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Fully Extended to 12/15/2013

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)

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

<u>A F</u>	or the	2012 calendar year, or tax year beginning F	EB 1, 2012 and	ل ending	AN 31,	2013		
B c	Check if pplicable	C Name of organization	,		D Employer	identificati	on number	
	Addres	The Cozen O'Connor Fou	ndation, Inc.]			
	Name	D D			1	20-007	4096	_
	Initial	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone	number		
	Termin	· ·	,			215-66	<u>5-4154</u>	
	Ameno	City, town, or post office, state, and ZIP code)		G Gross receipts	s \$	1620	914.
	Applic	I PIIIIAUEIDIIIA, PA 1910	3		H(a) Is this a	group return		
	pendir	F Name and address of principal officer Har:			for affilia	ites?	Yes _	X No
		1900 Market Street, Phi	<u>ladelphia, PA</u>	<u> 19103</u>	H(b) Are all aff	iliates include	d?└Yes └	No
1]	ax-exe	empt status: X 501(c)(3) 501(c) ()		or 527	If "No,"	attach a list.	(see instruction	ons)
		e: ► N/A	·		H(c) Group e			
	orm of art I	organization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 2	003 M Sta	ate of legal dom	icile: PA
0	1	Briefly describe the organization's mission or most	significant activities: FOR	CHARIT	ABLE, S	CIENTI	FIC AND	
Activities & Governance		EDUCATIONAL PURPOSES.						
ž	2	Check this box 🕨 🔲 if the organization discoi	ntinued its operations or dispo	sed of more	than 25% of r	ts net assets	s.	
ŏ	3	Number of voting members of the governing body	(Part VI, line 1a)			3		6
ಳ	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4		6
ies	1	Total number of individuals employed in calendar y	ear 2012 (Part V, line 2a)			5		0
ξ	1	Total number of volunteers (estimate if necessary)				6		0
Aci	1	Total unrelated business revenue from Part VIII, co				7a		0.
_	b	Net unrelated business taxable income from Form	990-1, Ine/34	V		7b		0.
ก		Contributions and greats (Part VIII, line 1b)		V CD -	Prior Year		Current Ye	914.
Ĭ.	1	Contributions and grants (Part VIII, line 1h)	SS DEC 9.	75		0.	1020	0.
E		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4		2013 / 6	5/	0.		0.
Revenue		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			61	0.		0.
		Total revenue - add lines 8 through 11 (must equal	~ · · · · · · · · · · · · · · · · · · ·	117	1460		1620	914.
Ž N		Grants and similar amounts paid (Part IX, column (**	1497			222.
		Benefits paid to or for members (Part IX, column (A				0.		0.
o.√0	1	Salaries, other compensation, employee benefits (0.		0.
#I 0 7 C Expenses	1	Professional fundraising fees (Part IX, column (A), I				0.	-	0.
<u>Ç</u>	1	Total fundraising expenses (Part IX, column (D), lin		0.				
-ŧû	1	Other expenses (Part IX, column (A), lines 11a-11d			11	360.	9	422.
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		1509	037.	1584	644.
		Revenue less expenses. Subtract line 18 from line	12 .		-4 <u>8</u>	663.	36	270.
Sor			•	Ве	ginning of Curre		End of Yea	
Set	20	Total assets (Part X, line 16)			18	458.	54	<u>728.</u>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)				0.		<u> 0 </u>
		Net assets or fund balances. Subtract line 21 from	ine 20		18	458.	54	728.
	art II	Signature Block						
	-	Ities of perjury, I declare that I have examined this return,				-	owledge and be	liet, it is
true,	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	nich preparer	nas any knowle	oge. 1 2-10 •	13	
٥.		Signature of officer			Date	12-70-	12	
Sign		David W. Ellman, COO			5410			
Her	е	Type or print name and title						
		Print/Type preparer's name	Preparer's signature	П	Date	Check	PTIN	
Paid		1 Time 13 po proparor o namo				if self-employed		
	arer	Firm's name	-		Firm's	S EIN 🛌		-
	Only	Firm's address						
	-	•			Phone	е по		
<u>May</u>	/ the IF	S discuss this return with the preparer shown abo	ve? (see instructions)				Yes	No
	01 12-1			ons.			Form 99	0 (2012)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	t III Statement of Program Service Accomplishments
1 01	
_	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: ORGANIZED PRINCIPALLY TO MAKE GRANTS AND PROVIDE FINANCIAL SUPPORT TO
	OTHER CHARITABLE ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER
	501(c)(3).
	<u>501(c)(5).</u>
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 1575222. including grants of \$ 1575222.) (Revenue \$)
	ORGANIZED PRINCIPALLY TO MAKE GRANTS AND PROVIDE FINANCIAL SUPPORT TO
	OTHER CHARITABLE ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER
	501(c)(3).
4b	(Code) (Expenses \$ including grants of \$)) (Revenue \$)
4c	(Code) (Expenses \$
<i>A -</i> 1	Other program services (Describe in Schedula ())
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

Form **990** (2012)

			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			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5_		X
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		<u> X</u> _
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		1	ŀ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		.
L	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		^
G	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
4	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		- 22
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidates infancial statements for the tax year include a restricte that addresses 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			
124	Schedule D, Parts XI and XII	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 and XII is optional	12b	1	X
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		Х
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	L _	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	1	l

Note, All Form 990 filers are required to complete Schedule O

Page 5

tal. Enter the number reported in Box 3 of Form 1095. Enter -0 if not applicable 1 a 0 0 b. Enter the number of Forms W-3C included in line 1s. Enter -0 if not applicable 1 b. 0 o. 0 b. 0 b. 0 o. 0 b. 0 b. 0 o. 0 b. 0 b		Check if Schedule O contains a response to any question in this Part V			
be Enter the number of Forms W2G included in line 1a. Enter-0 of not applicable. Of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lead of the calcidard year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions). 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If Yes, 1 and filed a form 990 or for the year? If You, *provide an explanation in Schedule 0. 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial accounts. See instructions for fining requirements for form TD F 50/22.1, Report of Foreign Bank and Financial Accounts. 5b. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or a party to a prohibited tax shelter transaction? 5c. Was the organization shall be accounted to the account of the value of the goods or services provided? 7c. Organizations that may receive deductible contributions under section 170(c). 8d. If Yes, 1 and the organization receive applies in excess of 57 made party as a contribution and party for goods and ser				Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (application) provided to the polyment of the provided provided to the provided provided to the provided provi	1a	•			
(gambling) winnings to prize winnes? 2a Einster the number of emptyoses reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, a file at Form \$200 for the year? If "No, "provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If "No, "provide a neutrines account, or other financial accounts? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," enter the name of the foreign country. If "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? 5b If "Yes," to line 5a or 5b, did the organization file Form 8866.17 6c Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yes," did the organization receive a payment in excess of 57s made party as a contribution and party for goods and services provided? 7b Organizations that may receive deductible contributions under section 170(c). 8c If "Yes," d	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Med 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 inequired federal employment tax returns? About the organization have unrealized business gross increme of \$1,000 or more during the valend \$1.000 and \$1.0000 and \$1.0000 and \$1.0000 and \$1.0000 and \$1.0000 and \$1.0000	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 2			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? bif "Yes," has it filed a Form 990-T for this year? if "No," provide an explanation in Schedule O 4a. 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)? bif "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial account)? bif "Yes," after the name of the foreign country (such as a bank account, securities account, or other financial account)? bif "Yes," to life the foreign country (such as a bank account, securities account, or other financial account)? bif "Yes," to life the foreign country (such as a bank account, securities account, or other financial Accounts. 5a Was the organization flower to a prohibitions of property to a prohibited tax shelter transaction? 5b Was the organization have tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to life the organization include with every solicitation and party to a prohibitions and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization received a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payment of the donor of the value of the goods or services provided? Organization received a payment in excess of \$75 made party is a contribution and party for goods and services provided to the foreign account of the form 8282? bif the organization received a contribution of qualified intellectual property, did the organization file form 889 as required? bif the organization received a contribution of qualified intellectual property, did the organization file and party and payments of t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_		
b if "Yes," has it filled a Form 990-T for the year? If "No," provide an explanation in Schedule O 4a 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)? b if "Yes," enter the name of the foreign country: I> See instructions for fitting requirements for Form TD F 90:22:1, Report of Foreign Bank and Financial Accounts. See instructions for fitting requirements for Form TD F 90:22:1, Report of Foreign Bank and Financial Accounts. See instructions for fitting requirements for Form TD F 90:22:1, Report of Foreign Bank and Financial Accounts. See instructions for fitting requirements for Form TD F 90:22:1, Report of Foreign Bank and Financial Accounts. See instructions for fitting requirements for Form TD F 90:22:1, Report of Foreign Bank and Financial Accounts. See instructions for fitting requirements for Form TD F 90:22:1, Report of Foreign Bank and Financial Accounts. See instructions for fitting requirements for Form 109:80:7. B Obst the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? See If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). B Off the organization is that may receive deductible contributions under section 170(c). B Off the organization is that may receive deductible contributions under section 170(c). B Off the organization is that may receive deductible contributions under section 170(c). B Off the organization is self-ground in the form 170(c). B Off the organization is that may receive deductible contributions under section 170(c). B Off the organization receive any funds, directly to pay prem		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90:22.1, Paport of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90:22.1, Paport of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90:22.1, Paport of Foreign Bank and Financial Accounts. See in the state of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on the state on the state on the state on the state of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. To granization state that may receive deductible contributions under section 170(c). B of the organization state any text of the goods or services provided? To the state of the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? If "Yes," indicate the number of Forms 8282 filed during the year apy premiums, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? If the organization received a contribution of darks and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised flunds. Did the organization make any taxable distr	b	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3b</u>		
b if "Yes," either the name of the foreign country." See instructions for filing requirements for Form TD F 90-22.1, Peport 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? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," to line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7a X 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 8d Did the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 8262 filed during the year 8d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 108-C? 8d Sponsoring organization received a contribution of cars, boats, arplaines, or other vehicles, did the organization file a Form 108-C? 8d Sponsoring organization make any taxable distributions under section 4966? 9d Did the organization make any taxable distributions under section 4966? 9d Did the organization make any taxable distributions under section 4966? 9d Gross receipts, included on	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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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			13a		1
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	_				l
organization is licensed to issue qualified health plans	b	-		1	
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	_				
14a Did the organization receive any payments for indoor tanning services during the tax year?	C		1		
			14a	1	X
					T

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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
Sec	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	-		
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_	X	
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		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v
	more members of the governing body?	7a_		<u> </u>
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
_	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X	
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	Λ	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	30		
9	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
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done .	12c	ļ	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	ļ	X
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?			.,
	The organization's CEO, Executive Director, or top management official	15a	-	X
b	Other officers or key employees of the organization	15b	 	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	-		
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		x
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
Ь	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	1 100	L.,.	
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)	avaılat	ole	
-	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd fina	ncial	
	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	ation:		
	DAVID W. ELLMAN, COO - 215-665-2000			
	1900 MARKET STREET, PHILADELPHIA, PA 19103			

form 990 (2012)	The	Cozen	O'Connor	Foundation,	Inc.	20-0074096	Page 7
Part VII Compen	sation of Offi	icers. Dir	ectors. Trusto	ees. Kev Employee	es. Highes	t 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.
- 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.

X Check this box if neither the organization	nor any related	orga	anıza	tion	cor	npe	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			((C)		-	(D)	(E)	(F)
Name and Title	Average	(40		Pos	itior	i than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	h an	1	compensation	amount of
	week		cer an	o a o	recto	or/trus	100)	from	from related	other
	(list any hours for	irect				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90	stee			Sate		(W-2/1099-MISC)	(**-2/1099-141130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	E DE		(** 2 1000 111100)		and related
	below	lanpı	E E	₁₅	Key employee	est	<u></u>			organizations
	line)	that	ist Tig	Officer	Key	Highest compensated employee	퉏			
(1) STEPHEN A. COZEN	0.00									
DIRECTOR		X						0.	0.	0.
(2) PATRICK J. O'CONNOR	0.00									
DIRECTOR		X						0.	0.	0.
(3) THOMAS A. DECKER	0.00									
VICE PRESIDENT		X		X		<u> </u>	ļ	0.	0.	0.
(4) HARMON SPOLAN	0.00	1					ľ	_	_	_
CHAIRMAN		X		X	<u> </u>	<u> </u>		0.	0.	0.
(5) VINCENT MCGUINNESS	0.00							_	_	_
PRESIDENT		X		X		<u> </u>	<u> </u>	0.	0.	0.
(6) DENNIS COHEN	0.00								_	_
DIRECTOR		X		<u> </u>	<u> </u>	ļ		0.	0.	0.
(7) MICHAEL HELLER	0.00	1								
VICE PRESIDENT		X	-	X	_	_	_	0.	0.	0.
(8) SANDRA A. BLOCH	0.00						İ			
SECRETARY			_	Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) DAVID W. ELLMAN	0.00	-								•
TREASURER		<u> </u>		X.	<u> </u>	┝		0.	0.	0.
		-								
			<u> </u>			├	├			
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O cont	ains a response	e to any question in	this Part VIII			🔲
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts İts	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
S, E	С		1c					
ar /	d		1d					
ini Tij	е		ions) 1e					
rigin	f							
Contributions, Gifts, Grants and Other Similar Amounts	_	similar amounts not included abo		1620914.				
Son	9	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f \$		1620914.			
<u> </u>		Total, Add lines 1a-11		Business Code	1020714.			
e e	2 a	L		Buomicoo code				
Š	b							
Se	c							
e a a	d			I i				-
Program Service Revenue	e							
<u>r</u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dıvıdends, ıntei	rest, and				
		other similar amounts)				}		
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties .		•				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less. rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)	r	•				
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses		<u> </u>				•
	С	Gain or (loss)						
	d		•	, >				
nue	8 a	Gross income from fundraising including \$	-					
Other Reve		contributions reported on line	1c). See					
<u>بر</u>		Part IV, line 18	ā	a				
the	b	Less: direct expenses	t					
0	С	Net income or (loss) from fund	draising events					
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	ā	a				
	b	Less: direct expenses	. t					
	С	Net income or (loss) from gam	ning activities .	_				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a	a				
	b	Less: cost of goods sold	t					
- 1	С	Net income or (loss) from sale	s of inventory	•				
ļ		Miscellaneous Revenu	ie .	Business Code				
	11 a							
	b	·						
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions.		>	1620914.	0.	0	. 0.

	(on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		s 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	1575222.	1575222.		
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 403(b) employer contributions)	•		-	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	· · · · · · · · · · · · · · · · · · ·				
b	_ · *	9034.		9034.	
c	Lobbying	70,5 ± •			
e	B (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	138.		138.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses		-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				. <u> </u>
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	1584644.	1575222.	9422.	0
26	Joint costs. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		j		
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year 54728. 18458. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 7 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 18458 54728 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 18458. 54728. 27 Unrestricted net assets 27 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 18458 Total net assets or fund balances 33 33 18458 54728 Total liabilities and net assets/fund balances

Form	1990 (2012) The Cozen O'Connor Foundation, Inc.	<u> 20-007</u>	<u>4096</u>	Pag	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		<u> 209</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>44.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>70.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> 184</u>	<u>58.</u>
5	Net unrealized gains (losses) on investments .	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		<u>547</u>	<u> 28.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question 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	· O.	1 1		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1		
	separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

The Cozen O'Connor Foundation.

Employer identification number

20-0074096

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c ____ Type III - Functionally integrated d ____ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	ion in col.	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of monetar support
		(see instructions))	Yes	No	Yes	No	Yes	No	
				_					
							_		
							<u> </u>		
						_			
Total									

	edule A (Form 990 or 990 EZ) 2012 Trt II Support Schedule for	<u>ne Cozen (</u> Organizations	O'Connor Described in	<u>Foundatio</u> Sections 170	n, Inc. b)(1)(A)(iv) and	20-00/ 1170(b)(1)(A)(v	4096 Page 2
-	(Complete only if you checked	•					
	fails to qualify under the tests	listed below, plea	se complete Part i	II)	_		
Sec	tion A. Public Support						
ale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and				-		
	membership fees received. (Do not						
	include any "unusual grants ")	1291194.	1331269.	1450984.	1460374.	1620914.	7154735.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					_	
3	The value of services or facilities			·			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1291194.	1331269.	1450984.	1460374.	1620914.	7154735
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						127620
	Public support. Subtract line 5 from line 4						7027115
	ction B. Total Support		,				
ale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012_	(f) Total
7	Amounts from line 4	1291194.	1331269.	1450984.	1460374.	1620914.	7154735
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						E4 E 4 E 2 E
	Total support. Add lines 7 through 10						7154735
	Gross receipts from related activities,					12	-
13	First five years. If the Form 990 is for	-	s first, second, thire	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3)	
-	organization, check this box and storetion C. Computation of Publ		rcentage				<u> </u>
JUIL							00 00
14	Public support percentage for 2012 (Public support percentage from 2011		•	olumn (t))	•	15	98.22 9 93.10 9

Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

Public support percentage from 2011 Schedule A, Part II, line 14

16a 33 1/3% support test - 2012. 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

b 33 1/3% support test - 2011. 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 - 2012. 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, check this box and stop here. Explain in Part IV how 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, 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 - 2011. If the organization qualifies as a publicly supported organization

p 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

Schedule A (Form 990 or 990-EZ) 2012 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.)

Se	ction A. Public Support	5.011, 5.00.00					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
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						
7:	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons			· · · · · · · · · · · · · · · · · · ·			
ı	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						
•	Add lines 7a and 7b					ļ	
	Public support (Subtract line 7c from line 6)			L			
	ction B. Total Support		т	1	T	1	T
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6	<u> </u>		ļ			
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				<u> </u>		
''	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.)						
	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, the	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here	is Cummant Da		·	•		
	ction C. Computation of Publ					45	0/
	Public support percentage for 2012 (=	column (t))		15	<u>%</u>
	Public support percentage from 2011 ction D. Computation of Investigation					16	
	Investment income percentage for 20					17	%
				rie 13, column (i))		18	
18 19:	a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
13	more than 33 1/3%, check this box a	=					
I	o 33 1/3% support tests - 2011. If the	=	-				and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		-			=	▶ □

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.

2012
Open to Public Inspection

Name of the organization

The Cozen O'Connor Foundation, Inc.

S Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

Pa			S Of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	(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 advi-	sed 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
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified 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
C	Number of conservation easements on a certified historic sti	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	1 1
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	Number of states where preparty subject to concentration of	accoment is located	
-	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	abes these items	
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic 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		ai gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

		<u>en O'Conno</u>							<u>74096</u>	
Par	t III Organizations Maintaining C	ollections of A	<u>rt, Hist</u>	torical Tı	reasures,	or Other	Simila	<u>ir Asse</u>	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following th	at are a sigr	nificant i	use of its	collection	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progi	rams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	tion's exemp	ot purpo	se in Parl	XIII.	
5	During the year, did the organization solicit o			-	=					
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?				Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered	"Yes" to Fo	rm 990	Part IV, I	ne 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 in	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:						
			_						Amount	
С	Beginning balance						1c	·		
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided in	Part XIII				
Par	t V Endowment Funds. Complete in	the organization ar	swered	"Yes" to Fo	orm 990, Par	t IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two year	ars back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities						•			
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column ((a)) held as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administ	ered for the	organiz	ation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X	, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	umulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	eciation			
1a	Land .									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
<u> e</u>	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line	10(c).)					0.

		ndation, Inc	20	-007 4 096 Page 3
Part VII Investments - Other Securities. See			- Latina Contanana	f of coor montres col
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of V	/aluation: Cost or end	f-of-year market value
(1) Financial derivatives				· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests	-			
(3) Other				
(A) (B)				
(C)				
(D)				····
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se		ne 13.		
(a) Description of investment type	(b) Book value	(c) Method of v	valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				<u> </u>
(9)	<u> </u>			
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line	45		 	
	15. Description			(b) Book value
	Description	.=.		(b) DOOK Value
(1) (2)				
(3)				
(4)				
(5)				
(7)				
(8)				
(9)				
(10)		 .		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	· · · · · · · · · · · · · · · · · · ·		
Part X Other Liabilities. See Form 990, Part X, I				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)			1	
(7)				
(8)			-	
(9)			-	
(10)			1	
(11)			1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line		<u> </u>		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			-	
liability for uncertain tax positions under FIN 48 (ASC 7	40) Check here if the	text of the footnote has	been provided in Pa	rt XIII

	dule D (Form 990) 2012 The Cozen O'Connor Foundati	on,	Inc.		0074096 Page 4
1	Total revenue, gains, and other support per audited financial statements	113 11	idi Nevellae poi i	1	1620914.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•	-	1020714.
a	Net unrealized gains on investments	2a			
b		2b			
	Recoveries of prior year grants	2c			
d		2d		=	
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1	• •		3	1620914.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	امدا			
a		4a 4b		-	
b	Add lines 4a and 4b	40		٦,	0
				4c 5	1620914.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	nte V	Vith Eynenses ne		
		1113 1	viui Expenses pe		1584644.
1	Total expenses and losses per audited financial statements	•		1	1504044.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25. Donated services and use of facilities	ا مم ا			
a	· · ·	2a		-	
	Prior year adjustments	2b		-	
c	•	2c		-	
d	Other (Describe in Part XIII.)	2d		۱ ـ ⊢	
	Add lines 2a through 2d		•	2e	1504644
3	Subtract line 2e from line 1			3_	1584644.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 (
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
<u>5</u>				5	1584644.
	T XIII Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,				
	e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p				
				Sche	dule D (Form 990) 2012

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. The Cozen O'Connor Foundation, Inc. Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

OMB No 1545-0047	2012	Open to Public Inspection

ջ ⊠ Employer identification number 20-0074096 ☐ Yes 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 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States General Information on Grants and Assistance critera used to award the grants or assistance? 2 Des Parti

	of (g) Description of (h) Purpose of grant ok, non-cash assistance or assistance sal,				
	(f) Method of valuation (book, FMV, appraisal, other)				
fed.	(e) Amount of non-cash assistance	.0			
onal space is need	(d) Amount of cash grant	0			e line 1 table
be duplicated if additi	(c) IRC section if applicable				ganizations listed in the
5,000. Part II can	(b) EIN				nd government or
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	As Attached			2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

232101 12-18-12

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

(f) Description of non-cash assistance 20-0074096 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) The Cozen O'Connor Foundation, Inc.

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. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2012) Part III

Schedule I (Form 990) (2012)

232102 12-18-12

Page 2

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2012
Open to Public Inspection

Name of the organization

The Cozen O'Connor Foundation, Inc.

Employer identification number 20 – 0074096

Form **8868**

(Rev January 2013)

70/2 3460 000/ 7503 3226 6-/3-20/3
Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

▶ File a separate application for each return.

• If you are	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Monplete Part II unless you have already been of	onth Exten	sion, complete on	ly Part II (on page 2 of	this	form).	► Ø	
a corporation 8868 to reconstruction Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	ial (not auto forms listed I Benefit C	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception of ust be sent to the IF	in ele Forr S in	ectronica m 8870, paper t	ally file Form Information format (see	
	Automatic 3-Month Extension of Time on required to file Form 990-T and reque		utomatic 6-month	extension-check this		x and c		
Part I only All other co.	rporations (including 1120-C filers), partnersh	ups. REMIC		 use Form 7004 to regu		an exten	► □ sion of time	
	ne tax returns	.,		·				
				Enter filer's identifying				
Type or	Name of exempt organization or other filer, see in	structions		Employer identification	numb	er (EIN) o	r	
print	The Cozen O'Connor Foundation, Inc.				0740			
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instri	uctions	Social security number	(SSN)	;		
due date for	1900 Market Street							
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Form 990-F	(individual)	03	Form 5227	·			10	
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Telephone If the organ If this is for	e are in the care of ► David W. Ellman, COO No. ► 215-665-2000 nization does not have an office or place of but a Group Return, enter the organization's four a group, check this box ► If i	usiness in t r digit Grou	the United States, c up Exemption Numb	oer (GEN)		 If th		
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Caution. If you	u are going to make an electronic fund withdrawal	with this For	m 8868, see Form 845	3-EO and Form 8879-EC) for p	oayment i	instructions.	

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If you are filling for an Automatic 3-Month Extension, complete only Part I (on page 1) Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)						. ▶ □
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Form **8868**

(Rev January 2013)

Department of the Treasury
Internal Revenue Service

70/2 3460 000/ 7503 3226 6-/3-20/3
Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

• If you ar	re filing for an Automatic 3-Month Extension, re filing for an Additional (Not Automatic) 3-Normalete Part II unless you have already been	nonth Exter	nsion, complete on	nly Part II (on page 2 of this form).	▶
Electroni a corpora 8868 to r Return fo	c filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition equest an extension of time to file any of the Transfers Associated With Certain Personns) For more details on the electronic filing of	m 8868 if yo nal (not auto forms liste al Benefit (ou need a 3-month a omatic) 3-month ex d in Part I or Part I Contracts, which in	automatic extension of time to file (intension of time. You can electronically with the exception of Form 8870 must be sent to the IRS in paper	6 months fo ally file Forn , Information format (see
Part I	Automatic 3-Month Extension of Tim	e. Only su	bmit original (no c	copies needed)	
A corpora Part I only	ation required to file Form 990-T and required	esting an a	automatic 6-month	extension—check this box and	▶ □
	corporations (including 1120-C filers), partners ome tax returns	hıps, REMIC	Cs, and trusts must	Enter filer's identifying number, set	
Tuna ar	Name of exempt organization or other filer, see	instructions		Employer identification number (EIN)	or
Type or print	The Cozen O'Connor Foundation, Inc.			20-0074096	
•	Number, street, and room or suite no If a P.O. I	oox, see instr	uctions	Social security number (SSN)	
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Form 472	20 (ındıvıdual)	03	Form 4720		09
Form 990)-PF	04	Form 5227		10
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If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

EFTPS (Electronic Federal Tax Payment System). See instructions.

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