990

Return of Organization Exempt From Income Tax

Officer Section 65 (16), 627, 61 454/(a)(1) of the internal netwinds of the (except private fedinations)									
		of the Treasury	<ul> <li>Do not enter social security numbers on this form as it m</li> <li>Information about Form 990 and its instructions is at www.</li> </ul>	-	' # // )	Open to Public Inspection			
_			ar year, or tax year beginning FEB 1, 2016 and ending						
_	Check if applicab	C Name of	organization		D Employer identifica	ation number			
	Addre	e <u>l'ne</u>	Cozen O'Connor Foundation, Inc.						
	Name	ge Doing bi	usiness as 000		20-00	74096			
	lnitial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	suite	Telephone number				
	Final	v <u>1650</u>	Market Street 2800		215-6	<u>65-4154</u>			
	termii ated	City or to	own, state or province, country, and ZIP or foreign postal code	L	Gross receipts \$	2426220.			
	Amen	Phil	adelphia, PA 19103		H(a) Is this a group reti	urn			
	Appli tion	F Name a	nd address of principal officer Harmon Spolan		for subordinates?	. Yes X No			
	pend	<sup>ng</sup> 1650	<u>Market Street, Philadelphia, PA 1919</u>	13.7	(b) Are all subordinates incl	uded? Yes No			
1	Tax∙ex	empt status	X 501(c)(3)	527	If "No," attach a lis	st (see instructions)			
J	Websi	te: ► N/A			H(c) Group exemption	number >			
K	Form o	f organization:	X Corporation	Year of	formation: 2003 M	State of legal domicile: PA			
Р	art I	Summary							
o o	1	Briefly describ	e the organization's mission or most significant activities. FOR CHAP	RITA	BLE, SCIENT	IFIC AND			
Governance	1	EDUCATI	ONAL PURPOSES.			<del></del>			
ž.	2	Check this bo	x   if the organization discontinued its operations or disposed of its posed of its posed.	more t	han 25% of its net ass	ets.			
ŏ	3	Number of vol	ing members of the governing body (Part VI, line 1a)		3	7			
		Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4				
es	5	Total number	of individuals employed in calendar year 2016 (Part V, line 2a)		5	0			
žį	6	Total number	of volunteers (estimate if necessary)		6	0			
Activities &	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated	business taxable income from Form 990-T, line 34	·	7b	<u> </u>			
	}			<u> </u>	Prior Year	Current Year			
<u>a</u>	8	Contributions	and grants (Part VIII, line 1h)	L	1599420.	2426220.			
<b>≅</b>	9	Program servi	ce revenue (Part VIII, line 2g) RECEIVED	<u></u>	0.	0.			
	10		come (Part VIII, column (A), lines 3, 4, a <del>nd 7d) Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q</del>		0.	<u> </u>			
ூட	11	Other revenue			0.	<u> </u>			
<b>_</b> _	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	1599420.	2426220.			
<u> </u>	13	Grants and sir	milar amounts paid (Part IX, column (A), limes 1-3)		1508600.	<u> 1704336.</u>			
لنا	14	Benefits paid	to or for members (Part IX, column (A), line@GDEN, UT		0.	0.			
_ 0	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
္က မွ	160	Drofessional fo	indraising fees (Part IV, column (A), line 11e)	1	0.1	n			

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

Sign Here	Signature of officer  David W. Ellman, COO		Date 12 / 4 (17							
nere	Type or print name and title			<del></del>						
	Print/Type preparer's name	Preparer's signature	Date	Check		PTIN				
Paid				self-emp	oloyed					
Preparer	Firm's name			Firm's EIN	<b>-</b>					
Use Only	Firm's address			_		-				
				Phone no						
May the II	RS discuss this return with the preparer shown ab	ove? (see instructions)		_		Yes	☐ No			

LHA For Paperwork Reduction Act Notice, see the separate instructions. 632001 11-11-16

**b** Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Revenue less expenses Subtract line 18 from line 12

Net assets or fund balances Subtract line 21 from line 20

20 Total assets (Part X, line 16) Total liabilities (Part X, line 26)

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Form 990 (2016)

9265.

0.

1713601.

1253810.

End of Year

712619.

11460

79360

541191

541191

0

1520060.

**Beginning of Current Year** 

	990 (2016) The Cozen O'Connor Foundation, Inc. 20-0074096 Page 2	<u>2</u>
Par	t III Statement of Program Service Accomplishments	
-	Check if Schedule O contains a response or note to any line 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).	_
	301/C/\3/•	_
	Out the average undertake any complianat program convices the way which ways not list and on the	-
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No.	
	,	,
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	)
	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 \$1704336. including grants of \$1704336. ) (Revenue \$	)
	ORGANIZED PRINCIPALLY TO MAKE GRANTS AND PROVIDE FINANCIAL SUPPORT TO	_
	OTHER CHARITABLE ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER	
	501(c)(3).	_
		_
		_
		-
		_
		_
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		_
		_
4b	(Code) (Expenses \$	)
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code) (Expenses \$	_
70	(Code / (Expenses \$ / Nevenue \$	,
	<del></del>	_
		_
		_
		_
		_
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		_
		_
		_
		_
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 1704336.	_
	Form <b>990</b> (201	6)

	•		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	_ <b></b>		
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			-22
4		4		х
	during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_3	_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ٔ ۾ ا		v
_	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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?	1		}
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	İ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<del>                                     </del>
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	· · •		<del></del>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- <del></del> -
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del>		<del></del>
	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,"	<del></del>	_	<u></u>
	complete Schedule G, Part III	19		х
			990	

Form 990 (2016)

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

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

a Gross income from members or shareholders

amounts due or received from them)

c Enter the amount of reserves on hand

Gross income from other sources (Do not net amounts due or paid to other sources against

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

14a Did the organization receive any payments for indoor tanning services during the tax year?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

13b 13c 14a X

12a

Form 990 (2016)

11a

11b

12b

Form 990 (2016) The Cozen O'Connor Foundation, Inc. 20-0074096 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line 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 7			
	If there are material differences in voting rights among members of the governing body, or if the governing	ł		}
	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 1b 7			}
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_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	]		ļ
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		l	
	persons other than the governing body?	7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b_		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		7
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		<b>.</b>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
С	in Schedule O how this was done	100		
13	Did the organization have a written whistleblower policy?	12c 13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	-14-		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			}
а	The organization's CEO, Executive Director, or top management official	15a		_x_
	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			<del></del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		[
Sec	tion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	avaılab	le	
	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, and	finan	cial	
	statements available to the public during the tax year.			
20	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			
	1650 MARKET STREET, PHILADELPHIA, PA 19103			
63200	8 11-11-16	Form	990	(2016)

# 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.

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

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

Check this box if neither the organization n		(C)					isat	1		(E)
<b>(A)</b> Name and Title	(B) Average			Pos	ition			( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per	box	(do not check more than one box, unless person is both an				h an	compensation	compensation	amount of
	week	$\vdash$	cer an	and a director/trustee)			tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	0.0	ige			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus	}	e e	шрег	}	(** 27 1000 111100)		and related
	below	wound	Institutional trustee	ją.	Key employee	Highest compensated employee	ie.			organizations
	line)	횰	Inst	Officer	χ.	E E	Former			
(1) THOMAS A. DECKER	1.00									
VICE CHAIRMAN	1 00	X	<u> </u>	X	_	-	-	0.	0.	0.
(2) HARMON SPOLAN	1.00	7.7		3,5					0	0
VICE CHAIRMAN	1 00	X	-	X	-		<u> </u>	0.	0.	0.
(3) VINCENT MCGUINNESS	1.00	x	ĺ				l	0.	0.	0
PRESIDENT	1.00	^	<u> </u>	X		├	-	<u> </u>		0.
(4) MICHAEL HELLER	1.00	X		x		ļ	ł	0.	0.	0.
CHAIRMAN (5) SANDRA A. BLOCH	1.00	A	_	A		<del> </del>	_			
SECRETARY	1.00	1	1	X			ļ	0.	0.	0.
(6) DAVID W. ELLMAN	1.00	-	_	-		┢	<u> </u>			
TREASURER		1	j	X	}		ļ	0.	0.	0.
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Form 990 (2016)

1b Sub-total

d Total (add lines 1b and 1c)

Section B. Independent Contractors

c Total from continuation sheets to Part VII, Section A

line 1a? If "Yes," complete Schedule J for such individual

rendered to the organization? If "Yes," complete Schedule J for such person

compensation from the organization

(A)

Name and title

ndividual trustee or director

nstitutional trustee

(C)

Position

(do not check more than one

box, unless person is both an

officer and a director/trustee)

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

	Name and business address NONE	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those	e listed above) who received more than	
_	\$100,000 of compensation from the organization		
_			Form <b>990</b> (2016)
			101111000 (2010)

	t VIII	Check if Schedule O cont		nse or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Sra Tour	b	Membership dues	1b					
Am (	C	Fundraising events	1c					
E E	d	Related organizations	1d					
S.E.	e	Government grants (contribut	ions) <u>1e</u>					
e Si	f	All other contributions, gifts, gran	ts, and					
혈		similar amounts not included abo	ve <u>lf</u>	2426220.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	1a-1f \$		0406000			
O @	<u>h</u>	Total. Add lines 1a-1f		Ducina a Carta	2426220.			
				Business Code				
Program Service Revenue	2 a b			i 1	·		<del></del>	
Ser	C							
E S	d							<del> </del>
Pag	e			_	<del></del>		<del></del>	
Pre		All other program service reve	enue		<del></del>	-		
		Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dıvıdends, ı	nterest, and				1
		other similar amounts)		<b>&gt;</b>				
	4	Income from investment of ta	x-exempt bo	nd proceeds				
	5	Royalties						
İ			(i) Real	(II) Personal				
ļ	6 a	Gross rents				[		
		Less: rental expenses	ļ					
- 1		` '	L					ļ
		Net rental income or (loss)						<del> </del>
	7 a	Gross amount from sales of	(ı) Securit	ies (ii) Other		,		
ļ		assets other than inventory						
	b	Less: cost or other basis						
)	_	and sales expenses	<u> </u>			J		}
		Gain or (loss)  Net gain or (loss)	L					l,
į	8 a		a evente (na	,				<del>                                     </del>
ng	0 a	including \$	•	"				
Other Revenue		contributions reported on line						İ
Ψ.		Part IV, line 18	10, 000	a				
ŧ.	b	Less direct expenses		b				
0		Net income or (loss) from fund	draising ever	nts				
ł	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19		a				
1	b	Less. direct expenses		b				
	С	Net income or (loss) from gam	ning activitie	s <b>&gt;</b>				<u> </u>
1	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
- 1		Less cost of goods sold		b				
}	<u></u>	Net income or (loss) from sale			· <del></del>			<del> </del>
	44	Miscellaneous Revenu		Business Code				
ļ	11 a			1 1	<del></del>	<del> </del>		+
	b			_				<del> </del>
	G	All other revenue		_				+
	u	Total, Add lines 11a-11d				<del> </del>	<del></del>	<del> </del>
	12	Total revenue. See instructions.			2426220.	0.	0	. 0.
63200	9 11-11							Form <b>990</b> (2016)

Form 990 (	2016)	The	Cozen	O'Conn
Part IX	Statement	of Function	onal Expe	enses

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			impiete column (29.	
Do I	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1704336.	1704336.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				<del></del>
3	Grants and other assistance to foreign			İ	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	ļ			
	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	İ		İ	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	9000.		9000.	<del></del>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	ľ			
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	<del></del>			
13	Office expenses				<del></del>
14	Information technology				
15	Royalties				<del> </del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	Ì	ļ		H
40	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	Other expanses, Itamiza expanses not covered	<del></del>			
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)	ļ			
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	265.		265.	
b					<u> </u>
С					
d					
е	All other expenses				
<u>25</u>	Total functional expenses Add lines 1 through 24e	1713601.	1704336.	9265.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			L <del> </del>	<u> </u>
63201	0 11-11-18				Form <b>990</b> (2016)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 541191. 1253810. Cash - non-interest-bearing 1 1 Savings and temporary cash investments 2 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 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 4ssets 7 Notes and loans receivable, net 7 8 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 10b b Less, accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 541191 1253810. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 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 Liabilities 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 24 Unsecured notes and loans payable to unrelated third parties 24 25 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. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 541191. 1253810. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 541191 1253810. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 541191 1253810.

	990 (2016) The Cozen O'Connor Foundation, Inc.	<u> 20-0</u>	<u>074096</u>	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>			
		ł	0.44		
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		262	
2	Total expenses (must equal Part IX, column (A), line 25)	2		36	
3	Revenue less expenses Subtract line 2 from line 1	3			<u> 19.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54	11	<u>91.</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	125	38	<u> 10.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1		
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	on a			
	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 separate	basis,	1 1		
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,	j j		
	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 Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 requi	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	[	
			Form \$	990 (	2016)

### **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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Nan	ne of t	he organization						Employer	identification numl	er		
		The_	Cozen O'Co	nnor Foundat	ion,	Inc.		2	0-0074096			
Pa	rt [	Reason for Public (	Charity Status (A	All organizations must co	mplete th	ıs part ) Se	e instruction	s				
The	organ	zation is not a private found	ation because it is (	For lines 1 through 12, c	heck only	one box )						
1		A church, convention of chi	urches, or association	on of churches described	ın sectio	n 170(b)(1	)(A)(i).		$\leq$			
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Form	990 or 99	90-EZ))		(	)			
3	一	A hospital or a cooperative					i).	`				
4	一	A medical research organiza					-	)(iii). Enter	the hospital's name,			
•		city, and state	,	,					•			
5	$\Box$	An organization operated for	or the benefit of a co	llege or university owned	or operat	ted by a go	overnmental i	unit describ	ed in	-		
•		section 170(b)(1)(A)(iv). (Complete Part II)										
6	$\Box$	A federal, state, or local gov		nental unit described in s	section 17	O(b)(1)(A)	(v).					
7	$\overline{\mathbf{x}}$	An organization that normal	-					he general	public described in			
•		section 170(b)(1)(A)(vi). (Co		Transpart of its support				<b>3</b>				
8		A community trust describe		1)(A)(vi) (Complete Part	: 11.)							
۵	Ħ	An agricultural research org				ed in coniu	nction with a	land-grant	college			
9		or university or a non-land-g										
		university	rant conege or agric	altare (550 mistractions)	Lintor tino	namo, on	, and oldlo o	r and domog	<b>.</b>			
10	$\Box$	An organization that normal	lly receives: (1) more	than 33 1/3% of its sun	nort from	contribution	ons member	shin fees, a	nd gross receipts fro	m		
		activities related to its exem	•									
		income and unrelated busin										
		See section 509(a)(2). (Cor		(1000 000 1011 011 100)	J. 11 Dao	oooo aoqa		gameanon	and band bo, not b			
11		An organization organized a	•	ively to test for public sa	fetv. See s	section 50	9(a)(4).					
12	一	An organization organized a						arry out the	purposes of one or			
-		more publicly supported org										
		lines 12a through 12d that	=									
а	[	Type I. A supporting orga							aivina			
		the supported organization	•		•	-						
		organization You must c										
b		Type II. A supporting orga	•		tion with it	s supporte	ed organizatio	on(s), by ha	vina			
~		control or management o	-				-		-			
		organization(s) You mus						-g				
c		Type III functionally inte	•		ın connec	tion with, a	and functions	illy integrate	ed with.			
_		its supported organization	•					,	,			
d		Type III non-functionally	, , ,	•			•	rted organi	zation(s)			
		that is not functionally int						-				
		requirement (see instructi	-		-							
-		Check this box if the orga		*				II. Type III				
		functionally integrated, or						, . , ,				
f	Ente	er the number of supported of	• .	,	5 5							
q		ride the following information	•	ed organization(s).								
	(	i) Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga in your governi	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of othe	r		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruction	ns)		
									Ì			
			}			}						

Schedule A (Form 990 or 990-EZ) 2016 The Cozen O'Connor Foundation, Inc. 20-00740

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 20-0074096 Page 2

(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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")	1620914.	1712763.	1582222.	1599420.	2425000.	8940319.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						1
3	The value of services or facilities		_				
•	furnished by a governmental unit to	,					li
	the organization without charge						
4	Total. Add lines 1 through 3	1620914.	1712763.	1582222.	1599420.	2425000.	8940319.
	The portion of total contributions	20203220	2,22,000				
5	by each person (other than a						1
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_	''						8940319.
	Public support. Subtract line 5 from line 4 etion B. Total Support				L	L	0340313.
		(a) 2012	(L) 2012	(2) 2014	(d) 2015	(0) 2016	(6 Total
	ndar year (or fiscal year beginning in)	1620914.	(b) 2013 1712763.	(c) 2014 1582222.	1599420.	(e) 2016 2425000.	(f) Total 8940319 •
_	• •	1020914.	1/12/03.	1302222	13334200	2423000.	0340313.
8	Gross income from interest,						1
	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						<del></del>
10	Other income Do not include gain				i		
	or loss from the sale of capital			]			
	assets (Explain in Part VI.)						22122
11	Total support. Add lines 7 through 10	<u> </u>		<u> </u>	L	ļ	8940319.
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor		<del> </del>				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			r	100 00
14	Public support percentage for 2016 (	line 6, column (f) d	ivided by line 11, o	column (f))			100.00 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	99.42 %
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box of	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright X$
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on l	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			▶
17a	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not d	check a box on line	9 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check ti	nis box and stop h	i <mark>ere.</mark> Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anization	ightharpoons
18	Private foundation. If the organization		•	•			s •
							or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 T Part III Support Schedule for C	rganizations	Described in	Section 509(a)	)(2)			4096 Page 3
(Complete only if you checked qualify under the tests listed be			organization failed	to qualify under f	Part II. If ti	ne organiz	átion fails to
Section A. Public Support	eiow, piease comp	olete Part II )			<del></del>	_/	
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e),	2016	(f) Total
1 Gifts, grants, contributions, and			ļ				
membership fees received (Do not		]	1	)		ļ	
include any "unusual grants ")				<u> </u>			
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-					į	İ	
iness under section 513				<b>/</b>	ļ		
4 Tax revenues levied for the organ- ization's benefit and either paid to							
or expended on its behalf					<del>                                     </del>		
5 The value of services or facilities furnished by a governmental unit to the organization without charge							
6 Total. Add lines 1 through 5			/				
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons			/		}		
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)		7					
Section B. Total Support		_ / _					
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> /2013	(c) 2014	(d) 2015	(e) 2	2016	(f) Total
9 Amounts from line 6							
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	/	/					
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)	<i></i>	L	<u> </u>	<u></u>			
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a section	on 5 <b>01</b> (c)	(3) organiza	ation,
check this box and stop here_					<u></u>		▶└
Section C. Computation of Publi	c Support Pe	rcentage			<del></del>		
15 Public support percentage for 2016 (li	1	•	column (f))		15		%
16 Public support percentage from 2015					16		%
Section D. Computation of Inves	tment Incom	e Percentage	·		_		
17 Investment income percentage for 20	1 <b>6</b> (line 10c, colui	nn (f) divided by li	ne 13, column (f))		17		%
18 Investment income percentage from 2	1		.,,		18		%
19a 33 1/3% support tests - 2016. If the	1		on line 14, and line	e 15 is more than	33 1/3% .	and line 1	
more than 33 1/3%, check this box as	1						▶ □
b 33 1/3% support tests - 2015. If the						33 1/3% <i>:</i>	and
line 18 is not more than 33 1/3%, che	-						▶□
20 Private foundation. If the organization		-			-	-	
632023 09-21-16			,				or 990-EZ) 2016

Yes No

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	. All	Supporting	<b>Organizations</b>
------------	-------	------------	----------------------

- 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 12a or 12b 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?
- 6 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.
- 7 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)
- 8 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	-	
	3a		
	2h		
	3b		
	_3c		
	4a		
	4b		
	_4c		
	5a		
	_5b		
	5c		
	6		
	_ 7		
	8		
	_9a		
	9b		
	9c	<b> </b>	
	10a		
	,		
9	_ <u>10b</u> 90 or 99	10-F7\	2016
_			

632024 09-21-16

	dule A (Form 990 or 990 EZ) 2016 The Cozen O'Connor Foundation, Inc. 20-00	<u> 7409</u>	<u>6</u> Ра	ige <b>5</b>
Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	}		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	144		
_	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b		
	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.	11c		
_	tion B. Type I Supporting Organizations	1 110		
	<u></u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	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,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	Ĺ	
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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			
	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	1	İ	
	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	1	ĺ	
Soc	supported organizations played in this regard tion E. Type III Functionally Integrated Supporting Organizations	3	L	<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
1 a	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	.)	
2	Activities Test Answer (a) and (b) below.		Yes	No
_ a				-1.00
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ļ	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	ŀ	
ь				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ł		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а		1	1	
	trustees of each of the supported organizations? Provide details in Part VI.	За	L	L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	L
63202	5 09-21-18 Schedule A (Form	990 or 9	90-EZ	2016

	dule A (Form 990 or 990 EZ) 2016 The Cozen O'Connor Four			20-007 <b>4</b> 096 Page 6
Par				<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	T
Secti	on 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			
	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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	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			
	factors (explain in detail in Part VI)	_	_	ì
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		
Secti	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			
•	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting or	nanization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

Sche <b>Par</b>	dule A (Form 990 or 990-EZ) 2016 The Cozen O'C tV Type III Non-Functionally Integrated 509			20-0074096 Page 7							
Secti	on D - Distributions	<u>.,,, , , , , , , , , , , , , , , , , , </u>		Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes									
2	Amounts paid to perform activity that directly furthers exemp										
	organizations, in excess of income from activity										
3											
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 the	he organization is responsive	e								
	(provide details in Part VI). See instructions	<u> </u>		ļ							
9	Distributable amount for 2016 from Section C, line 6										
10_	Line 8 amount divided by Line 9 amount	<del></del>									
		(i)	(ii)	(iii)							
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016							
	· · · · · · · · · · · · · · · · · · ·		110 2010	Amount for Edito							
_1_	Distributable amount for 2016 from Section C, line 6										
2	Underdistributions, if any, for years prior to 2016 (reason-										
	able cause required- explain in Part VI) See instructions										
3	Excess distributions carryover, if any, to 2016:										
a											
<u>b</u> _											
	From 2013			<del></del>							
	From 2014			<del></del>							
	From 2015										
	Total of lines 3a through e	<u> </u>									
	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·									
	Applied to 2016 distributable amount	<del> </del>		<del> </del>							
<u>i_</u>	Carryover from 2011 not applied (see instructions)										
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			<del> </del>							
4	Distributions for 2016 from Section D,										
	Applied to underdictable to page 1	<del></del>		<del></del>							
	Applied to underdistributions of prior years  Applied to 2016 distributable amount			<del> </del>							
	Remainder Subtract lines 4a and 4b from 4										
5	Remaining underdistributions for years prior to 2016, if										
J	any. Subtract lines 3g and 4a from line 2 For result greater										
	than zero, explain in Part VI. See instructions										
6	Remaining underdistributions for 2016. Subtract lines 3h										
•	and 4b from line 1. For result greater than zero, explain in										
	Part VI. See instructions										
7	Excess distributions carryover to 2017. Add lines 3j	-									
-	and 4c										
8	Breakdown of line 7										
a											
b	Excess from 2013										
С	Excess from 2014										
d	Excess from 2015										
_	Excess from 2016	1									

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 201 <u>6 <b>The</b></u>	Cozen	<u>O'Connor</u>	<u>Foundatio</u>	n, Inc.	20-0074096 Page 8
Part VI	Supplemental Part IV, Section A,	Information	Provide the	explanations re	quired by Part II, line Ia, 11b, and 11c, Pa	e 10, Part II, line 17a o art IV, Section B, lines	17b, Part III, line 12; and 2, Part IV, Section C, /, Section B, line 1e, Part V,
	Section D, lines 5, (See instructions)	6, and 8; and Pa	art V, Section	E, lines 2, 5, an	d 6. Also complete t	his part for any addition	nal information
		-					
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						·	
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# **SCHEDULE D**

Department of the Treasury

(Form 990)

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.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	The Cozen O'Connor				20-0074096
Pai	t I Organizations Maintaining Donor Advise	ed Funds or O	ther Similar Fun	ds or Account	<b>ts.</b> Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.			
		(a) Donor	advised funds	(b) Funds	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 as	sets held in donor ad	vised funds	
Ū	are the organization's property, subject to the organization's				Yes No
6	Did the organization inform all grantees, donors, and donor a	_		he used only	
·	for charitable purposes and not for the benefit of the donor				
	impermissible private benefit?	or donor davisor, c	riorally outlon purpor	oc comoning	Yes No
Pai		ganization answer	ed "Yes" on Form 990	n Part IV line 7	<u> </u>
ш.	Purpose(s) of conservation easements held by the organizat			5,1 art 14, iii 6 7	
1		`	¬ ` ''	istorically importan	at land area
	Preservation of land for public use (e.g., recreation or	education)	☐ Preservation of a h	• •	
	Protection of natural habitat		」 Preservation of a c	ertined historic str	ucture
_	Preservation of open space	£			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation	contribution in the for		
	day of the tax year.				eld at the End of the Tax Year
a	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic st			2c	
ď	Number of conservation easements included in (c) acquired	after 8/17/06, and	not on a historic stru		
	listed in the National Register			_2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguish	ed, or terminated by	the organization d	uring the tax
	year >				
4	Number of states where property subject to conservation ea	sement is located	<b></b>	_	
5	Does the organization have a written policy regarding the pe	riodic monitoring,	inspection, handling	of	
	violations, and enforcement of the conservation easements	ıt holds?			└── Yes         No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violat	ons, and enforcing c	onservation easen	nents during the year
	<b>—</b>				
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations,	and enforcing conse	rvation easements	during the year
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requ	rements of section 1	70(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ıı)?				└── Yes └── No
9	In Part XIII, describe how the organization reports conservat	tion easements in i	ts revenue and exper	nse statement, and	d balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial sta	tements that describ	es the organization	n's accounting for
	conservation easements	<del></del>	<del></del>	<u> </u>	
Pai	T III Organizations Maintaining Collections of		-	Other Similar	Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (A				
	historical treasures, or other similar assets held for public ex		, or research in furthe	erance of public se	ervice, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items			
b	If the organization elected, as permitted under SFAS 116 (A				•
	treasures, or other similar assets held for public exhibition, e	education, or resea	rch in furtherance of	public service, pro	vide the following amounts
	relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$_	<del></del>
	(ii) Assets included in Form 990, Part X			▶ \$_	
2	If the organization received or held works of art, historical tre	easures, or other s	milar assets for finan		
	the following amounts required to be reported under SFAS	116 (ASC 958) rela	ling to these items.		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$_	
b	Assets included in Form 990, Part X				

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

632051 08-29-16

Schedule D (Form 990) 2016

Sche		<u>en O'Conno</u>								Page 2
Par	t III   Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures,	or Othe	r Simil	ar Asse	<b>ts</b> (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	at are a sig	gnificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	d			hange progr	ams				
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 tl	he organızat	ion's exen	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o					ner sımılar	assets	_	٦	
	to be sold to raise funds rather than to be ma								Yes	LNo
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	<del></del>		<del>-</del>			<del></del>			
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other a	ssets not	included	_	٦	
	on Form 990, Part X?							l	<b>」Yes</b>	L No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table						
									Amount	
	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year				-		1e			
f	Ending balance						1 <u>f</u>		<del></del>	
	Did the organization include an amount on Fo						ty?		_] Yes	-  No
Par	If "Yes," explain the arrangement in Part XIII									
Fai	t V   Endowment Funds. Complete r				T'					
_	_	(a) Current year	(b) P	rior year	(c) Two yea	Irs Dack (	d) Inree )	ears back	(e) Four y	ears back
1a	Beginning of year balance							<del></del>		
D	Contributions				<del> </del>	<del></del>				
c	Net investment earnings, gains, and losses					-+				
a	Grants or scholarships		-							
е	Other expenditures for facilities					-				
	and programs									
Ţ	Administrative expenses		<del>-</del>	<del></del>						
9	End of year balance		- (line 1	a saluma /a	)) bald on		·		L	
2	Provide the estimated percentage of the curr	rent year end baland	•	g, column (a	a)) nelo as					
a	Board designated or quasi-endowment ▶  Permanent endowment ▶		_%							
6	Temporarily restricted endowment	% %								
C	The percentages on lines 2a, 2b, and 2c sho									
25	Are there endowment funds not in the posse		ation the	at are held a	nd administ	arad for th	o organi	zation		
Ja	by	ssion of the organiz	anon me	at alle field a	ina daminist	cica ioi u	ie organii	cation	Г	Yes No
	(i) unrelated organizations								3a(i)	100
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule B?					3b	
4	Describe in Part XIII the intended uses of the	•								
<del></del>	t VI Land, Buildings, and Equipm		, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·					
	Complete if the organization answere		), Part I\	/, line 11a S	See Form 99	0, Part X,	line 10			
	Description of property	(a) Cost or o			or other	$\overline{}$	cumulate	ed	(d) Book	value
	E E E A	basis (investr		` '	(other)	\ ·-,	reciation		·	
	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c)					0.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 The Cozen C	'Connor Fou	ndation, Inc.	20-0074096 Page <b>3</b>
Part VII Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV	ine 11h See Form 990 Part Y	( line 12
(a) Description of security or category (including name of security)	(b) Book value		on. Cost or end-of-year market value
(1) Financial derivatives	(2) 2001 12/20	(0)	
(2) Closely-held equity interests		<del></del>	· · · · · · · · · · · · · · · · · · ·
(3) Other			
_ (A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>		<del></del>	
(G)		<del></del>	
(H) Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.	<u> </u>		<del></del>
Complete if the organization answered "Yes"	on Form 990, Part IV 1	ine 11c. See Form 990. Part X	Cline 13
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)	<u></u>		
(5)			
(6)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11d See Form 990, Part X	(, line 15
<u> </u>	Description		(b) Book value
(1)			
(2)		···	
(3)			
(4)			
(5)			
(6)	<del></del>	<del></del>	
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15 )		<b>D</b>
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV,	ine 11e or 11f See Form 990,	Part X, line 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		e to the organization's financi	al statements that reports the
organization's liability for uncertain tax positions unde			
			Schedule D (Form 990) 2016

	dule D (Form 990) 2016 The Cozen O'Connor Found			74096 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stat		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	<del></del>	
1	Total revenue, gains, and other support per audited financial statements		1	2426220.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		0
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2426220.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del> </del>	
b	Other (Describe in Part XIII )	4b	<del> </del>	0
c	Add lines 4a and 4b  Tatal reverse Add lines 2 and 4a. (This revet are 200 Rept.) Inc. 10.1		4c	$\frac{0.}{2426220.}$
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Eyner	nses per Return	
Га			nses per neturn.	ı
	Complete if the organization answered "Yes" on Form 990, Part IV, line	5 12d	11	1713601.
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25		<del>                                     </del>	1/13001.
2	Donated services and use of facilities	0.		
a		2a 2b		•
b	Prior year adjustments	<del></del>		
C	Other losses	2c	<del></del>	
d	Other (Describe in Part XIII )	2d		٥
e	Add lines 2a through 2d Subtract line 2e from line 1		2e   3	$\frac{0.}{1713601.}$
3	Amounts included on Form 990, Part IX, line 25, but not on line 1.		3	1/13001.
4	·	140		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b		
b	Other (Describe in Part XIII) Add lines 4a and 4b	40	40	Λ
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		4c 5	1713601.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide ar			
_				

% × 418. Schedule I (Form 990) (2016) Employer identification number 20-0074096 Open to Public OMB No 1545-0047 2016 Inspection (h) Purpose of grant or assistance \ \ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table The Cozen O'Connor Foundation, Inc. (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service As Attached SCHEDULE (Form 990) Part Part II HA

Schedule I (Form 990) (2016) The Cozen O'Connor Foundation, Inc. 20-0074096 Page 2    Part III   Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	ation answered "Yes" on Form 990, Part IV, line 22.	(c) Amount of (d) Amount of non- (e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)			III, column (b); and any other additional information						35 Schedule I (Form 990) (2016)
	Part III Grants and Other Assistance to Domestic Individuals. Comple Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance recipients			Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information						642102 11-01-18

20-0074096

## 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.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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 each other. They
do not have a relationship with the organization.
Form 990, Part VI, Section A, line 8b:
Board of Directors signed Unanimous Consent in Writing 6/1/2016.
Form 990, Part VI, Section B, line 11b:
The Form 990 is reviewed by Treasurer before filing.
Form 990, Part VI, Section C, Line 19:
The organization generally does not make their governing documents,
conflict of interest policy and financial statements available to the
public.