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Extended to December 15, 2016

Return of Organization Exempt From Income Tax

Depar ment of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

OMB No 1545 0047

<u>A F</u>	or the	e 2015 calendar year, or tax year beginning F	<u>'EB 1, 2015 and</u>	d ending	<u>JAN 31, 2016</u>			
Во	heck if pplicabl	C Name of organization			D Employer identifi			
	Addre chang	The Cozen O'Connor Fou	ndation, Inc.					
	Name _chang	- 00			7 20-0	074096		
	Initial return	Number and street (or P 0 box if mail is not de	livered to street address)	Room/suite				
	Frnal return	1650 Mankat Chasat	,	2800	215-665-4154			
	termin ated		ZIP or foreign postal code		G Gross receipts \$	1599420.		
	Amen		H(a) Is this a group re					
	Application			•	for subordinates			
	pendi	" 1650 Market Street, Phi	-	19103	H(b) Are all subordinates in			
1 3	ax ex	empt status X 501(c)(3) 501(c)()				list (see instructions)		
J \	Vebsi	te ► N/A			H(c) Group exemption	n number		
K F	០ពោ ០	organization X Corporation Trust As	ssociation Other >	L Year	of formation 2003	A State of legal domicile PA		
Pa	art İ	Summary		_		·		
Activities & Governance	1	Briefly describe the organization's mission or most EDUCATIONAL PURPOSES.	significant activities FOR	CHARIT	TABLE, SCIEN	TIFIC AND		
ГЛа	2		ntinued its operations or dispo	osed of mor	e than 25% of its net as	ssets		
Š	3	Number of voting members of the governing body			3	7		
Ğ	4	Number of independent voting members of the go	•		4	7		
ος. (2)	5	Total number of individuals employed in calendar y	• , ,		5	. 0		
) te	6	Total number of volunteers (estimate if necessary)	• • • • •		6	Ö		
£3	7 a	Total unrelated business revenue from Part VIII, co			7a	0.		
	ь	Net unrelated business taxable income from Form			7b	0.		
=>					Prior Year	Current Year		
SCA NN/Revenue C	8	Contributions and grants (Part VIII, line 1h)	1582222.	1599420.				
ζŞ		Program service revenue (Part VIII, line 2g)	RECEIVED		0.	0.		
è.		Investment income (Part VIII, column (A) lines 4	and 7d)		0.	0.		
4		Other revenue (Part VIII, column (A), lines 5 🚱 Bo			0.	0.		
É	40	Total causeus, add base Otherwick 44 for the select			1582222.	1599420.		
₹	13	Grants and similar amounts paid (Part IX, column of Benefits paid to or for members (Part IX, column of Benefits paid to or for members (Part IX, column of Benefits paid to or for members (Part IX, column of Benefits paid to or for members (Part IX)	A)/times (1-3)		1358220.	1508600.		
	14	Benefits paid to or for members (Part IX, column (/		0.	0.			
	l	Salaries, other compensation, employee benefits (0.	0.		
Expenses		Professional fundraising fees (Part IX, column (A) I			0.	0.		
<u>8</u>	l	Total fundraising expenses (Part IX, column (D), lin		_ 0				
Щ	l	Other expenses (Part IX, column (A), lines 11a 11d	· · · —		9287.	11460.		
	l	Total expenses Add lines 13 17 (must equal Part I	•		1367507.	1520060.		
	19	Revenue less expenses Subtract line 18 from line			214715.	79360.		
589			 	Be	ginning of Current Year	End of Year		
sets	20	Total assets (Part X line 16)		-	461831.	541191.		
ASS	21	Total liabilities (Part X line 26)			0.	0.		
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from	line 20		461831.	541191.		
Pa	ırt II	Signature Block		·		<u> </u>		
Unde	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and staten	ients, and to the best of m	v knowledge and belief, it is		
		t, and complete. Declaration of preparer (other than office				,		
		15 () < == 1						
Sigi	1	Signature of officer	<u> </u>		Date	1 1		
Her		David W. Ellman, COO			u	18/14		
		Type or print name and title				-		
		Print/Type preparer s name	Preparer's signature		Date Check	PTIN		
Paid					ıf self employ	ed		
Prep	arer	Firm's name		Firm s EIN >				
Use	Only	Firm's address		· · · · · · · · · · · · · · · · · · ·				
		<u> </u>			Phone no			
May	the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)			Yes No		
	01 12-1			ions		Form 990 (2015)		

		onnor Foundation	Inc.	<u> 20-0074096</u>	Page 2
Pa	rt III Statement of Program Service Acc	complishments			
	Check if Schedule O contains a response or n	ote to any line in this Part III			
1	Briefly describe the organization's mission:		-		
	ORGANIZED PRINCIPALLY TO M	AKE GRANTS AND PE	ROVIDE FINANC	IAL SUPPORT	TO
	OTHER CHARITABLE ORGANIZAT				
	501(c)(3).				
			·		
2	Did the organization undertake any significant progr	am services during the year which	were not listed on		
_	the prior Form 990 or 990-EZ?	am controct caring the year which	THOIC HOLIDICA OFF	Vas	X No
	If "Yes," describe these new services on Schedule (`		103	140
3					X No
3	Did the organization cease conducting, or make sign	incant changes in now it conduct	s, any program services	· L1 tes	LA_J NO
_	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomp				
	Section 501(c)(3) and 501(c)(4) organizations are rec	juired to report the amount of grai	nts and allocations to oth	ners, the total expenses,	and
	revenue, if any, for each program service reported				
4a		0 • including grants of \$)
	ORGANIZED PRINCIPALLY TO M				TO
	OTHER CHARITABLE ORGANIZAT	<u>'IONS QUALIFYING E</u>	OR EXEMPTION	I UNDER	
	501(c)(3).				
					
		 _			
			 		
			·		
					
4b	(Code) (Expenses \$	including grants of \$) (Reve	nue \$)
					
					
					
4-	/- · · · · · · · · · · · · · · · · · · ·				
4c	(Code) (Expenses \$	including grants of \$	/ (Reve	nue \$	
					
					
			. <u></u>		
					
					
	Other program canyons (Departs in Calcadate C.)				
4d	Other program services (Describe in Schedule O.)		\		
	(Expenses \$ including gran) (Revenue \$		
<u>4e</u>	Total program service expenses	1508600.			200 :=::
				Form 🕏	990 (2015)

			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		<u>X</u>
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 98-19? 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			ı
	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		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?			
46	If "Yes," complete Schedule D, Part IV	9	<u> </u>	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			4.
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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.		i	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110		X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
	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	7.55		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote 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			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
Ь	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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	7.5
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
10	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	40		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
1.5	complete Schedule G, Part III	40		X
	Complete Concession of Last III	19	000	

	in 1990 (2015) The Cozen O Connor Foundation, Inc. 20-007 (2015) The Cozen O Connor Foundation, Inc. 20-007 (2015) The Cozen O Connor Foundation, Inc.	4030	<u></u>	age 4
	•		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		ĺ
	domestic government 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 or other assistance to or for domestic individuals on		l	l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		{
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			Í
	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		1	ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		l	
	Schedule K. If "No", go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	}	Ì	1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ	[.	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	İ		1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,")	1	ĺ
	complete Schedule L, Part II	26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	į.		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ļ	ſ	
	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).		}	ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	L	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			ļ
	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		<u> </u>	ł
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ĺ
	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			1
	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? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_							
	Check if Schedule O contains a response or note to any line in this Part V				,	<u> </u>			
		1	1		Yes	No			
1a	The state of the s	1a	0	1	}	}			
þ		1b	0	1	1	}			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
_	(gambling) winnings to prize winners?	ł		1c	 	├			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ł		İ			
	filed for the calendar year ending with or within the year covered by this return	_2a_	0	1	1	}			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	 	├			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s) .		}	1	3.5			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a	├	X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	 	├			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other				}				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	<u>4a</u>		X			
D	If "Yes," enter the name of the foreign country.	· · · · · · · · · · · · · · · · · · ·		}	}	}			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ACCOUR	its (FBAR).		1				
5a	5 ,,,		1	5a	 	X			
b	, , , , , , , , , , , , , , , , , , , ,	action (5b	 	<u> </u>			
C	, .,			5c	┼	 			
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit	6-	İ	x			
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	ur aifta	6a	 	<u> </u>			
	were not tax deductible?	เเบาร เ	n gins	6b		1			
7	Organizations that may receive deductible contributions under section 170(c).		•	OD	 	 			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ITVICAS I	arovided to the navor?	7a	}	X			
b	A TABLE WILLIAM								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	uired	7b	 	 			
_	to file Form 8282?		Jan 54	7c	}	X			
d		7d			1	 			
е									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7e 7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file F		399 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?			8		<u> </u>			
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>	<u> </u>			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>			
10	Section 501(c)(7) organizations. Enter.				ţ	ļ			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		}	•	İ			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>						
11	Section 501(c)(12) organizations. Enter	ı	1	}		Ì			
а	Gross income from members or shareholders	11a		l	l	1			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			[1			
	amounts due or received from them.)	11b	<u> </u>	}					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041′	?	12a	<u> </u>	<u> </u>			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>	1		1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	_	<u> </u>			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	<u> </u>			
	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	1	ı	}		1			
	organization is licensed to issue qualified health plans	13b		}]	[
	Enter the amount of reserves on hand	13c	<u> </u>	 	<u> </u>	 			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	L	X			

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

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) available
	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)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records. DAVID W. ELLMAN, TREASURER - 215-665-2000

<u>1650 MARKET STREET, PHILADELPHIA, PA 19103</u>

Form 990 (2015)

532006 12-16-15

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

Check if Schedule O contains a response or note to any line 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

(A)	Check this box if neither the organization nor any related (A) (B)				C)			(D)	(E)	(F)		
Name and Title	Average	1		Pos	itior	1		Reportable	Reportable	Estimated		
Name and Title	hours per	(do	(do not check more than one box, unless person is both an					compensation	compensation	amount of		
	week	offi	cer ar	id a d	irecto	or/trus	tee)	from	from related	other		
	(list any	Ę						the	organizations	compensation		
	hours for	E E	[ਲ	ĺ	organization	(W-2/1099-MISC)	from the		
	related	ig eg	nste	}	}	is a	}	(W-2/1099-MISC)		organization		
	organizations	置	nal tr		loyee	E	}			and related		
	below	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	}		organizations		
	line)	르	III	ŧ	Ke	£.€	ᅙ	ļ	<u> </u>	 		
(1) STEPHEN A. COZEN	1.00					1	ļ					
DIRECTOR		X	 	<u> </u>		 		0.	0.	0		
(2) PATRICK J. O'CONNOR	1.00		}	}			Ì					
DIRECTOR		X	 	<u> </u>	 	ــ	ļ	0.	0.	0		
(3) THOMAS A. DECKER	1.00					{			}			
VICE PRESIDENT		X	_	X	<u> </u>	<u> </u>		0.	0.	0		
(4) HARMON SPOLAN	1.00				[
CHAIRMAN		X		X	<u> </u>			0.	0.	0.		
(5) VINCENT MCGUINNESS	1.00				ĺ	1						
PRESIDENT		X		X	ļ	ļ		0.	0.	0		
(6) DENNIS COHEN	1.00			}]						
DIRECTOR		X			<u> </u>	 	ļ	0.	0.	0.		
(7) MICHAEL HELLER	1.00		ļ					_				
VICE PRESIDENT		X	<u></u> -	X	<u> </u>	 		0.	0.	0.		
(8) SANDRA A. BLOCH	1.00	}		7.5		ŀ			•	•		
SECRETARY	1 00			X		-		0.	0.	0		
(9) DAVID W. ELLMAN	1.00			37		[
FREASURER			-	X	├-			0.	0.	0		
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Form 990 (2015)

Form 990 (2015) The Coze	n O'Coni	<u> 101</u>	<u>- 1</u>	<u>. OI</u>	<u>ın(</u>	gai	: 1	on, Inc.	20-00	4096	Pag	e o
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
. (A)	(B)	ł		((C)			(D)	(E)	1	(F)	
Name and title	Average	İ		Pos				Reportable	E	stimated	ii	
	hours per					than is bot		1	Reportable compensation	amount of		
	week					or/trus			from related	"	other	
	(list any	ā					Γ-	the	organizations	con	npensati	Ωn
	hours for		1	l	1	_	ļ	organization	(W-2/1099-MISC	- 1	rom the	J11
	related	l ë	28	ĺ	1	sate	ļ	(W-2/1099-MISC)	(***271099-141100		ganizatio	_
	organizations		Ę		يو ا	<u></u>	ļ	(44-2/1099-141130)		1 -	nd related	
	below	mg	8	•	훃	2 8		Į.			anızatıor	
	line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former			log	ailizatioi	13
		ļ <u>Ē</u> .	<u> </u>	5	3	<u> </u>	프					
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		}		}		1	1			}		
	<u> </u>	<u>. </u>	L		<u></u>	!	Ļ_	 	 			
1b Sub-total								0.) .		<u>o.</u>
c Total from continuation sheets to Part V	/II, Section A							0.).		0.
d Total (add lines 1b and 1c)						_		0.).		0.
2 Total number of individuals (including but	not limited to th	ose	liste	d al	oove	e) wh	o r	eceived more than \$100	,000 of reportable			
compensation from the organization						,			•			0
									·····		Yes I	No
2 Did the expension let any facility office											1	
3 Did the organization list any former officer			е, ке	y en	npio	yee,	or	nignest compensated e	mployee on		1 1	
line 1a? If "Yes," complete Schedule J for										3	1	<u>X</u> _
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	itior	and	otl	her compensation from	the organization	}	} }	
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule) J f	for such individual		4	1 . 1 .	\mathbf{x}_{-}
5 Did any person listed on line 1a receive or									dual for services			
rendered to the organization? If "Yes," con										5	1 1	<u>x</u> _
Section B. Independent Contractors	inpicto Gonegan	<u> </u>	<u> </u>		00,0	.011						
									\$100,000 of com-			
1 Complete this table for your five highest co										nsauon	ITOITI	
the organization Report compensation for	the calendar y	ear e	endi	ng w	/ith	or w	ithir	n the organization's tax	year ,			
(A)							1	(B)]		C) .	
Name and business	s address	NC	NE	<u> </u>				Description of s	ervices	Compe	nsation	
							1		}			
							- [
			_									
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2 Total number of independent contractors (including but n	ot lir	nite	d to	tho	se lis	ted	l above) who received m	nore than			
\$100,000 of compensation from the organ			_		_ (_						
								· · · · · · · · · · · · · · · · · · ·	······································	Form	990 (20	115)
0000												,

7b, 8b	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses		(C)									
7b, 8b		Total avpaness	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. (A) (B) (C) (D)										
4 ^	~~~~~	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses								
	Grants and other assistance to domestic organizations			ŧ									
	and domestic governments. See Part IV, line 21	1508600.	1508600.										
	Grants and other assistance to domestic												
	ndividuals See Part IV, line 22												
	Grants and other assistance to foreign	ľ		Ì									
	organizations, foreign governments, and foreign			†									
	ndividuals. See Part IV, lines 15 and 16			 +									
	Benefits paid to or for members												
	Compensation of current officers, directors,	ĺ											
	rustees, and key employees												
	compensation not included above, to disqualified	ļ											
	ersons (as defined under section 4958(f)(1)) and												
	ersons described in section 4958(c)(3)(B)												
	Other salaries and wages												
	ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions)	ł											
	· · · · · · · · · · · · · · · · · · ·												
	Other employee benefits												
	Payroll taxes												
	ees for services (non-employees):			}									
	Management												
	egal	11093.		11093.									
	obbying	11093.		11093.									
	rofessional fundraising services. See Part IV, line 17												
	nvestment management fees												
	Other (If line 11g amount exceeds 10% of line 25,												
_	olumn (A) amount, list line 11g expenses on Sch O.)		1										
	dvertising and promotion												
	Office expenses												
	offormation technology												
	loyalties												
	Occupancy												
	ravel												
	ayments of travel or entertainment expenses			·									
	or any federal, state, or local public officials		ľ										
	conferences, conventions, and meetings												
	nterest												
	ayments to affiliates												
	epreciation, depletion, and amortization												
	surance												
ab 24	ther expenses. Itemize expenses not covered pove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule O.)												
	IISCELLANEOUS	250.		250.									
	ffice Supplies	117.		117.									
c =													
d													
e Al	Il other expenses												
	otal functional expenses. Add lines 1 through 24e	1520060.	1508600.	11460.	0.								
	pint costs. Complete this line only if the organization												
re	ported in column (B) joint costs from a combined	Ţ	ļ										
	ducational campaign and fundraising solicitation.	l											
Ch	neck here if following SOP 98-2 (ASC 958-720)												

	`	Check if Schedule O contains a response or note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		461831.	1	541191.
	2	Savings and temporary cash investments	,		2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers				
	1	trustees, key employees, and highest compensated employe				
	1	Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified persons				
		section 4958(f)(1)), persons described in section 4958(c)(3)(f)	3), and contributing		ļ	
	ł	employers and sponsoring organizations of section 501(c)(9)) voluntary			
Ş	1	employees' beneficiary organizations (see instr). Complete P	art II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	·
4	8	Inventones for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
	1	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	<u> </u>		12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		461831.	16	541191.
	17	Accounts payable and accrued expenses	ļ		17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability. Complete Part IV of Sc	hedule D		21	
es	22	Loans and other payables to current and former officers, dire	ectors, trustees,			
Liabilities		key employees, highest compensated employees, and disqu	alified persons			
jab j		Complete Part II of Schedule L	ļ		22	
	23	Secured mortgages and notes payable to unrelated third pa	rties		23	
	24	Unsecured notes and loans payable to unrelated third partie	s		24	
	25	Other liabilities (including federal income tax, payables to rel	ated third			
	į	parties, and other liabilities not included on lines 17-24). Con	nplete Part X of			
		Schedule D	,		25	
	26	Total liabilities. Add lines 17 through 25		0.	_26_	<u> </u>
		Organizations that follow SFAS 117 (ASC 958), check her	e▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.				- 1110
land	27	Unrestricted net assets	ļ	461831.		541191.
Bal	28	Temporarily restricted net assets			28	
Net Assets or Fund Balances	29	Permanently restricted net assets	, ,, \		29	
J.		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here 🕨 📖			
ō		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equipment fun	r		31	
Ş	32	Retained earnings, endowment, accumulated income, or oth	er funds	461001	32	F41101
_ {	33	Total net assets or fund balances	-	461831.	33	541191.
	34	Total liabilities and net assets/fund balances		461831.	34	541191.

	1990 (2015) The Cozen O'Connor Foundation, Inc.	20-0074	1096	Pag	_{je} 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	15	994	20.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	200	60.				
3	3 Revenue less expenses Subtract line 2 from line 1								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
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	5	411	<u>91.</u>				
Pa	rt XII Financial Statements and Reporting		-						
	Check if Schedule O contains a response or note to any line in this Part XII .								
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			Yes	No				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	[ļ					
	separate basis, consolidated basis, or both:		1 1						
	Separate basis Consolidated basis Both consolidated and separate basis		1 1						
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	} {	1					
	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 th	e audıt,	1 1	1					
	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 Scho	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 Sir	igle Audit	((ŀ					
	Act and OMB Circular A-133?		3a		<u>X</u> _				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit]]						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b_						
			Form	990 (2015)				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

2015

Open to Public Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection

Name of the organization

The Cozen O'Connor Foundation, Inc. 20-0074096

Part I 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.)

			`			<u>-</u> -					
The o	organi	ization is not a private found	dation because it is:	(For lines 1 through 11,	check only	one box.)					
1		A church, convention of ch	nurches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in sect									
3		A hospital or a cooperative					ii \				
4	一	A medical research organiz						the hospital's name			
7 (city, and state:	ation operated in co	mjunicuon with a nospita	ii describet	2 117 SEC (10	ii ii o(b)(i)(A)(iii). Eiitei	the hoopital o harne,			
5		An organization operated f	or the henefit of a co	oliege or university owne	d or opera	ted by a no	overnmental unit describ	ed in			
•		section 170(b)(1)(A)(iv). (sings of aniivoloity office	u 01 0p0.u						
6		A federal, state, or local go	•	mental unit described in	section 1	70/6\/4\/ A \	(v)				
7	X	An organization that norma	-			•		nublic described in			
•				armai part or its support	nom a gov	Cirinicina	unit of from the general	pablic accombod in			
8	}	section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)									
9	=	An organization that norma				contribute	one mambarehin faas a	nd aross receints from			
•		activities related to its exer									
		income and unrelated busi	•				•				
		See section 509(a)(2). (Co		(1633 Section 311 tax) II	OIII DUSINE	sses acqu	illed by the organization	arter burie oo, 1575			
10	\neg	An organization organized	•	eively to test for nublic s	afaty See	section 50)O(a)(A)				
11	=	An organization organized						nurnoses of one or			
•••		-	•	•			•				
		more publicly supported or						MIGCK (ITG DOX III			
_		lines 11a through 11d that	• •			•	• •				
а	L	Type I. A supporting organization	•	•	, ,			-			
		the supported organization			a majority	of the aire	ctors or trustees of the s	upporting			
L	_	organization. You must o	•				- d to - do \ b \ b a				
b	L	Type II. A supporting org	· ·				- · · · · ·				
		control or management of	· · · · · ·		same perso	ons that co	ontroi or manage the sup	ported			
	Γ	organization(s) You mus						l			
С	Ь	Type III functionally inte		•			· -	ea witn,			
	Γ	its supported organization		•	•	•	•				
đ	Ц	Type III non-functionally									
		that is not functionally in	-		-			iveness			
	Γ-	requirement (see instruct		•	-						
е	<u> </u>	Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, o	• •	onally integrated support	ing organi	zation.					
		r the number of supported	•					L			
9		ide the following information Name of supported	n about the supporte	ed organization(s) (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of			
	***	organization	,	(described on lines 1-9	listed	n your	support (see	other support (see			
				above (see instructions))	governing		instructions)	instructions)			
				 	Yes	No					
			<u> </u>		}						
			 	 	 						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 The Cozen O'Connor Foundation, Inc. 20-0074096 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	1460374.	1620914.	1712763.	1582222.	1599420.	7975693.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				ĺ	•	
	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	1460374.	1620914.	1712763.	1582222.	1599420.	7975693.
5	The portion of total contributions						
	by each person (other than a		i				
	governmental unit or publicly						
	supported organization) included						:
	on line 1 that exceeds 2% of the						ļ
	amount shown on line 11,				}		,
	column (f)		'		}		46458.
6	Public support. Subtract line 5 from line 4						7929235.
Sec	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1460374.	1620914.	1712763.	1582222.	1599420.	7975693.
8	Gross income from interest,			27221001			
•	dividends, payments received on	i			į		
	securities loans, rents, royalties	[į		
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on		,			,	
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						1
11	Total support. Add lines 7 through 10						7975693.
12	Gross receipts from related activities,	etc /see instruction			L	12	1313033.
	First five years. If the Form 990 is for			d fourth or fifth ta	y vear as a section		
	organization, check this box and stor	-	s mat, second, time	a, toutai, or marte	an your as a scono	11 30 1(0)(0)	▶□
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2015 (I			column (fi)		14	99.42 %
	Public support percentage from 2014	,	•	(1)	•	15	99.29 %
	33 1/3% support test - 2015. If the o			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	· ·		•		,	▶ X
ь	33 1/3% support test - 2014. If the o		•		line 15 is 33 1/3%	or more, check th	
_	and stop here. The organization quali	•				, ,	▶
17a	10% -facts-and-circumstances test				e 13 16a or 16b a	and line 14 is 10%	or more.
u	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"		•	-	•	. Trilott tile orgal	▶ []
h	10% -facts-and-circumstances test	•	•		•	17a and line 15 is	10% or
IJ	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						
12	Private foundation. If the organization		=	•			
	THE TOURING HOTE IT THE OTGATIZATIO	did flot check a	50x 011 mile 10, 100	a, 100, 17a, 01 17L			or 990-EZ) 2015

qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			1			
include any "unusual grants.")		1				
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		1				
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		1			1	
furnished by a governmental unit to		}		}		
the organization without charge		}			1	1
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				1	1	
3 received from disqualified persons					1	
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)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6			<u> </u>			
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		}	1	1	1	
acquired after June 30, 1975		}	1		<u> </u>	
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 VI.) 13 Total support. (Add lines 9, 10c, 11, and 12)			1		1	
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd. fourth. or fifth t	tax vear as a section	on 501(c)(3) orga	nization.
check this box and stop here		, , , , , , , , , , , , , , , , , , , ,		,		. •
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2015 (In			column (f))		15	%
16 Public support percentage from 2014		<u>-</u>			16	%
Section D. Computation of Inves	tment Incom	ne Percentage				
17 Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2			, ,,,	•	18	9
19a 33 1/3% support tests - 2015. If the			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2014. If the			· · · · · · · · · · · · · · · · · · ·			6, and
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization		-	•			▶□
532023 09-23-15						990 or 990-EZ) 201

(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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. A	W	Sup	port	tina	Ore	ganizations	ŝ
--------------	---	-----	------	------	-----	-------------	---

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (III) the authority under the organization's organizing document authorizing such action, and (IV) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 За 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Sch	edule A (Form 990 or 990-EZ) 2015 The Cozen O'Connor Foundation, Inc. 20-00	<u>)7409</u>	6 P	age 5
Pa	rt IV Supporting Organizations (continued)			r
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		ł
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	-	
	extion B. Type I Supporting Organizations	1 110	L	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	1.00
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	}	}	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}	}	}
	controlled the organization's activities. If the organization had more than one supported organization,	ł	}	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	į .	ľ	ţ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	}	}	}
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	ì	}	}
	supervised, or controlled the supporting organization.		L	<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	}	ł	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}	1	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		Į
Soc	the supported organization(s). tion D. All Type III Supporting Organizations	1_1_	<u></u>	L
360	tion b. Air Type in Supporting Organizations		Tv	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	}	}	}
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	}	}	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	(
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Ī .	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2)	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		{	
	supported organizations played in this regard.	3	<u> </u>	<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions):			
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions	1	Г
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	j	1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		l	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		•	
	how the organization was responsive to those supported organizations, and how the organization determined		}	į
b	that these activities constituted substantially all of its activities.	_2a	 	 -
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	l	}	
	activities but for the organization's involvement.	2h		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b	 	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}	1	
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	1	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1	1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_		

	edule A (Form 990 or 990-EZ) 2015 The Cozen O'Connor Foundrit V Type III Non-Functionally Integrated 509(a)(3) Supporting			20-0074096 Page 6
1 .				ections. All
	other Type III non-functionally integrated supporting organizations must con			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	·	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1		
	collection of gross income or for management, conservation, or	} }		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		
	instructions for short tax year or assets held for part of year)	}		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
_ c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	T		
	factors (explain in detail in Part VI)	-		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	on C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1-1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	y-ıntegra	ted Type III supporting org	anization (see
	instructions)	-		

Sche Pa	edule A (Form 990 or 990-EZ) 2015 The Cozen O'C rt V Type III Non-Functionally Integrated 509			0-0074096 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	is	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			L
3	Excess distributions carryover, if any, to 2015			
a				
b				
С				
d	From 2013			
е	From 2014			
_f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
i_	Carryover from 2010 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7. \$			
a	Applied to underdistributions of prior years			\
b	Applied to 2015 distributable amount			<u> </u>
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4	· · · · · · · · · · · · · · · · · · ·		<u> </u>
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	······································		
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c			<u> </u>
8	Breakdown of line 7.			
a				
b				
Ç	Excess from 2013			
d	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

				Foundation,	Inc.	20-0074096 Page 8
Part VI	line 1, Part IV, Section D, Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, 4c, 5a , lines 2 and 3; Part IV	a, 6, 9a, 9b, 9c, 11a ', Section E, lines 1	a, 11b, and 11c; Part I\ c, 2a, 2b, 3a and 3b; P	/, Section B, lines ' 'art V, line 1, Part \	1 and 2, Part IV, Section C, /, Section B, line 1e; Part V,
	(See instructions)					· · · · · · · · · · · · · · · · · · ·
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number

Name of the average time

,	The Cozen O'Connor Foundation, Inc.		20-0074096
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccor	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b) Fun	nds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 advised fur	ıds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring	
<u> </u>	impermissible private benefit?		Yes N
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	<u>, line 7</u>	<u>'</u>
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)		
	Protection of natural habitat Preservation of a certified h	istoric	structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	<u>nserv</u>	
_	day of the tax year		Held at the End of the Tax Yea
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
d	Number of conservation easements on a certified historic structure included in (a)	2c	
u	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ		n during the tay
Ü	year	iizatioi	If during the tax
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservati	on eas	sements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asemei	nts during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(6)	3)(ı)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	ment, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	ganıza	tion's accounting for
	conservation easements		
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simil	ar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public	service, provide, in Part XIII
	the text of the footnote to its financial statements that describes these items.	_	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rvice, p	provide the following amount
	relating to these items:	_	•
	(i) Revenue included on 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 treasures, or other similar assets for financial gain,	provid	16
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		ф
	Revenue included on Form 990, Part VIII, line 1		\$
<u></u>	Assets included in Form 990, Part X		<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

		en O'Conno						<u> 20-00</u>			2
	rt III Organizations Maintaining C									_	
3	. Using the organization's acquisition, access	on, and other record	ds, checi	k any of the	following t	hat are a s	significant	use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	•	d 🖳	Loan or exc	hange pro	grams					
þ	Scholarly research	•	е 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's c	oliections and expla	in how th	ney further t	he organiz	ation's exe	empt purpo	ose in Parl	t XIII		
5	During the year, did the organization solicit of					ther simila	ır assets	_	-		
	to be sold to raise funds rather than to be m								Yes	<u>L</u> N	<u> </u>
Pa	rt IV Escrow and Custodial Arran		lete if the	organizatio	on answere	d "Yes" or	n Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other	assets no	t included		٦		
	on Form 990, Part X?							L	」Yes	N	lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	table.			<u></u>				
	_								Amount		_
	Beginning balance					•	1c				—
d	Additions during the year						1d				—
e	Distributions during the year						1e				—
1	Ending balance						1f		٦		_
	Did the organization include an amount on F						•	L	」 Yes	H	lo
	if "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete									 _	—
- 4	Endownent unds. Complete								(-) Four	ooro baa	<u> </u>
4.	Bompung of year balance	(a) Current year	(0) P	rior year	(c) Iwo y	ears back	(d) Three y	lears back	(e) Four y	rears Dad	<u> </u>
1a _	Beginning of year balance		 		 				 		
b	Contributions		 		 				ļ		
ب	Net investment earnings, gains, and losses Grants or scholarships	<u> </u>	 		 				 		
d	Other expenditures for facilities		 		 				 -		
e	·]		ļ			1			
	and programs Administrative expenses	<u> </u>	 		 		L				—
g	End of year balance		 		 						_
2	Provide the estimated percentage of the cur	rent year and halan	ce (line 1	a column (a)) hold as:				l		
a	Board designated or quasi-endowment	rent year end balant	%	y, coluinii (a	a)) Helu as						
b	Permanent endowment	%									
	Temporarily restricted endowment	%									
Ū	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ration tha	at are held a	ind adminis	stered for t	he organiz	zation			
-	by:	ooidii oi tiio oigaiii.				310100 101 1			[\sqrt{s}	es N	<u> </u>
	(i) unrelated organizations								3a(i)	-	<u> </u>
	(ii) related organizations				•				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	ired on S	chedule B?			• •		3b		
4	Describe in Part XIII the intended uses of the	•							L- <u></u> -		
Par					.						
	Complete if the organization answere		0, Part i\	/, line 11a. S	See Form 9	90, Part X	, line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value	_
		basis (investi	- 1		(other)	, , ,	preciation		(-)··		
1a	Land							$\neg \uparrow$			_
	Buildings					+		\neg			_
	Leasehold improvements					1					_
	Equipment					1					_
	Other					1					_
	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	t X colun	nn (R) line 1	10c l					0	<u> </u>

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. ▶ Attach to Form 990.

% **×**

Employer identification number 20-0074096 Yes 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 The Cozen O'Connor Foundation, Inc. Part 1 General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Part II	Grants and Other Assistance to Domestic Organizations a	Jomestic Organi	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	and Domestic Governments. Complete of the organization answered "Yes" on Form 990, Part IV, line 21, for any	, line 21, for any
	recipient that received more than \$5,000. Part II can be duplic	5,000. Part II can	i be duplicated if additi	icated if additional space is needed	led			
1 (a)	1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of (e) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
	or government		f applicable	cash grant	non-cash	valuation (DOOK,	non-cash assistance	or assistance

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additi-	ional space is need	Jed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
As Attached			0	0			
		•					
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government or	ganizations listed in the table	le line 1 table				▶ 343.

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

Schedule I (Form 990) (2015)

532101 10-28-15

33

Page 2 Schedule I (Form 990) (2015) (f) Description of non-cash assistance 20-0074096 (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (Form 990) (2015) The Cozen O'Connor Foundation, Inc.
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 34 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2015) 532102 10-28-15 Part III

SCHEDULE O (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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	The Cozen (Connor Four	ndation, Ir	nc.	Employer identification 20-007409	
Form 990, Part	VI, Section	A, line 2:				
All of the Offi	cers and Dir	rectors are e	employees o	of Cozen	O'Connor.	
Officers and Di	rectors have	e business re	elationship	os with e	ach other.	They
do not have a r	celationship	with the org	ganization.	•		
Form 990, Part	VI, Section	A, line 8b:				
Board of Direct	ors signed t	<u>Jnanimous Cor</u>	nsent in Wi	citing 6/	9/2015.	
Form 990, Part	VI, Section	B, line 11:				
The Form 990 is	reviewed by	Treasurer l	pefore fili	ing.		
Form 990, Part	VI, Section	C, Line 19:				
The organizatio	n generally	does not mal	ce their go	overning	documents,	
conflict of int	erest policy	and financi	<u>lal stateme</u>	ents avai	lable to th	e
public.					· · · · · · · · · · · · · · · · · · ·	
						
						
			····			
						
						
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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

The Cozen O'Connor Foundation, Inc.	20-0074096
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 e	ach 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/	9/2015.
Form 990, Part VI, Section B, line 11:	
The Form 990 is reviewed by Treasurer before filing.	
Form 990, Part VI, Section C, Line 19:	a
The organization generally does not make their governing conflict of interest policy and financial statements avai	
public.	Table to the
	····