent							
and income from sin	nilar sources						
9 Net income from uni	elated business						
activities, whether of	r not the						
business is regularly	carried on						<u>-</u>
10 Other income Do no	- 1						
or loss from the sale	·						
assets (Explain in Pa	· ·						6205624
11 Total support. Add l							6395631.
12 Gross receipts from						12	
13 First five years. If th			tirst, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
organization, check	this box and stop	here					

Section C. Computation of Public Support Percentage 93.10 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 85.55 15 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright [X]$ b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support		······································				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	<u></u>					
3 Gross receipts from activities that						
are not an unrelated trade or bus-				1		
iness under section 513					ļ <u> </u>	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		<u> </u>				
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		<u> </u>				<u>.</u>
Section B. Total Support			,			
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	_					
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources				-		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				1		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)	<u> </u>		<u> </u>		<u> </u>	
14 First five years. If the Form 990 is for	the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here						<u>▶</u>
Section C. Computation of Publ	ic Support Pe	ercentage				<u></u>
15 Public support percentage for 2011 (ine 8, column (f) d	divided by line 13, o	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20)11 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box a	•	-		· · · · · · · · · · · · · · · · · · ·		▶□
b 33 1/3% support tests - 2010. If the	*					
line 18 is not more than 33 1/3%, che		•	•		•	▶Щ
20 Private foundation. If the organization	in did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	estructions	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

The Cozen O'Connor Foundation, Inc.

Employer identification number 20-0074096

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	•	Yes No
Par		ganization answered "Yes" to Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certi	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements di	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170((h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIV, describe how the organization reports conservation	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for
	conservation easements	() () () ()	M O' 'I A A
Pa	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		i gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	.
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990. Part X		> \$

		<u>en O'Conno</u>								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Oth	er Simi	lar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following th	at are a s	ignifican	t use of its	collection	items
	(check all that apply)									
а	Public exhibition	C	t	Loan or exc	hange prog	rams				
b	Scholarly research	•	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	ney further t	he organiza	tion's exe	mpt pur	oose in Par	t XIV	
5	During the year, did the organization solicit o	r receive donations	of art, h	storical trea	sures, or ot	her sımıla	r assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compi	lete if the	organizatio	n answered	l "Yes" to	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not	included	<u> </u>		
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.						
_									Amount	
С	Beginning balance						1c	i i		
	Additions during the year						1d			
	Distributions during the year						1e	İ		
ť	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?						Yes	No
	If "Yes," explain the arrangement in Part XIV	,,						<u></u>		•
Par		f the organization ar	nswered	"Yes" to Fo	rm 990, Par	t IV, line 1	10.			
		(a) Current year		Prior year	(c) Two ye			years back	(e) Four	ears back
1a	Beginning of year balance	(2)	1-2	1	107		<u> </u>	7	(0)	
b	Contributions			-						
c	Net investment earnings, gains, and losses									
ď	Grants or scholarships	<u> </u>								
	Other expenditures for facilities				-					
·	and programs									
f	Administrative expenses					•		-		
g	End of year balance									_
2	Provide the estimated percentage of the curi	rent vear end baland	ce (line 1	a. column (a	a)) held as				·	
	Board designated or quasi-endowment	=	%	3,	,,					
	Permanent endowment	%								
	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%								
За	Are there endowment funds not in the posse		ation the	at are held a	nd administ	tered for t	he organ	nization		
	by	3 · ·					.		T ₁	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ient. See Form 99	0, Part X	, line 10						
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumula	ted	(d) Book	value
		basis (investi	ment)	basis	(other)	de	preciatio	<u>n</u>		
1a	Land									
b	Buildings				<u>. </u>					
C	Leasehold improvements									
d	Equipment									
<u>e</u>	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	t X, colui	nn (B), line	10(c))					0.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 The Cozen O'Connor Founda			1		0074096	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audit	ed Finan	cial \$	statemen		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1_			0374.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	<u> </u>		9037.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		- 4	<u>8663.</u>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			_ 5			<u>-</u>
6	Investment expenses			6_			
7	Prior period adjustments			7_			
8	Other (Describe in Part XIV)			8_			
9	Total adjustments (net) Add lines 4 through 8			9			2662
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 t XII Reconciliation of Revenue per Audited Financial Stater		ith Davor	10	or Potur		<u>8663.</u>
		IIGIILS W	IIII Nevel	iue k			0374.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12.				1	140	03/4.
2	Net unrealized gains on investments	2a				İ	
a	Donated services and use of facilities	2b					
b	Recoveries of prior year grants	2c					
نہ	Other (Describe in Part XIV.)	2d					
a	Add lines 2a through 2d					Ì	0.
e	Subtract line 2e from line 1				3	146	0374.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				-3-	140	00/4.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
a b	Other (Describe in Part XIV)	4b					
	Add lines 4a and 4b	- 40			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	146	0374.
Pai	t XIII Reconciliation of Expenses per Audited Financial State	ments V	Vith Expe	nses			00720
1	Total expenses and losses per audited financial statements				1		9037.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.						
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
C	Other losses	2c					
d	Other (Describe in Part XIV)	2d				1	
е	Add lines 2a through 2d	·			2e		0.
3	Subtract line 2e from line 1				3	150	9037.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b					
С	Add lines 4a and 4b				4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	150	9037.
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa	rt III, lines 1	la and 4; Pa	ırt IV, I	ines 1b and	2b, Part V, line	4, Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also co						
						 -	.=
			·				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

2011
Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

of the organization The Cozen O'C General Information on Grants and Assi Does the organization maintain records to subst	Connor Istance	Foundation,	. Inc. or assistance, the	grantees' eligibility	y for the grants or ass	ation, Inc. Inc. the grantees' eligibility for the grants or assistance, and the selection	Employer identification number 20-0074096
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any received more than \$5,000. Other this have if no one recipient received more than \$5,000. Death this have if no one recipient received more than \$5,000. Other this have if no one recipient received more than \$5,000. Death if additional space is needed.	ع ⊑. ان	zations in the	unds in the United United States. C	d States complete if the organ	anization answered "Y	es" to Form 990, Part	
(b) EIN (c) IR		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
			0	O			
				,			
	,						
Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table	Su	isted in the	isted in the line 1 table				
r For	ة	ш 990.					Schedule I (Form 990) (2011)

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance 20-0074096 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance The Cozen O'Connor Foundation, Inc. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) 132 102 01-27-12 Part III

SCHEDULE O

4 .

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
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Name of the organization Employer identification number 20-0074096 The Cozen O'Connor Foundation, Inc. Form 990, Part VI, Section A, line 2: All of the Officers and Directors are employees of Cozen O'Connor. Officers and Directors have business relationships with each other. They do not have a relationship with the organization. Form 990, Part VI, Section A, line 8b: Board of Directors signed Unanimous Consent in Writing 6/21/2011. Form 990, Part VI, Section B, line 11: The Form 990 is reviewed by Treasurer before filing. Form 990, Part VI, Section C, Line 18: The organization does not make their governing documents, conflict of interest policy and financial statements available to the public. Form 990, Part VI, Section C, Line 19: The organization does not make their governing documents, conflict of interest policy and financial statements available to the public.